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Positional Listing of Variables

Name	Type	Description
PERSID	CHAR	PERSON ID
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMPOTATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMDDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS SUCH AS TOFU OR SOY MILK DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS (SUCH AS TOFU OR SOY MILK) THAT ARE PROVIDED?
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT

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Name	Type	Description
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNRFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRFQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFQ11	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
HNRFQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER?
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE 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?
SVCTAN	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	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
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?

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SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?

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PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A 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?

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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?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION

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Name	Type	Description
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	WHAT IS YOUR GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?

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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?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PF_WMO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?

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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?
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?
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	WHAT IS YOUR GENDER?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY

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Alphabetical Listing of Variables

Name	Type	Description
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?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS SUCH AS TOFU OR SOY MILK DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS (SUCH AS TOFU OR SOY MILK) THAT ARE PROVIDED?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMHOSPNI	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?

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Alphabetical Listing of Variables

Name	Type	Description
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMPOATATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HNRFAQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ11	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
HNRFAQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER?

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Alphabetical Listing of Variables

Name	Type	Description
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?
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?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?

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Alphabetical Listing of Variables

Name	Type	Description
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 DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?

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Alphabetical Listing of Variables

Name	Type	Description
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFILEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?

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Alphabetical Listing of Variables

Name	Type	Description
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?
PF_WMO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53

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Alphabetical Listing of Variables

Name	Type	Description
PSTOTWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?

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Alphabetical Listing of Variables

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

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	790	850,880
				790	850,880
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?				
		1	Today Or Yesterday	446	491,412
		2	More Than 1 Day To 1 Week Ago	192	180,246
		3	More Than 1 Week To 1 Month Ago	43	44,939
		4	More Than 1 Month Ago	109	134,284
				790	850,880
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?				
		-8	Don't Know	30	26,009
		1	6 Months Or Less	178	209,864
		2	More Than 6 Months But Less Than 1 Year	131	144,625
		3	At Least 1 Year But Less Than 2 Years	189	191,617
		4	2 To 5 Years	204	209,165
		5	More Than 5 Years	58	69,601
				790	850,880
HMATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	16	13,018
		0	0 Meals	1	1,668
		1	1 Meal	477	541,626
		2	2 Meals	107	113,486
		3	3 Meals	9	9,067
		4	4 Meals	12	10,891
		5	5 Meals	101	96,368
		6	6 Meals	12	10,139
		7	7 Meals	55	54,617
				790	850,880
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	8	4,795
		0	0 Days	4	8,997
		1	1 Day	188	181,881
		2	2 Days	26	21,801
		3	3 Days	53	50,616
		4	4 Days	31	24,573

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Days	435	510,782
		6	6 Days	11	13,210
		7	7 Days	34	34,225
				790	850,880
HMPORTN	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?				
		-8	Don't Know	40	43,759
		-7	Refused	5	3,392
		1	Less Than One-Third	54	62,086
		2	Between One-Third And One-Half	192	204,761
		3	About One-Half	247	270,342
		4	More Than One-Half	246	256,176
		91	Other	6	10,364
				790	850,880
HMFRUIT	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	25	28,286
		-7	Refused	2	4,744
		0	0 Servings	30	32,031
		1	1 Serving	423	419,375
		2	2 Servings	183	217,172
		3	3 Servings	64	78,236
		4	4 Servings	14	11,108
		5	5 Servings	7	9,889
		6	6 Servings	2	2,100
		9	9 Servings	1	453
		99	Less than one serving	39	47,484
				790	850,880
HMEATFRT	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	22	22,110
		1	Yes	722	786,853
		2	No	46	41,918
				790	850,880
HMPOTATO	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	34	34,490
		-7	Refused	1	27
		0	0 Servings	86	95,397

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Serving	512	549,298
		2	2 Servings	74	94,480
		3	3 Servings	6	4,257
		4	4 Servings	2	1,795
		5	5 Servings	1	1,710
		99	Less than one serving	74	69,426
				790	850,880
HMEATPOT	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	14	15,082
		-7	Refused	1	332
		1	Yes	715	769,713
		2	No	60	65,753
				790	850,880
HMVEGS	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	31	33,000
		-7	Refused	4	4,956
		0	0 Servings	14	23,340
		1	1 Serving	427	437,141
		2	2 Servings	204	226,603
		3	3 Servings	54	54,834
		4	4 Servings	11	7,701
		5	5 Servings	5	5,634
		10	10 Servings	1	1,331
		11	11 Servings	1	1,569
		99	Less than one serving	38	54,771
				790	850,880
HMEATVEG	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?				
		-8	Don't Know	20	24,429
		1	Yes	711	759,672
		2	No	59	66,779
				790	850,880
HMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY				
		.	Missing	58	60,122
		1	1 Serving	93	104,110
		2	2 Servings	367	388,650
		3	3 Servings	164	181,934

