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Positional Listing of Variables

Name	Type	Description
PERSID	CHAR	PERSON ID
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ11	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
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?
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?
SVCDCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?

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SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	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 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?
USDAH3	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE.
USDAH4	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: YOU COULDN'T AFFORD TO EAT BALANCED MEALS.
USDAAD1	NUM	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?

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Name	Type	Description
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
LIFECHANGE	NUM	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFHEALTH	NUM	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING ABOUT ENOUGH, TOO MUCH, OR YOU WOULD LIKE TO BE DOING MORE?
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?

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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, ASTHMA OR CHRONIC BRONCHITIS?
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 ALZHEIMER'S 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?
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?
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?

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PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
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?
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)?

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OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
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 DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?

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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.
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
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?
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?
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?

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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 2017 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?
MOB_IMP	NUM	MOBILITY IMPAIRED
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED CM FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 28

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 64
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED

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Alphabetical Listing of Variables

Name	Type	Description
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
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 LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
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?
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?

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Alphabetical Listing of Variables

Name	Type	Description
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?
CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017 ABOVE OR BELOW \$20,000?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER

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Alphabetical Listing of Variables

Name	Type	Description
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADL0A7	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?
IADL0A7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADL0A7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADL0A7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADL0A8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADL0A8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADL0A8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADL0A8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?
LIFECCHANGE	NUM	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MOB_IMP	NUM	MOBILITY IMPAIRED
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
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?

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Alphabetical Listing of Variables

Name	Type	Description
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
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?

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Alphabetical Listing of Variables

Name	Type	Description
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, ASTHMA OR CHRONIC BRONCHITIS?
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 ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
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?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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 CM FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 17

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 51

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Alphabetical Listing of Variables

Name	Type	Description
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CM 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 ABOUT ENOUGH, TOO MUCH, OR YOU WOULD LIKE TO BE DOING MORE?
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?

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Alphabetical Listing of Variables

Name	Type	Description
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
USDAAD1	NUM	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
USDAH3	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE.
USDAH4	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: YOU COULDN'T AFFORD TO EAT BALANCED MEALS.
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
WHOHELPS	NUM	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
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	305	395,131
		2	More Than 1 Day To 1 Week Ago	290	422,855
		3	More Than 1 Week To 1 Month Ago	194	290,385
		4	More Than 1 Month Ago	283	405,620
					1,072
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	14	17,974
		1	6 Months Or Less	113	165,913
		2	More Than 6 Months But Less Than 1 Year	96	148,245
		3	At Least 1 Year But Less Than 2 Years	184	231,708
		4	2 To 5 Years	361	495,448
		5	More Than 5 Years	304	454,703
			1,072	1,513,991	
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	128	200,996
		-7	Refused	4	7,233
		0	0 Days	73	126,818
		1	1 Day	267	373,673
		2	2 Days	201	282,324
		3	3 Days	147	191,236
		4	4 Days	95	129,772
		5	5 Days	154	199,545
		6	6 Days	2	1,280
		7	7 Days	1	1,115
			1,072	1,513,991	
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	45	61,740
		-7	Refused	1	1,351
		1	Less Than One-Third	85	113,002
		2	Between One-Third And One-Half	386	536,210
		3	About One-Half	315	446,605
		4	More Than One-Half	236	350,235

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		91	Other	4	4,847
				1,072	1,513,991
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?	-8	Don't Know	7	14,314
		-7	Refused	2	1,847
		1	Excellent	309	474,650
		2	Very Good	370	505,924
		3	Good	265	358,049
		4	Fair	92	128,527
		5	Poor	27	30,680
				1,072	1,513,991
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT	.	Missing	9	16,161
		1	Rating Of Good To Excellent	944	1,338,623
		2	Rating Of Fair Or Poor	119	159,207
				1,072	1,513,991
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	8	12,809
		1	Always	321	485,108
		2	Usually	513	693,035
		3	Sometimes	199	277,897
		4	Seldom	27	41,571
		5	Never	4	3,570
				1,072	1,513,991
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	12	23,057
		-7	Refused	1	1,630
		1	Always	365	546,245
		2	Usually	459	591,506
		3	Sometimes	196	301,669
		4	Seldom	34	44,908
		5	Never	5	4,976
				1,072	1,513,991
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	37	57,524
		-7	Refused	2	9,828

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	272	392,837
		2	No	761	1,053,803
				1,072	1,513,991
CMFQ1	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?				
		-1	Not Collected	800	1,121,154
		1	Yes	52	71,735
		2	No	220	321,102
				1,072	1,513,991
CMFQ2	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?				
		-1	Not Collected	800	1,121,154
		1	Yes	51	61,474
		2	No	221	331,363
				1,072	1,513,991
CMFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?				
		-1	Not Collected	800	1,121,154
		1	Yes	1	1,353
		2	No	271	391,484
				1,072	1,513,991
CMFQ4	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?				
		-1	Not Collected	800	1,121,154
		1	Yes	2	1,995
		2	No	270	390,842
				1,072	1,513,991
CMFQ5	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?				
		-1	Not Collected	800	1,121,154
		1	Yes	16	23,467
		2	No	256	369,370
				1,072	1,513,991
CMFQ6	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?				
		-1	Not Collected	800	1,121,154
		1	Yes	3	4,769
		2	No	269	388,068
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFQ7	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?	-1	Not Collected	800	1,121,154
		1	Yes	5	13,912
		2	No	267	378,925
				1,072	1,513,991
CMFQ8	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-1	Not Collected	800	1,121,154
		1	Yes	2	2,883
		2	No	270	389,954
				1,072	1,513,991
CMFQ9	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-1	Not Collected	800	1,121,154
		1	Yes	3	2,568
		2	No	269	390,269
				1,072	1,513,991
CMFQ10	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-1	Not Collected	800	1,121,154
		2	No	272	392,837
				1,072	1,513,991
CMFQ11	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?	-1	Not Collected	800	1,121,154
		1	Yes	103	154,392
		2	No	169	238,445
				1,072	1,513,991
CMFQOT	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?	-1	Not Collected	800	1,121,154
		1	Yes	61	105,851
		2	No	211	286,986
				1,072	1,513,991
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	12	16,548
		1	Yes	1,017	1,438,444
		2	No	43	58,999
				1,072	1,513,991
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	36	41,954
		-7	Refused	1	1,372