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Servings	72	77,870
		5	5 Servings	11	10,410
		6	6 Servings	10	9,908
		8	8 Servings	2	2,414
		11	11 Servings	1	1,331
		12	12 Servings	1	1,569
		99	Less than one serving	11	12,562
				790	850,880
HMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	71	80,360
		1	1 Serving	23	22,759
		2	2 Servings	80	91,301
		3	3 Servings	266	267,458
		4	4 Servings	138	150,690
		5	5 Servings	112	123,625
		6	6 Servings	51	53,003
		7	7 Servings	25	33,281
		8	8 Servings	9	12,428
		9	9 Servings	5	6,377
		10	10 Servings	4	1,573
		11	11 Servings	1	453
		12	12 Servings	1	1,331
		13	13 Servings	1	1,710
		17	17	1	1,569
		99	Less than one serving	2	2,961
				790	850,880
HMBREAD	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	28	31,593
		0	0 Servings	36	40,415
		1	1 Serving	391	413,810
		2	2 Servings	206	221,327
		3	3 Servings	81	89,338
		4	4 Servings	17	16,254
		5	5 Servings	4	1,123
		6	6 Servings	3	3,662
		99	Less than one serving	24	33,357
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMEATBRD	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?	-8	Don't Know	24	33,085
		1	Yes	660	702,825
		2	No	106	114,970
				790	850,880
HMDES	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	24	22,476
		-7	Refused	1	3,001
		0	0 Servings	129	151,194
		1	1 Serving	423	447,421
		2	2 Servings	136	150,945
		3	3 Servings	17	13,831
		4	4 Servings	9	11,527
		5	5 Servings	3	1,492
		99	Less than one serving	48	48,993
		790	850,880		
HMEATDES	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	21	13,202
		-7	Refused	2	3,028
		1	Yes	661	724,015
		2	No	106	110,635
		790	850,880		
HMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	62	72,398
		1	1 Serving	110	126,749
		2	2 Servings	267	286,627
		3	3 Servings	177	189,514
		4	4 Servings	89	84,962
		5	5 Servings	36	40,940
		6	6 Servings	11	10,507
		7	7 Servings	8	9,865
		8	8 Servings	4	3,604
		10	10 Servings	1	24
99	Less than one serving	25	25,690		
		790	850,880		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMDAIRY	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS SUCH AS TOFU OR SOY MILK DO YOU USUALLY EAT OR DRINK EVERY DAY?	-8	Don't Know	25	23,411
		-7	Refused	1	1,744
		0	0 Servings	63	79,757
		1	1 Serving	392	401,991
		2	2 Servings	200	231,297
		3	3 Servings	52	57,988
		4	4 Servings	26	24,050
		5	5 Servings	3	2,190
		6	6 Servings	1	332
		7	7 Servings	2	2,250
		8	8 Servings	1	3,046
		10	10 Servings	1	327
99	Less than one serving	23	22,498	790	850,880
HMEATDAR	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS (SUCH AS TOFU OR SOY MILK) THAT ARE PROVIDED?	-8	Don't Know	13	12,491
		1	Yes	650	705,823
		2	No	127	132,566
HMMEAT	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	34	40,294
		0	0 Servings	10	16,922
		1	1 Serving	450	461,585
		2	2 Servings	213	243,417
		3	3 Servings	54	61,116
		4	4 Servings	6	7,678
		10	10 Servings	1	1,424
		99	Less than one serving	22	18,443
HMEATMET	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?	-8	Don't Know	10	9,262

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,744
		1	Yes	742	802,766
		2	No	37	37,107
				790	850,880
HMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	30	35,723
		-7	Refused	2	1,158
		0	0 Servings	107	127,687
		1	1 Serving	477	509,795
		2	2 Servings	105	103,960
		3	3 Servings	18	14,301
		4	4 Servings	1	362
		5	5 Servings	1	1,274
		99	Less than one serving	49	56,621
				790	850,880
HMEATBNS	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?	-8	Don't Know	19	13,518
		1	Yes	650	708,576
		2	No	121	128,786
				790	850,880
HMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	53	61,880
		1	1 Serving	93	107,035
		2	2 Servings	360	364,832
		3	3 Servings	157	183,006
		4	4 Servings	83	88,900
		5	5 Servings	21	24,421
		6	6 Servings	8	5,074
		7	7 Servings	2	499
		8	8 Servings	1	1,274
		11	11 Servings	1	1,424
		99	Less than one serving	11	12,535
				790	850,880
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?	-8	Don't Know	3	1,770

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	332
		1	Excellent	207	197,862
		2	Very Good	291	344,053
		3	Good	193	204,879
		4	Fair	80	84,261
		5	Poor	15	17,724
				790	850,880
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT	.	Missing	4	2,102
		1	Rating of Good to Excellent	691	746,794
		2	Rating of Fair or Poor	95	101,984
				790	850,880
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	8	8,066
		-7	Refused	1	362
		1	Always	211	218,948
		2	Usually	343	373,281
		3	Sometimes	191	201,718
		4	Seldom	25	29,968
		5	Never	11	18,537
				790	850,880
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	4	6,851
		1	Always	272	289,775
		2	Usually	300	318,226
		3	Sometimes	180	201,906
		4	Seldom	25	22,003
		5	Never	9	12,118
				790	850,880
HNRFAQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?	-8	Don't Know	21	28,341
		-7	Refused	1	3,444
		1	Yes	193	202,347
		2	No	575	616,748
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HNRFQ1	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	63	53,917
		2	No	129	147,955
				790	850,880
HNRFQ2	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	37	37,908
		2	No	155	163,964
				790	850,880
HNRFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	2	697
		2	No	190	201,175
				790	850,880
HNRFQ4	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	6	4,647
		2	No	186	197,225
				790	850,880
HNRFQ5	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	13	13,111
		2	No	179	188,761
				790	850,880
HNRFQ6	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	5	9,061
		2	No	187	192,811

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
HNRFAQ7	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	4	2,504
		2	No	188	199,368
				790	850,880
HNRFAQ8	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	1	626
		2	No	191	201,246
				790	850,880
HNRFAQ9	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	1	1,569
		2	No	191	200,303
				790	850,880
HNRFAQ10	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	1	174
		2	No	191	201,698
				790	850,880
HNRFAQ11	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	54	65,615
		2	No	138	136,256
				790	850,880
HNRFAQOT	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER?	-8	Don't Know	1	475
		-1	Not Collected	597	648,533
		1	Yes	33	36,449
		2	No	159	165,423

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	13	10,305
		1	Always	502	559,518
		2	Usually	206	217,255
		3	Sometimes	58	52,049
		4	Seldom	7	6,957
		5	Never	4	4,796
				790	850,880
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	18	19,050
		-7	Refused	3	1,916
		1	Yes	725	777,920
		2	No	44	51,994
				790	850,880
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	11	12,142
		-7	Refused	1	477
		1	Yes	752	805,671
		2	No	26	32,590
				790	850,880
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	22	21,318
		-7	Refused	5	1,846
		1	Yes	642	666,435
		2	No	121	161,281
				790	850,880
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	77	82,241
		-7	Refused	3	934
		1	Yes	613	659,922
		2	No	97	107,783
				790	850,880
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	16	18,063
		-7	Refused	2	707
		1	Yes	723	781,565
		2	No	49	50,545
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMFLBR2	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?	-8	Don't Know	44	47,884
		-7	Refused	1	372
		1	Yes	683	727,335
		2	No	62	75,288
				790	850,880
HMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	9	10,884
		-7	Refused	1	160
		1	Yes	520	562,970
		2	No	260	276,866
				790	850,880
HMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	12	12,267
		-7	Refused	2	750
		1	Yes	146	145,290
		2	No	630	692,573
				790	850,880
HMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	11	9,918
		-7	Refused	3	4,023
		1	Yes	136	118,535
		2	No	640	718,404
				790	850,880
HMSKP	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?	-8	Don't Know	6	10,155
		-7	Refused	1	362
		1	Yes	103	88,556
		2	No	680	751,806
				790	850,880
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	4	1,832
		1	Yes	69	83,251
		2	No	717	765,798
		790	850,880		

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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	12	10,935
		1	Yes	229	242,887
		2	No	549	597,058
				790	850,880
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	16	10,647
		1	Yes	235	243,380
		2	No	539	596,853
				790	850,880
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	8	5,186
		1	Yes	167	192,730
		2	No	615	652,964
				790	850,880
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	3	1,620
		1	Yes	31	46,462
		2	No	756	802,798
				790	850,880
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	3	2,176
		1	Yes	101	115,400
		2	No	686	733,304
				790	850,880
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	4	5,392
		1	Yes	96	104,495
		2	No	690	740,994
				790	850,880
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	7	7,821
		1	Yes	39	45,225
		2	No	744	797,834
				790	850,880
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	21	16,721