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	740	1,040,926
		2	No	295	429,740
				1,072	1,513,991
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	115	176,264
		-7	Refused	4	5,244
		1	Yes	690	919,085
		2	No	263	413,398
				1,072	1,513,991
CMSTAYHM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	59	96,823
		-7	Refused	3	5,461
		1	Yes	685	952,561
		2	No	325	459,146
				1,072	1,513,991
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	41	67,789
		-7	Refused	4	2,614
		1	Yes	958	1,360,241
		2	No	69	83,346
				1,072	1,513,991
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	71	102,738
		-7	Refused	1	1,574
		1	Yes	812	1,150,460
		2	No	188	259,218
				1,072	1,513,991
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	14	21,430
		-7	Refused	2	2,124
		1	Yes	873	1,234,230
		2	No	183	256,206
				1,072	1,513,991
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	1,926
		1	Yes	79	96,519
		2	No	992	1,415,547
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	3	3,854
		1	Yes	63	85,121
		2	No	1,006	1,425,016
				1,072	1,513,991
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	10	10,737
		1	Yes	74	101,045
		2	No	988	1,402,210
				1,072	1,513,991
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	5	7,390
		1	Yes	177	299,563
		2	No	890	1,207,039
				1,072	1,513,991
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	3	4,739
		1	Yes	27	37,606
		2	No	1,042	1,471,646
				1,072	1,513,991
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	3	4,721
		1	Yes	31	46,939
		2	No	1,038	1,462,331
				1,072	1,513,991
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	3	5,212
		1	Yes	35	60,968
		2	No	1,034	1,447,811
				1,072	1,513,991
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	5	6,906
		1	Yes	45	91,307
		2	No	1,022	1,415,778
				1,072	1,513,991
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	16	26,636

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,955
		1	Yes	273	422,418
		2	No	782	1,062,983
				1,072	1,513,991
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals Only	593	807,828
		2	Congregate Meals And 1 Add'l Svc	298	407,362
		3	Congregate Meals And 2 Add'l Svcs	107	169,944
		4	Congregate Meals And 3 Add'l Svcs	38	77,921
		5	Congregate Meals And 4 Add'l Svcs	18	20,981
		6	Congregate Meals And 5 Add'l Svcs	6	6,194
		7	Congregate Meals And 6 Add'l Svcs	9	21,046
		8	Congregate Meals And 7 Add'l Svcs	2	2,415
		9	Congregate Meals And 8 Add'l Svcs	1	300
				1,072	1,513,991
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	8	9,787
		1	Yes	120	175,880
		2	No	944	1,328,324
				1,072	1,513,991
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	16	11,733
		1	Yes	384	520,876
		2	No	672	981,382
				1,072	1,513,991
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	12	16,056
		1	Yes	208	298,258
		2	No	852	1,199,677
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	8	12,449
		1	Yes	345	504,038
		2	No	719	997,504
				1,072	1,513,991
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	10	14,154
		1	Yes	69	144,271
		2	No	993	1,355,566
				1,072	1,513,991
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	7	13,262
		-7	Refused	1	662
		1	Yes	124	173,002
		2	No	940	1,327,065
				1,072	1,513,991
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	7	11,245
		-1	Not Collected	286	387,333
		1	Excellent	268	362,559
		2	Very Good	281	408,563
		3	Good	179	270,059
		4	Fair	42	57,050
		5	Poor	9	17,183
				1,072	1,513,991
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	42	58,647
		-7	Refused	2	1,755
		1	Yes	834	1,187,201
		2	No	194	266,389
				1,072	1,513,991
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	77	107,581
		-7	Refused	2	2,099
		1	Yes	748	1,078,700

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	245	325,611
				1,072	1,513,991
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	53	78,214
		-7	Refused	3	2,019
		1	Yes	756	1,081,639
		2	No	260	352,119
				1,072	1,513,991
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	49	71,989
		1	Yes	665	960,803
		2	No	358	481,199
				1,072	1,513,991
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	10	21,908
		-7	Refused	2	1,033
		1	Agree	1,042	1,471,426
		2	Disagree	18	19,624
				1,072	1,513,991
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	20	38,919
		-7	Refused	1	371
		1	Agree	1,028	1,452,343
		2	Disagree	23	22,358
				1,072	1,513,991
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?	-8	Don't Know	2	2,070
		1	Yes	135	188,991
		2	No	935	1,322,929
				1,072	1,513,991
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?	-8	Don't Know	5	11,131
		1	Yes	114	153,491
		2	No	953	1,349,369
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	17	37,197
		1	Yes	197	293,687
		2	No	858	1,183,107
				1,072	1,513,991
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	12	17,343
		1	Yes	104	145,968
		2	No	956	1,350,680
				1,072	1,513,991
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	8	8,862
		-7	Refused	1	444
		1	Yes	241	340,507
		2	No	822	1,164,178
				1,072	1,513,991
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	16	28,850
		1	Yes	425	577,680
		2	No	631	907,461
				1,072	1,513,991
USDAH3	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE.	-8	Don't Know	17	17,187
		-7	Refused	1	956
		1	Often true	57	81,513
		2	Sometimes true	175	211,401
		3	Never true	822	1,202,934
				1,072	1,513,991
USDAH4	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: YOU COULDN'T AFFORD TO EAT BALANCED MEALS.	-8	Don't Know	21	32,976
		1	Often true	67	101,198
		2	Sometimes true	169	250,920
		3	Never true	815	1,128,897