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	133	136,367
		2	No	636	697,791
				790	850,880
SVCCOUNT	SERVICE COMBINATIONS	1	Home Delivered Meals only	319	348,044
		2	Home Delivered Meals and 1 add'l svc	184	177,315
		3	Home Delivered Meals and 2 add'l svcs	104	116,676
		4	Home Delivered Meals and 3 add'l svcs	86	101,279
		5	Home Delivered Meals and 4 add'l svcs	56	63,072
		6	Home Delivered Meals and 5 add'l svcs	25	28,022
		7	Home Delivered Meals and 6 add'l svcs	13	13,883
		8	Home Delivered Meals and 7 add'l svcs	1	708
		9	Home Delivered Meals and 8 add'l svcs	2	1,880
				790	850,880
HNREDUYN	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?	-8	Don't Know	5	2,821
		1	Yes	74	69,249
		2	No	711	778,810
				790	850,880
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	13	12,968
		1	Yes	156	170,211
		2	No	621	667,702
				790	850,880
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	5	4,680
		1	Yes	99	97,395
		2	No	686	748,805
				790	850,880

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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	2	2,356
		1	Yes	57	57,482
		2	No	731	791,042
				790	850,880
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	13	14,170
		1	Yes	41	22,984
		2	No	736	813,726
				790	850,880
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	15	16,998
		1	Yes	128	137,815
		2	No	647	696,067
				790	850,880
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	7	4,012
		-7	Refused	1	278
		-1	Not Collected	228	255,479
		1	Excellent	149	146,259
		2	Very Good	198	226,592
		3	Good	152	168,006
		4	Fair	45	43,986
		5	Poor	10	6,268
				790	850,880
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	17	15,315
		1	Yes	669	719,245
		2	No	104	116,320
				790	850,880
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	30	25,159
		-7	Refused	2	1,287
		1	Yes	678	746,427
		2	No	80	78,008

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	26	27,417
		-7	Refused	1	387
		1	Yes	653	702,824
		2	No	110	120,252
				790	850,880
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	25	29,341
		-7	Refused	1	677
		1	Yes	400	442,772
		2	No	364	378,090
				790	850,880
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	7	6,743
		-7	Refused	1	1,090
		1	Agree	765	824,260
		2	Disagree	17	18,787
				790	850,880
SVCSUPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	22	23,693
		-7	Refused	1	976
		1	Agree	747	810,605
		2	Disagree	20	15,606
				790	850,880
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	5	6,260
		-7	Refused	2	5,263
		1	Yes	195	200,982
		2	No	588	638,375
				790	850,880
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	13	14,477
		-7	Refused	1	2,256
		1	Yes	151	165,163

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	625	668,984
				790	850,880
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	23	28,055
		-7	Refused	1	317
		1	Yes	271	309,138
		2	No	495	513,369
				790	850,880
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	10	5,543
		1	Yes	104	113,020
		2	No	676	732,317
				790	850,880
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	11	8,682
		-7	Refused	1	421
		1	Yes	383	414,474
		2	No	395	427,303
				790	850,880
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	12	16,006
		1	Yes	522	546,845
		2	No	256	288,029
				790	850,880
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	8	4,801
		1	Excellent	37	52,306
		2	Very Good	75	95,346
		3	Good	258	278,950
		4	Fair	261	271,467
		5	Poor	151	148,010
				790	850,880
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	15	18,843
		-7	Refused	3	1,207
		1	Yes, Limited A Lot	433	452,946
		2	Yes, Limited A Little	214	224,665

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	No, Not Limited At All	125	153,219
				790	850,880
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	16	10,902
		-7	Refused	3	957
		1	Yes, Limited A Lot	497	526,427
		2	Yes, Limited A Little	160	185,762
		3	No, Not Limited At All	114	126,831
				790	850,880
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	24	19,933
		-7	Refused	5	7,775
		1	All Of The Time	166	166,204
		2	Most Of The Time	232	257,085
		3	Some Of The Time	223	238,197
		4	A Little Of The Time	96	110,127
		5	None Of The Time	44	51,560
				790	850,880
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	16	13,034
		-7	Refused	1	562
		1	All Of The Time	177	183,303
		2	Most Of The Time	202	216,539
		3	Some Of The Time	228	242,227
		4	A Little Of The Time	98	111,682
		5	None Of The Time	68	83,533
				790	850,880
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	16	13,248
		-7	Refused	4	4,871
		1	All Of The Time	64	62,653