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,072	1,513,991
USDAAD1	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?	-8	Don't Know	4	7,099
		1	Yes	119	163,141
		2	No	949	1,343,751
				1,072	1,513,991
NHATSHC14	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?	1	Yes	145	207,806
		2	No	927	1,306,185
				1,072	1,513,991
NHATSHC15	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?	-8	Don't Know	8	8,736
		1	Yes	407	566,351
		2	No	657	938,904
				1,072	1,513,991
NHATSHC16	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?	-8	Don't Know	2	3,330
		-7	Refused	1	1,391
		-1	Not Collected	665	947,640
		1	Yes	172	251,946
		2	No	232	309,684
				1,072	1,513,991
NHATSHC17	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?	-8	Don't Know	3	2,299
		-7	Refused	1	76
		-1	Not Collected	145	207,806
		1	Yes	239	344,711
		2	No	684	959,098
				1,072	1,513,991
NHATSHC18	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?	-8	Don't Know	5	5,371
		-1	Not Collected	688	961,474
		1	Yes	181	250,912
		2	No	198	296,235
				1,072	1,513,991
LIFECHANGE	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?	-8	Don't Know	55	82,986

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	2,236
		1	Illness	76	93,725
		2	Illness of a person close to you	23	38,598
		3	Death of a spouse	28	28,578
		4	Problems with mobility	26	50,931
		5	Could no longer take care of myself	38	51,053
		6	Could no longer take care of my home	8	17,141
		91	Other (specify)	816	1,148,743
				1,072	1,513,991
SIUCLA1	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	10	16,900
		-7	Refused	2	1,835
		1	Hardly ever	627	864,152
		2	Some of the time	314	439,968
		3	Often	119	191,136
				1,072	1,513,991
SIUCLA2	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	14	16,711
		-7	Refused	1	444
		1	Hardly ever	733	1,063,659
		2	Some of the time	270	358,932
		3	Often	54	74,246
				1,072	1,513,991
SIUCLA3	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	16	24,414
		-7	Refused	2	1,835
		1	Hardly ever	817	1,141,670
		2	Some of the time	180	269,536
		3	Often	57	76,535
				1,072	1,513,991
SIHRS1	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	13	11,078
		-7	Refused	1	444
		1	Hardly ever	724	1,034,635

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Some of the time	249	334,525
		3	Often	85	133,310
				1,072	1,513,991
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	6	14,415
		1	Excellent	103	125,257
		2	Very Good	327	456,274
		3	Good	358	507,585
		4	Fair	207	306,144
		5	Poor	71	104,316
				1,072	1,513,991
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	18	22,548
		-7	Refused	1	1,670
		1	Yes, Limited A Lot	228	338,836
		2	Yes, Limited A Little	388	556,743
		3	No, Not Limited At All	437	594,193
				1,072	1,513,991
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	25	29,310
		-7	Refused	1	789
		1	Yes, Limited A Lot	340	452,735
		2	Yes, Limited A Little	417	620,324
		3	No, Not Limited At All	289	410,833
				1,072	1,513,991
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	19,866
		1	All of the time	70	122,476
		2	Most of the time	178	242,817
		3	Some of the time	360	496,704
		4	A little of the time	223	300,249
		5	None of the time	225	331,880
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFLIMITD	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?	-8	Don't Know	13	12,878
		-7	Refused	1	1,684
		1	All of the time	49	66,516
		2	Most of the time	156	218,410
		3	Some of the time	347	483,815
		4	A little of the time	258	352,056
		5	None of the time	248	378,633
					1,072
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?	-8	Don't Know	9	6,161
		-7	Refused	1	1,684
		1	All of the time	25	32,237
		2	Most of the time	59	85,590
		3	Some of the time	182	233,965
		4	A little of the time	231	336,488
		5	None of the time	565	817,865
					1,072
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	6	3,327
		-7	Refused	1	444
		1	All of the time	23	20,551
		2	Most of the time	39	63,026
		3	Some of the time	162	215,550
		4	A little of the time	206	293,603
		5	None of the time	635	917,489
					1,072
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	15	25,620

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	3,401
		1	Not at all	304	428,919
		2	A little bit	319	435,207
		3	Moderately	211	307,694
		4	Quite a bit	148	204,908
		5	Extremely	72	108,242
				1,072	1,513,991
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	4	5,775
		1	All of the time	174	258,058
		2	Most of the time	592	847,387
		3	Some of the time	209	279,022
		4	A little of the time	69	94,197
		5	None of the time	24	29,552
				1,072	1,513,991
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	6	5,967
		-7	Refused	1	444
		1	All of the time	54	88,914
		2	Most of the time	333	440,289
		3	Some of the time	393	567,602
		4	A little of the time	222	323,843
		5	None of the time	63	86,933
				1,072	1,513,991
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	6	5,980
		1	All of the time	9	7,848
		2	Most of the time	40	57,264
		3	Some of the time	162	240,926
		4	A little of the time	321	420,807
		5	None of the time	534	781,166
				1,072	1,513,991
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?				
		-8	Don't Know	9	5,992
		1	All of the time	34	33,555

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most of the time	66	102,481
		3	Some of the time	191	257,675
		4	A little of the time	234	342,907
		5	None of the time	538	771,382
				1,072	1,513,991
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	4	6,336
		1	Much Better Than One Year Ago	91	146,446
		2	A Little Better Than One Year Ago	127	151,657
		3	About The Same As One Year Ago	524	736,270
		4	A Little Worse Than One Year Ago	228	352,888
		5	Worse Than One Year Ago	98	120,395
				1,072	1,513,991
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING ABOUT ENOUGH, TOO MUCH, OR YOU WOULD LIKE TO BE DOING MORE?	-8	Don't Know	24	24,284
		-7	Refused	3	3,455
		1	About Enough	567	826,169
		2	Too Much	31	50,632
		3	Would Like To Be Doing More	447	609,452
				1,072	1,513,991
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	37	48,186
		-7	Refused	3	2,024
		1	Yes	621	924,480
		2	No	411	539,302
				1,072	1,513,991
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?	-8	Don't Know	5	9,371
		-7	Refused	1	812
		1	Yes	650	898,297
		2	No	415	603,242
		3	Does Not Apply	1	2,269
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	1	1,026
		-7	Refused	1	812
		1	Yes	730	1,034,704
		2	No	340	477,449
				1,072	1,513,991
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	3	5,222
		-7	Refused	2	2,767
		1	Yes	318	450,013
		2	No	746	1,053,161
		3	Does Not Apply	3	2,827
		1,072	1,513,991		
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	9	8,711
		-7	Refused	2	2,386
		1	Yes	614	872,216
		2	No	444	627,301
		3	Does Not Apply	3	3,376
		1,072	1,513,991		
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	3	3,149
		-7	Refused	2	1,626
		1	Yes	335	506,037
		2	No	730	1,001,239
		3	Does Not Apply	2	1,940
		1,072	1,513,991		
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, ASTHMA OR CHRONIC BRONCHITIS?	-8	Don't Know	4	4,382
		-7	Refused	2	1,626
		1	Yes	410	581,469
		2	No	655	924,060
		3	Does Not Apply	1	2,454
		1,072	1,513,991		
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	4	11,555
		-7	Refused	1	812

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	181	251,692
		2	No	884	1,248,615
		3	Does Not Apply	2	1,317
				1,072	1,513,991
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	4	3,923
		-7	Refused	2	1,053
		1	Yes	110	133,143
		2	No	956	1,375,872
				1,072	1,513,991
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	7	13,402
		-7	Refused	1	812
		1	Yes	108	140,509
		2	No	955	1,357,947
		3	Does Not Apply	1	1,321
				1,072	1,513,991
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	15	23,390
		-7	Refused	2	2,153
		1	Yes	192	271,249
		2	No	863	1,217,199
				1,072	1,513,991
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	16	27,356
		-7	Refused	1	812
		1	Yes	88	139,927
		2	No	965	1,343,675
		3	Does Not Apply	2	2,221
				1,072	1,513,991
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	4	3,879
		-7	Refused	1	812
		1	Yes	635	889,489
		2	No	430	617,128
		3	Does Not Apply	2	2,683
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	6	10,321
		-7	Refused	2	2,767
		1	Yes	376	526,297
		2	No	687	974,212
		3	Does Not Apply	1	394
				1,072	1,513,991
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	9	11,785
		-7	Refused	2	1,626
		1	Yes	142	202,198
		2	No	918	1,296,747
		3	Does Not Apply	1	1,635
				1,072	1,513,991
PFDISO	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	4	3,137
		-7	Refused	2	1,626
		1	Yes	67	94,660
		2	No	999	1,414,568
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	241
		-7	Refused	2	1,626
		1	Yes	20	26,796
		2	No	1,049	1,485,328
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	1	649
		-7	Refused	2	1,626
		1	Yes	17	34,295
		2	No	1,051	1,476,559
		3	Does Not Apply	1	862
				1,072	1,513,991
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	8	15,476
		-7	Refused	1	812
		1	Yes	442	620,533

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	621	877,170
				1,072	1,513,991
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	3	9,399
		-7	Refused	1	812
		1	Yes	6	8,669
		2	No	1,061	1,494,653
		3	Does Not Apply	1	458
				1,072	1,513,991
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	9	15,206
		-7	Refused	2	1,626
		1	Yes	153	233,613
		2	No	905	1,261,009
		3	Does Not Apply	3	2,536
				1,072	1,513,991
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	5	14,141
		-7	Refused	2	2,482
		1	Yes	93	157,485
		2	No	970	1,339,086
		3	Does Not Apply	2	797
				1,072	1,513,991
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	23	33,457
		1	1 Medical Condition	49	64,663
		2	2 Medical Conditions	73	102,925
		3	3 Medical Conditions	125	172,209
		4	4 Medical Conditions	164	227,899
		5	5 Medical Conditions	169	255,036
		6	6 Medical Conditions	140	197,271
		7	7 Medical Conditions	103	153,464
		8	8 Medical Conditions	107	137,725
		9	9 Medical Conditions	51	69,986
		10	10 Medical Conditions	34	44,647
		11	11 Medical Conditions	17	24,303
		12	12 Medical Conditions	11	11,879
		13	13 Medical Conditions	4	12,070

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		14	14 Medical Conditions	1	308
		15	15 Medical Conditions	1	6,151
				1,072	1,513,991
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	40	50,661
		-7	Refused	1	218
		-1	Not Collected	23	33,457
		1	Yes	844	1,198,338
		2	No	164	231,317
				1,072	1,513,991
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	4	7,025
		-1	Not Collected	228	315,653
		1	Yes	781	1,112,619
		2	No	59	78,694
				1,072	1,513,991
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	22	29,072
		-7	Refused	1	838
		-1	Not Collected	228	315,653
		1	Yes	275	426,173
		2	No	546	742,254
				1,072	1,513,991
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	7	5,761
		-1	Not Collected	228	315,653
		1	Yes	192	267,709
		2	No	645	924,868

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,072	1,513,991
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	2	2,843
		-1	Not Collected	228	315,653
		1	Yes	174	286,534
		2	No	668	908,961
				1,072	1,513,991
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	3	2,473
		-1	Not Collected	228	315,653
		1	Yes	99	176,921
		2	No	742	1,018,944
				1,072	1,513,991
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	15	22,148
		-7	Refused	1	379
		-1	Not Collected	228	315,653
		1	Yes	78	111,273
		2	No	750	1,064,538
		1,072	1,513,991		
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	228	315,653
		1	Yes	80	117,014
		2	No	764	1,081,324
		1,072	1,513,991		
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	228	315,653
		1	Yes	36	39,707
		2	No	808	1,158,631