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	99	108,034
		3	Some Of The Time	214	238,287
		4	A Little Of The Time	144	163,347
		5	None Of The Time	249	260,441
				790	850,880
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	31	28,330
		-7	Refused	1	2,759
		1	All Of The Time	50	53,936
		2	Most Of The Time	92	95,901
		3	Some Of The Time	182	209,534
		4	A Little Of The Time	138	133,174
		5	None Of The Time	296	327,248
				790	850,880
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	14	18,014
		-7	Refused	3	3,493
		1	All Of The Time	145	162,773
		2	Most Of The Time	141	154,173
		3	Some Of The Time	140	149,865
		4	A Little Of The Time	202	201,926
		5	None Of The Time	145	160,635
				790	850,880
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	7	8,713
		-7	Refused	2	1,080
		1	All Of The Time	90	91,284
		2	Most Of The Time	317	352,663
		3	Some Of The Time	229	239,713
		4	A Little Of The Time	101	110,815
		5	None Of The Time	44	46,611
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	8	8,454
		-7	Refused	1	2,212
		1	All Of The Time	24	21,091
		2	Most Of The Time	114	134,244
		3	Some Of The Time	251	267,566
		4	A Little Of The Time	263	275,982
		5	None Of The Time	129	141,330
				790	850,880
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	3	2,173
		-7	Refused	2	3,865
		1	All Of The Time	39	38,176
		2	Most Of The Time	67	75,881
		3	Some Of The Time	221	236,212
		4	A Little Of The Time	225	235,956
		5	None Of The Time	233	258,617
				790	850,880
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	25	27,317
		-7	Refused	9	7,453
		1	All Of The Time	137	157,555
		2	Most Of The Time	136	144,298
		3	Some Of The Time	174	187,819
		4	A Little Of The Time	116	112,437
		5	None Of The Time	193	214,001
				790	850,880
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	8	9,654
		-7	Refused	1	2,759
		1	Much Better Than One Year Ago	67	81,824
		2	A Little Better Than One Year Ago	82	85,041
		3	About The Same As One Year Ago	277	317,042

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Worse Than One Year Ago	174	183,301
		5	Worse Than One Year Ago	181	171,260
				790	850,880
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING?	-8	Don't Know	18	18,998
		-7	Refused	4	4,595
		1	About Enough	237	275,110
		2	Too Much	8	5,032
		3	Would Like To Be Doing More	523	547,144
				790	850,880
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	33	38,383
		-7	Refused	3	1,150
		1	Yes	195	213,042
		2	No	559	598,306
				790	850,880
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	7	7,023
		-7	Refused	2	1,300
		1	Yes	547	571,716
		2	No	234	270,841
				790	850,880
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	7	9,178
		-7	Refused	2	1,300
		1	Yes	574	589,517
		2	No	205	249,907
		3	Does Not Apply	2	977
				790	850,880
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	6	4,936
		-7	Refused	2	1,300
		1	Yes	347	339,002
		2	No	434	504,964
		3	Does Not Apply	1	677
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	24	23,004
		-7	Refused	2	1,300
		1	Yes	389	410,475
		2	No	373	413,422
		3	Does Not Apply	2	2,679
				790	850,880
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	7	10,873
		-7	Refused	3	1,673
		1	Yes	274	277,032
		2	No	506	561,302
				790	850,880
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	5	8,547
		-7	Refused	3	1,578
		1	Yes	388	385,760
		2	No	393	453,889
		3	Does Not Apply	1	1,106
				790	850,880
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	5	4,967
		-7	Refused	3	1,578
		1	Yes	143	165,719
		2	No	639	678,616
				790	850,880
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	6	7,005
		-7	Refused	3	1,578
		1	Yes	175	164,959
		2	No	606	677,338
				790	850,880
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	11	14,739
		-7	Refused	3	1,578
		1	Yes	182	191,432
		2	No	592	641,590
		3	Does Not Apply	2	1,542

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	20	20,600
		-7	Refused	3	1,578
		1	Yes	200	214,436
		2	No	567	614,266
				790	850,880
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	16	17,727
		-7	Refused	3	1,578
		1	Yes	121	105,125
		2	No	647	724,395
		3	Does Not Apply	3	2,056
				790	850,880
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	9	11,008
		-7	Refused	4	1,940
		1	Yes	501	545,149
		2	No	276	292,783
				790	850,880
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	6,738
		-7	Refused	3	1,578
		1	Yes	301	318,045
		2	No	480	523,413
		3	Does Not Apply	1	1,106
				790	850,880
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	13	14,685
		-7	Refused	3	1,578
		1	Yes	199	210,058
		2	No	574	623,703
		3	Does Not Apply	1	856
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	2	3,099
		-7	Refused	3	1,578
		1	Yes	103	118,751
		2	No	681	726,629
		3	Does Not Apply	1	822
				790	850,880
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	4	4,405
		-7	Refused	3	1,578
		1	Yes	33	29,294
		2	No	750	815,604
				790	850,880
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	6	6,902
		-7	Refused	3	1,578
		1	Yes	27	26,552
		2	No	753	815,286
		3	Does Not Apply	1	562
				790	850,880
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	4	4,684
		-7	Refused	3	1,578
		1	Yes	465	494,527
		2	No	317	349,529
		3	Does Not Apply	1	562
				790	850,880
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	7	6,503
		-7	Refused	3	1,578
		1	Yes	17	22,777
		2	No	763	820,022
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	10	13,286
		-7	Refused	3	1,578
		1	Yes	214	226,839
		2	No	562	608,826
		3	Does Not Apply	1	351
				790	850,880
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	8	16,592
		-7	Refused	3	1,578
		1	Yes	85	81,117
		2	No	690	748,026
		3	Does Not Apply	4	3,567
				790	850,880
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	8	9,560
		1	1 Medical Condition	21	25,220
		2	2 Medical Conditions	42	50,575
		3	3 Medical Conditions	50	65,242
		4	4 Medical Conditions	81	75,924
		5	5 Medical Conditions	67	82,070
		6	6 Medical Conditions	108	123,780
		7	7 Medical Conditions	118	143,218
		8	8 Medical Conditions	87	77,955
		9	9 Medical Conditions	61	57,410
		10	10 Medical Conditions	51	52,895
		11	11 Medical Conditions	52	43,965
		12	12 Medical Conditions	21	19,153
		13	13 Medical Conditions	11	13,375
		14	14 Medical Conditions	8	8,708
		15	15 Medical Conditions	1	856
		16	16 Medical Conditions	3	973
		790	850,880		
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	23	28,525
		-7	Refused	1	2,473

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	8	9,560
		1	Yes	597	638,984
		2	No	161	171,338
				790	850,880
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	5,458
		-1	Not Collected	193	211,896
		1	Yes	531	567,463
		2	No	62	66,063
				790	850,880
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	9	4,869
		-7	Refused	1	278
		-1	Not Collected	193	211,896
		1	Yes	219	235,294
		2	No	368	398,543
				790	850,880
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	6	4,261
		-1	Not Collected	193	211,896
		1	Yes	172	168,836
		2	No	419	465,887
				790	850,880
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	1	677
		-7	Refused	1	372
		-1	Not Collected	193	211,896
		1	Yes	78	79,682

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	517	558,252
				790	850,880
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?				
		-8	Don't Know	2	3,649
		-7	Refused	1	372
		-1	Not Collected	193	211,896
		1	Yes	30	47,855
		2	No	564	587,108
				790	850,880
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]				
		-8	Don't Know	9	6,830
		-7	Refused	1	372
		-1	Not Collected	193	211,896
		1	Yes	36	41,811
		2	No	551	589,970
				790	850,880
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	193	211,896
		1	Yes	40	49,380
		2	No	557	589,604
				790	850,880
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	193	211,896
		1	Yes	26	24,029
		2	No	571	614,954
				790	850,880
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	193	211,896

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	54	48,324
		2	No	543	590,660
				790	850,880
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	23	22,991
		-7	Refused	4	5,871
		-1	Not Collected	8	9,560
		1	Not At All Confident	63	59,915
		2	A Little Confident	163	171,468
		3	Moderately Confident	289	318,504
		4	Very Confident	240	262,572
				790	850,880
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?				
		-8	Don't Know	9	12,087
		-7	Refused	2	988
		1	Yes	293	317,850
		2	No	486	519,955
				790	850,880
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY				
		-8	Don't Know	24	20,756
		-7	Refused	5	4,857
		1	0-2 medications	107	105,421
		2	3-4 medications	172	210,986
		3	5-6 medications	156	179,353
		4	7-8 medications	110	123,661
		5	9+ medications	216	205,847
				790	850,880
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?				
		-8	Don't Know	4	2,719
		-7	Refused	1	626
		1	Yes	284	296,500
		2	No	501	551,035
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	3	1,658
		-7	Refused	1	626
		1	Yes	117	119,603
		2	No	669	728,994
				790	850,880
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	146
		-7	Refused	1	278
		1	Yes	276	288,039
		2	No	511	562,418
				790	850,880
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	4	2,326
		-1	Not Collected	514	562,841
		1	Yes	116	122,206
		2	No	156	163,507
				790	850,880
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	4	887
		1	Yes	424	444,892
		2	No	362	405,100
				790	850,880
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	858
		-1	Not Collected	366	405,988
		1	Yes	349	361,331
		2	No	73	82,703
				790	850,880
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	8	5,746
		1	Yes	286	283,581
		2	No	496	561,553
				790	850,880
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	4	4,741