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,072	1,513,991
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	228	315,653
		1	Yes	50	80,274
		2	No	794	1,118,064
				1,072	1,513,991
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	26	42,279
		-7	Refused	1	1,372
		-1	Not Collected	23	33,457
		1	Not At All Confident	36	62,321
		2	A Little Confident	107	152,826
		3	Moderately Confident	302	419,138
		4	Very Confident	577	802,598
				1,072	1,513,991
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	16	19,157
		-7	Refused	1	812
		1	Yes	275	425,632
		2	No	780	1,068,390
				1,072	1,513,991
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	18	26,214
		-7	Refused	2	1,626
		1	1 Prescription Medication	318	451,075
		2	2 Prescription Medications	291	397,516
		3	3 Prescription Medications	206	310,863
		4	4 Prescription Medications	105	144,496
		5	5 Prescription Medications	132	182,201
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	4	12,263
		1	Yes	214	270,597
		2	No	854	1,231,131
				1,072	1,513,991
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	1	Yes	41	50,604
		2	No	1,031	1,463,387
				1,072	1,513,991
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	1	Yes	217	273,923
		2	No	855	1,240,068
				1,072	1,513,991
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	16	21,871
		1	6 Months Or Less	503	703,097
		2	More Than 6 Months, Not More Than 1 Yr	145	226,371
		3	More Than 1 Yr, Not More Than 2 Years	93	141,723
		4	More Than 2 Yrs, Not More Than 3 Years	70	100,103
		5	More Than 3 Yrs, Not More Than 5 Years	53	59,195
		6	More Than 5 Years Ago	185	250,594
		7	Never Have Been To Dentist	7	11,036
		1,072	1,513,991		
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	8	11,057
		1	Yes	141	195,917
		2	No	923	1,307,017
		1,072	1,513,991		
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-8	Don't Know	1	1,613
		-1	Not Collected	931	1,318,074

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	121	178,739
		2	No	19	15,565
				1,072	1,513,991
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	7	14,484
		-7	Refused	1	1,230
		-1	Not Collected	931	1,318,074
		1	Yes	43	57,051
		2	No	90	123,152
				1,072	1,513,991
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	7	13,382
		-1	Not Collected	931	1,318,074
		1	Yes	88	122,316
		2	No	46	60,219
				1,072	1,513,991
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?				
		-1	Not Collected	931	1,318,074
		1	Yes	25	39,602
		2	No	116	156,315
				1,072	1,513,991
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	7,043
		-1	Not Collected	931	1,318,074
		1	Yes	24	29,912
		2	No	112	158,962
				1,072	1,513,991
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	1	1,351
		-1	Not Collected	931	1,318,074

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	4	3,666
		2	No	136	190,900
				1,072	1,513,991
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	880
		-1	Not Collected	931	1,318,074
		1	Yes	31	41,202
		2	No	109	153,835
				1,072	1,513,991
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	4	4,316
		-1	Not Collected	931	1,318,074
		1	Yes	4	4,347
		2	No	133	187,255
				1,072	1,513,991
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?				
		-8	Don't Know	2	1,601
		-1	Not Collected	931	1,318,074
		1	Yes	8	5,929
		2	No	131	188,387
				1,072	1,513,991
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	5	8,954
		-1	Not Collected	931	1,318,074
		1	Yes	33	43,824
		2	No	103	143,138
				1,072	1,513,991
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	931	1,318,074

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	21	33,556
		2	No	120	162,361
				1,072	1,513,991
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-8	Don't Know	1	1,351
		-1	Not Collected	931	1,318,074
		1	Yes	19	36,092
		2	No	121	158,474
				1,072	1,513,991
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	12	11,948
		1	Excellent	134	183,125
		2	Very Good	308	437,277
		3	Good	325	458,853
		4	Fair	174	254,902
		5	Poor	119	167,885
				1,072	1,513,991
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	1	1,858
		-7	Refused	1	455
		1	Yes	101	127,211
		2	No	969	1,384,467
				1,072	1,513,991
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	522
		-1	Not Collected	971	1,386,780
		1	Yes	29	43,292
		2	No	71	83,397
				1,072	1,513,991
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	-8	Don't Know	7	9,935
		-7	Refused	2	2,724
		1	Yes	173	239,383
		2	No	890	1,261,949

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,072	1,513,991
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	1	431
		-1	Not Collected	899	1,274,608
		1	Yes	103	147,289
		2	No	69	91,663
				1,072	1,513,991
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-7	Refused	1	455
		1	Yes	140	180,003
		2	No	931	1,333,533
				1,072	1,513,991
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	2,789
		-1	Not Collected	932	1,333,988
		1	Yes	30	43,443
		2	No	107	133,772
				1,072	1,513,991
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	1	473
		-7	Refused	1	455
		1	Yes	123	152,376
		2	No	947	1,360,687
				1,072	1,513,991
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	66
		-1	Not Collected	949	1,361,615
		1	Yes	68	101,129
		2	No	54	51,181
				1,072	1,513,991
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	2	2,118
		-7	Refused	1	455
		1	Yes	68	84,294
		2	No	1,001	1,427,125
				1,072	1,513,991
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	1,364

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,004	1,429,697
		1	Yes	39	53,457
		2	No	28	29,473
				1,072	1,513,991
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?				
		-8	Don't Know	2	1,842
		-7	Refused	3	2,446
		1	Yes	344	478,398
		2	No	723	1,031,306
				1,072	1,513,991
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?				
		-8	Don't Know	5	7,323
		-1	Not Collected	728	1,035,593
		1	Yes	51	64,635
		2	No	288	406,440
				1,072	1,513,991
PFEAT	DO YOU HAVE DIFFICULTY EATING?				
		-8	Don't Know	2	2,980
		-7	Refused	1	455
		1	Yes	34	36,385
		2	No	1,035	1,474,171
				1,072	1,513,991
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?				
		-1	Not Collected	1,038	1,477,606
		1	Yes	6	8,466
		2	No	28	27,919
				1,072	1,513,991
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?				
		-8	Don't Know	3	1,789
		-7	Refused	1	455
		1	Yes	58	75,293
		2	No	1,010	1,436,454
				1,072	1,513,991
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?				
		-1	Not Collected	1,014	1,438,698
		1	Yes	15	19,072
		2	No	43	56,221
				1,072	1,513,991
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?				
		-8	Don't Know	5	6,932