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	504	567,299
		1	Yes	121	117,032
		2	No	161	161,808
				790	850,880
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	7	8,943
		-7	Refused	1	372
		1	Yes	293	288,262
		2	No	489	553,303
				790	850,880
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	502
		-1	Not Collected	497	562,618
		1	Yes	204	206,312
		2	No	88	81,447
				790	850,880
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	5	4,921
		1	Yes	193	206,324
		2	No	592	639,635
				790	850,880
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	3	2,695
		-1	Not Collected	597	644,556
		1	Yes	133	145,752
		2	No	57	57,878
				790	850,880
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	11	10,581
		1	Yes	532	544,960
		2	No	247	295,340
				790	850,880
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	11	8,763
		-7	Refused	1	372
		-1	Not Collected	258	305,920
		1	Yes	178	172,034
		2	No	342	363,790
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	7	9,573
		1	Yes	80	80,760
		2	No	703	760,548
				790	850,880
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	710	770,120
		1	Yes	21	23,123
		2	No	59	57,637
				790	850,880
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	6	7,323
		-7	Refused	2	2,082
		1	Yes	118	134,149
		2	No	664	707,326
				790	850,880
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	3	1,601
		-1	Not Collected	672	716,731
		1	Yes	61	68,101
		2	No	54	64,448
				790	850,880
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	9	6,832
		-7	Refused	1	562
		1	Yes	172	185,511
		2	No	608	657,975
				790	850,880
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	2	1,064
		-1	Not Collected	618	665,369
		1	Yes	153	169,506
		2	No	17	14,941
				790	850,880
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	19	17,280
		-7	Refused	3	1,306
		1	Yes	380	397,070
		2	No	388	435,223

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?				
		-8	Don't Know	5	4,515
		-1	Not Collected	410	453,810
		1	Yes	297	321,152
		2	No	78	71,403
				790	850,880
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?				
		-8	Don't Know	9	8,632
		-7	Refused	1	372
		1	Yes	385	404,843
		2	No	395	437,033
				790	850,880
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?				
		-8	Don't Know	2	1,712
		-1	Not Collected	405	446,037
		1	Yes	338	363,010
		2	No	45	40,122
				790	850,880
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	14	16,578
		-7	Refused	2	696
		1	Yes	616	642,537
		2	No	158	191,069
				790	850,880
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	1	372
		-1	Not Collected	174	208,343
		1	Yes	567	591,132
		2	No	48	51,033
				790	850,880
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	4	4,885
		1	Yes	147	154,366
		2	No	639	691,629

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	1	562
		-1	Not Collected	643	696,514
		1	Yes	110	113,433
		2	No	36	40,372
				790	850,880
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	2	3,205
		1	Yes	67	84,119
		2	No	721	763,557
				790	850,880
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	723	766,761
		1	Yes	60	72,391
		2	No	7	11,728
				790	850,880
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	2	639
		-7	Refused	3	1,665
		1	Yes	462	500,692
		2	No	323	347,884
				790	850,880
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	10	10,132
		-7	Refused	3	2,732
		-1	Not Collected	328	350,188
		1	Yes	202	208,451
		2	No	247	279,378
				790	850,880
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	88	96,911
		-7	Refused	1	372
		1	Yes	309	351,079
		2	No	392	402,518
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	2	1,508
		-1	Not Collected	481	499,801
		1	Yes	83	85,888
		2	No	116	132,263
		3	Never Uses Bus	108	131,419
				790	850,880
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	424
		-1	Not Collected	707	764,992
		1	Yes	66	69,180
		2	No	16	16,284
				790	850,880
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	7	5,518
		-1	Not Collected	159	184,701
		1	Family	377	405,241
		2	Someone Else Like Friend/Neighbor/Other	174	187,866
		3	Did Not Receive Help	73	67,555
				790	850,880
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	10	13,819
		-7	Refused	1	1,619
		-1	Not Collected	413	445,639
		1	Husband	24	29,114
		2	Wife	34	39,926
		3	Son	69	72,495
		4	Son-In-Law	2	2,259
		5	Daughter	148	168,097
		6	Daughter-In-Law	11	12,966
		9	Brother	9	4,707
		10	Sister	25	17,350
		11	Grandson	11	8,815
		12	Granddaughter	17	14,447
		13	Nephew	5	4,884
		14	Niece	4	4,188
91	Other Relative	7	10,554		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
ADL6A6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	29	29,923
		0	0 limitations	181	228,062
		1	1 limitation	195	201,096
		2	2 limitations	146	147,514
		3	3 limitations	94	95,551
		4	4 limitations	76	74,469
		5	5 limitations	49	52,172
		6	6 limitations	20	22,092
				790	850,880
ADL6A6_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	99
		0	0 limitations	187	233,417
		1	1 limitation	201	209,269
		2	2 limitations	148	149,476
		3	3 limitations	100	104,729
		4	4 limitations	80	75,915
		5	5 limitations	53	55,883
		6	6 limitations	20	22,092
				790	850,880
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	29	29,923
		1	Yes	239	244,284
		2	No	522	576,673
				790	850,880
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	99
		1	Yes	253	258,619
		2	No	536	592,162
				790	850,880
ADL6A6P	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	17	15,370
		0	0 limitations	482	532,208