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	2,724
		1	Yes	95	117,016
		2	No	970	1,387,319
				1,072	1,513,991
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?				
		-1	Not Collected	977	1,396,975
		1	Yes	67	89,755
		2	No	28	27,262
				1,072	1,513,991
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?				
		-8	Don't Know	17	20,635
		-7	Refused	4	4,506
		1	Yes	132	191,331
		2	No	919	1,297,518
				1,072	1,513,991
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?				
		-8	Don't Know	2	2,154
		-1	Not Collected	940	1,322,660
		1	Yes	104	149,344
		2	No	26	39,833
				1,072	1,513,991
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?				
		-8	Don't Know	7	6,047
		-7	Refused	2	2,724
		1	Yes	154	224,695
		2	No	909	1,280,525
				1,072	1,513,991
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?				
		-1	Not Collected	918	1,289,296
		1	Yes	129	183,332
		2	No	25	41,363
				1,072	1,513,991
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	23	24,762
		-7	Refused	5	6,595

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	506	726,417
		2	No	538	756,217
				1,072	1,513,991
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	5	5,754
		-1	Not Collected	566	787,574
		1	Yes	417	594,270
		2	No	84	126,394
				1,072	1,513,991
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	8	9,697
		-7	Refused	2	2,276
		1	Yes	68	100,244
		2	No	994	1,401,774
				1,072	1,513,991
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-1	Not Collected	1,004	1,413,747
		1	Yes	48	74,882
		2	No	20	25,362
				1,072	1,513,991
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		-8	Don't Know	2	1,056
		1	Yes	31	47,382
		2	No	1,039	1,465,553
				1,072	1,513,991
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?				
		-1	Not Collected	1,041	1,466,609
		1	Yes	27	40,712
		2	No	4	6,670
				1,072	1,513,991
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?				
		-8	Don't Know	1	1,022
		1	Yes	912	1,257,509
		2	No	159	255,460
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	12	19,311
		-7	Refused	6	13,499
		-1	Not Collected	160	256,482
		1	Yes	85	141,347
		2	No	809	1,083,351
				1,072	1,513,991
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	72	93,566
		1	Yes	445	697,547
		2	No	555	722,878
				1,072	1,513,991
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	3	757
		-1	Not Collected	627	816,444
		1	Yes	36	70,552
		2	No	258	410,337
		3	Never Uses Bus	148	215,902
				1,072	1,513,991
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	2,454
		-1	Not Collected	1,036	1,443,439
		1	Yes	24	50,785
		2	No	11	17,313
				1,072	1,513,991
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	3	2,049
		-1	Not Collected	608	859,689
		1	Family	289	380,320
		2	Someone Else Like Friend/Neighbor/Other	109	191,124
		3	Did Not Receive Help	63	80,810
				1,072	1,513,991
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	4	3,540
		-1	Not Collected	783	1,133,671

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Husband	47	55,542
		2	Wife	44	58,044
		3	Son	55	70,320
		4	Son-In-Law	4	3,456
		5	Daughter	86	129,655
		6	Daughter-In-Law	5	7,333
		7	Father	1	473
		8	Mother	1	1,573
		9	Brother	5	14,062
		10	Sister	10	7,716
		11	Grandson	8	7,396
		12	Granddaughter	9	12,938
		14	Niece	6	4,495
		91	Other Relative	4	3,778
				1,072	1,513,991
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	12	9,693
		0	0 Limitations	643	938,679
		1	1 Limitation	224	320,825
		2	2 Limitations	109	140,189
		3	3 Limitations	39	43,715
		4	4 Limitations	26	37,961
		5	5 Limitations	14	18,319
		6	6 Limitations	5	4,609
				1,072	1,513,991
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	12	9,693
		1	Yes	84	104,605
		2	No	976	1,399,693
				1,072	1,513,991
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	9	10,297
		0	0 Limitations	959	1,355,713
		1	1 Limitation	55	77,549

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 Limitations	25	37,945
		3	3 Limitations	12	17,151
		4	4 Limitations	5	8,450
		5	5 Limitations	3	2,627
		6	6 Limitations	4	4,260
				1,072	1,513,991
IADL0A7	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	58	78,830
		0	0 Limitations	678	943,193
		1	1 Limitation	173	263,026
		2	2 Limitations	64	83,123
		3	3 Limitations	49	79,342
		4	4 Limitations	24	22,567
		5	5 Limitations	12	21,255
		6	6 Limitations	8	13,293
		7	7 Limitations	6	9,361
				1,072	1,513,991
IADL0A7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	22	37,850
		0	0 Limitations	794	1,107,915
		1	1 Limitation	130	194,008
		2	2 Limitations	46	51,425
		3	3 Limitations	35	57,891
		4	4 Limitations	20	20,828
		5	5 Limitations	11	20,443
		6	6 Limitations	9	15,843
		7	7 Limitations	5	7,788
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	75	94,219
		0	0 Limitations	449	634,565
		1	1 Limitation	268	376,179
		2	2 Limitations	128	192,062
		3	3 Limitations	57	74,505
		4	4 Limitations	46	76,454
		5	5 Limitations	24	23,764
		6	6 Limitations	12	20,698
		7	7 Limitations	7	12,182
		8	8 Limitations	6	9,361
				1,072	1,513,991
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	26	42,927
		0	0 Limitations	584	816,438
		1	1 Limitation	252	355,061
		2	2 Limitations	91	129,844
		3	3 Limitations	42	52,735
		4	4 Limitations	33	52,555
		5	5 Limitations	20	22,026
		6	6 Limitations	11	19,885
		7	7 Limitations	8	14,732
		8	8 Limitations	5	7,788
				1,072	1,513,991
AGEC	AGE CATEGORY	.	Missing	1	721
		2	60-64 Years	81	112,947
		3	65-74 Years	384	535,815
		4	75-84 Years	385	572,274
		5	85+ Years	221	292,234

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,072	1,513,991
GENDER	GENDER	-1	Not Collected	19	21,628
		1	Male	343	497,885
		2	Female	710	994,478
				1,072	1,513,991
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	7	9,048
		-7	Refused	2	7,288
		1	Less Than High School Diploma	145	194,849
		2	High School Diploma Or GED	388	509,207
		3	Some College(Business/Vocational/Techni)	322	459,413
		4	Bachelor's Degree	89	161,222
		5	Some Post-Graduate Work/Advanced Degree	119	172,963
				1,072	1,513,991
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	9	8,476
		-7	Refused	5	12,444
		1	Yes	56	112,675
		2	No	1,002	1,380,396
				1,072	1,513,991
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	5	14,558
		-7	Refused	8	24,783
		1	Yes	862	1,160,376
		2	No	197	314,273
				1,072	1,513,991
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN	-8	Don't Know	5	14,558
		-7	Refused	8	24,783
		1	Yes	143	192,746
		2	No	916	1,281,904
				1,072	1,513,991
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	5	14,558
		-7	Refused	8	24,783
		1	Yes	21	53,213
		2	No	1,038	1,421,437

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,072	1,513,991
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	5	14,558
		-7	Refused	8	24,783
		1	Yes	32	45,308
		2	No	1,027	1,429,342
				1,072	1,513,991
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	5	14,558
		-7	Refused	8	24,783
		1	Yes	3	5,180
		2	No	1,056	1,469,469
				1,072	1,513,991
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	5	14,558
		-7	Refused	8	24,783
		1	Yes	23	48,432
		2	No	1,036	1,426,217
				1,072	1,513,991
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	1,460
		-7	Refused	2	2,655
		1	Yes	185	262,476
		2	No	884	1,247,401
				1,072	1,513,991
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	33	32,777
		-7	Refused	3	2,649
		1	The City	481	680,706
		2	The Suburbs	167	264,991
		3	A Rural Area	388	532,868
				1,072	1,513,991
DELIVWI	DOES ANYONE ELSE LIVE WITH YOU?	-8	Don't Know	1	662
		-7	Refused	5	9,264
		1	Yes	564	856,668
		2	No	502	647,398
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	2	2,571
		-7	Refused	4	5,966
		-1	Not Collected	502	647,398
		1	Yes	391	599,563
		2	No	173	258,493
				1,072	1,513,991
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	1,230
		-7	Refused	4	5,966
		-1	Not Collected	502	647,398
		1	Yes	137	187,728
		2	No	428	671,669
				1,072	1,513,991
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	1,230
		-7	Refused	5	8,853
		-1	Not Collected	502	647,398
		1	Yes	85	122,073
		2	No	479	734,437
				1,072	1,513,991
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	1,230
		-7	Refused	5	8,853
		-1	Not Collected	502	647,398
		1	Yes	46	87,388
		2	No	518	769,122
				1,072	1,513,991
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	1,230
		-7	Refused	4	5,966
		1	Alone	502	647,398
		2	With Spouse Only	341	525,369
		3	With Children Only	62	78,256
		4	With Spouse And Children	30	45,605
		5	With Others	132	210,166
				1,072	1,513,991
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	1,391
		-7	Refused	5	9,749
		1	1 Person	507	653,641
		2	2 People	433	644,362

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 People	67	110,362
		4	4 People	30	54,586
		5	5 People	19	31,215
		6	6 People	3	2,299
		7	7 People	5	5,147
		8	8 People	1	471
		9	9 People	1	768
				1,072	1,513,991
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	7	14,580
		-7	Refused	10	13,306
		1	Married	402	606,741
		2	Living With A Partner	18	32,751
		3	Widowed	391	508,863
		4	Divorced	161	220,829
		5	Separated	17	24,761
		6	Never Married	66	92,161
				1,072	1,513,991
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 2017 ABOVE OR BELOW \$20,000?	-8	Don't Know	60	80,048
		-7	Refused	99	127,187
		1	Below \$20,000 [1666 Per Month Or Less]	357	513,070
		2	Above \$20,000 [1667 Per Month Or More]	556	793,686
				1,072	1,513,991
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?	.	Missing	159	207,235
		-8	Don't Know	61	92,256
		-7	Refused	81	125,869
		1	\$5,000 Or Less	41	57,119
		2	\$5,001-\$10,000	59	83,002
		3	\$10,001-\$15,000	97	155,777
		4	\$15,001-\$20,000	109	139,948
		5	\$20,001-\$25,000	105	149,950
		6	\$25,001-\$30,000	95	120,153

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	\$30,001-\$35,000	55	62,332
		8	\$35,001-\$40,000	44	61,902
		9	\$40,001-\$50,000	49	63,985
		10	Above \$50,000	117	194,464
				1,072	1,513,991
MOB_IMP	MOBILITY IMPAIRED	.	Missing	3	757
		1	Mobility Impaired	594	785,084
		2	Not Mobility Impaired	475	728,150
				1,072	1,513,991
URBAN	URBAN	-9	Invalid Zip Code, Or Foreign Zip Code	35	44,737
		0	Rural (Not In Urbanized Area Or Urban Cluster)	283	355,109
		1	In Urbanized Area	434	697,096
		2	In Urban Cluster	320	417,049
				1,072	1,513,991
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,072	1,513,991
				1,072	1,513,991
VARUNIT	VARIANCE UNIT	1	Variance unit 1	535	759,145
		2	Variance unit 2	532	749,689
		3	Variance unit 3	5	5,157
				1,072	1,513,991
PSTOTWGT	FINAL POST-STRATIFIED CM FULL SAMPLE WEIGHT	66.22 - 9165.91	Weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT1	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 1	22.96 - 14492.40	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT2	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 2	9.92 - 14918.55	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT3	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 3	10.74 - 16143.92	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT4	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 4	19.18 - 17467.22	Replicate weight range	1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,072	1,513,991
PSTOTWGT5	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 5	30.39 - 13619.02	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT6	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 6	10.57 - 15883.60	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT7	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 7	10.65 - 16004.53	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT8	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 8	18.81 - 16272.03	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT9	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 9	19.74 - 13843.05	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT10	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 10	10.88 - 16353.61	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT11	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 11	9.78 - 14701.29	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT12	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 12	22.52 - 16459.58	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT13	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 13	21.86 - 15306.48	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT14	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 14	10.35 - 15563.42	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT15	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 15	9.99 - 15013.03	Replicate weight range	1,072	1,513,991
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT16	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 16	34.63 - 17485.41	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT17	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 17	31.31 - 14032.51	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT18	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 18	10.92 - 16412.25	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT19	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 19	9.75 - 14654.22	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT20	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 20	19.45 - 16199.52	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT21	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 21	21.73 - 15170.45	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT22	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 22	10.38 - 15604.95	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT23	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 23	9.96 - 14974.59	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT24	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 24	18.29 - 17666.38	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT25	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 25	18.91 - 14700.18	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT26	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 26	9.96 - 14967.34	Replicate weight range	1,072	1,513,991
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT27	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 27	10.70 - 16087.18	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT28	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 28	34.60 - 17174.63	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT29	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 29	20.63 - 13511.22	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT30	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 30	10.60 - 15926.85	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT31	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 31	10.62 - 15960.86	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT32	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 32	22.27 - 16428.64	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT33	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 33	11.06 - 16631.00	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT34	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 34	24.38 - 15939.80	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT35	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 35	20.13 - 16935.48	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT36	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 36	9.59 - 14422.60	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT37	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 37	11.27 - 16947.24	Replicate weight range	1,072	1,513,991
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT38	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 38	29.30 - 14584.13	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT39	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 39	19.15 - 15865.99	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT40	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 40	9.58 - 14404.13	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT41	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 41	12.02 - 18071.17	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT42	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 42	20.37 - 15199.82	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT43	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 43	21.67 - 14772.38	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT44	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 44	9.59 - 14416.50	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT45	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 45	11.29 - 16966.30	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT46	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 46	20.74 - 16413.19	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT47	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 47	30.15 - 15483.10	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT48	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 48	9.69 - 14569.75	Replicate weight range	1,072	1,513,991
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT49	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 49	11.81 - 17758.18	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT50	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 50	27.36 - 15149.50	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT51	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 51	19.34 - 14820.22	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT52	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 52	9.73 - 14622.10	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT53	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 53	11.40 - 17136.63	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT54	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 54	20.80 - 16367.26	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT55	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 55	19.31 - 15524.19	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT56	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 56	9.61 - 14446.44	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT57	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 57	10.89 - 16365.54	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT58	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 58	18.56 - 15884.47	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT59	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 59	27.59 - 16998.38	Replicate weight range	1,072	1,513,991
				1,072	1,513,991

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT60	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 60	9.73 - 14628.37	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT61	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 61	11.39 - 17117.18	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT62	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 62	19.15 - 14547.85	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT63	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 63	21.55 - 15909.15	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
PSTOTWGT64	FINAL POST-STRATIFIED CM REPLICATE WEIGHT: REPLICATE 64	9.50 - 14283.60	Replicate weight range	1,072	1,513,991
				1,072	1,513,991
ADL6SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	455
		0	0 Limitations	651	944,776
		1	1 Limitation	226	323,803
		2	2 Limitations	110	140,352
		3	3 Limitations	39	43,715
		4	4 Limitations	26	37,961
		5	5 Limitations	14	18,319
		6	6 Limitations	5	4,609
				1,072	1,513,991
ADL6PSSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	455
		0	0 Limitations	963	1,360,185
		1	1 Limitation	56	79,407
		2	2 Limitations	27	39,489
		3	3 Limitations	12	17,151
		4	4 Limitations	6	10,418
		5	5 Limitations	3	2,627
		6	6 Limitations	4	4,260
				1,072	1,513,991
ADL3PLUSSSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	455

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	84	104,605
		2	No	987	1,408,931
				1,072	1,513,991
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION	0	0 Limitations	707	978,202
SSS		1	1 Limitation	183	281,191
		2	2 Limitations	70	86,700
		3	3 Limitations	56	88,348
		4	4 Limitations	26	26,464
		5	5 Limitations	13	28,672
		6	6 Limitations	12	17,484
		7	7 Limitations	5	6,931
				1,072	1,513,991
IADLAOA8_	AOA IADL LIMITATIONS W/ HEAVY	0	0 Limitations	485	673,129
SSS	HOUSEWORK ADDED, SSS VERSION	1	1 Limitation	281	397,042
		2	2 Limitations	137	202,009
		3	3 Limitations	62	77,898
		4	4 Limitations	53	87,288
		5	5 Limitations	26	26,318
		6	6 Limitations	11	25,892
		7	7 Limitations	12	17,484
		8	8 Limitations	5	6,931
				1,072	1,513,991
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE	0	0 Limitations	806	1,127,922
SSS	NEEDS, SSS VERSION	1	1 Limitation	132	195,238
		2	2 Limitations	47	52,670
		3	3 Limitations	37	61,981
		4	4 Limitations	22	24,703
		5	5 Limitations	14	28,703
		6	6 Limitations	10	17,416
		7	7 Limitations	4	5,358
				1,072	1,513,991
IADLAOA8P_	AOA IADLS: PERSONAL ASSISTANCE	0	0 Limitations	594	834,425
SSS	NEEDS W/ HEAVY HOUSEWORK	1	1 Limitation	259	362,784
	ADDED, SSS VERSION	2	2 Limitations	92	130,449

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Limitations	43	53,980
		4	4 Limitations	36	59,098
		5	5 Limitations	22	24,557
		6	6 Limitations	12	25,924
		7	7 Limitations	10	17,416
		8	8 Limitations	4	5,358
				1,072	1,513,991
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	662
		-7	Refused	5	9,264
		1	Yes	502	647,398
		2	No	564	856,668
				1,072	1,513,991