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	118	107,181
		2	2 limitations	63	93,527
		3	3 limitations	37	39,456
		4	4 limitations	31	22,139
		5	5 limitations	30	25,778
		6	6 limitations	12	15,221
				790	850,880
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER	.	Missing	2	3,099
SSS	PERSON, SSS VERSION	0	0 limitations	487	537,547
		1	1 limitation	123	111,214
		2	2 limitations	66	95,275
		3	3 limitations	39	40,605
		4	4 limitations	31	22,139
		5	5 limitations	30	25,778
		6	6 limitations	12	15,221
				790	850,880
IADLAOA7	PERSON COUNT BY # OF IADL	.	Missing	43	36,457
	DIFFICULTIES (AMONG 7 ACTIVITIES):	0	0 limitations	170	201,489
	GOING OUTSIDE HOME, MONEY	1	1 limitation	120	128,058
	MANAGEMENT, PREP MEALS, LIGHT	2	2 limitations	108	115,476
	HOUSEWORK, MEDICATION	3	3 limitations	133	131,430
	MANAGEMENT, USING THE PHONE, OR	4	4 limitations	112	126,420
	DRIVING CAR/PUBLIC	5	5 limitations	58	64,957
	TRANSPORTATION?	6	6 limitations	28	31,194
		7	7 limitations	13	13,531
		8	8 limitations	5	1,868
				790	850,880
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	178	206,028
SSS		1	1 limitation	130	138,500
		2	2 limitations	119	123,745
		3	3 limitations	144	141,117
		4	4 limitations	119	131,336

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	54	62,933
		6	6 limitations	31	34,318
		7	7 limitations	15	12,905
				790	850,880
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMNT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	22	19,811
		0	0 limitations	236	261,362
		1	1 limitation	137	163,124
		2	2 limitations	115	104,004
		3	3 limitations	109	99,199
		4	4 limitations	89	111,800
		5	5 limitations	38	47,362
		6	6 limitations	26	28,819
		7	7 limitations	13	13,531
		8	8 limitations	5	1,868
				790	850,880
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	238	264,121
		1	1 limitation	144	167,481
		2	2 limitations	120	109,150
		3	3 limitations	118	107,435
		4	4 limitations	93	115,624
		5	5 limitations	33	42,852
		6	6 limitations	29	31,313
		7	7 limitations	15	12,905
				790	850,880
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	50	45,775
		0	0 limitations	98	124,291
		1	1 limitation	97	105,206

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	106	105,387
		3	3 limitations	94	103,546
		4	4 limitations	137	141,592
		5	5 limitations	107	117,737
		6	6 limitations	55	60,753
		7	7 limitations	28	31,194
		8	8 limitations	13	13,531
		9	9	5	1,868
				790	850,880
IADLAOA8_	AOA IADL LIMITATIONS W/ HEAVY				
SSS	HOUSEWORK ADDED, SSS VERSION	0	0 limitations	107	135,340
		1	1 limitation	105	110,688
		2	2 limitations	116	113,151
		3	3 limitations	101	110,352
		4	4 limitations	150	152,745
		5	5 limitations	114	122,653
		6	6 limitations	51	58,728
		7	7 limitations	31	34,318
		8	8 limitations	15	12,905
				790	850,880
IADLAOA8P	AMONG THOSE W/ ANY IADL				
	DIFFICULTY, PERSON COUNTS				
	BY # OF IADL PERSONAL ASSIST.				
	NEEDS (OF 8 ACTIVITIES): GOING				
	OUTSIDE HOME, MONEY MGMT, MEAL				
	PREP, LIGHT HOUSEWORK, HEAVY				
	HOUSEWORK, MED MGMT, USING				
	PHONE, DRIVING CAR/ PUBLIC TRANS?				
		.	Missing	23	20,183
		0	0 limitations	152	178,749
		1	1 limitation	119	133,984
		2	2 limitations	117	120,212
		3	3 limitations	104	99,617
		4	4 limitations	109	104,168
		5	5 limitations	85	103,263
		6	6 limitations	37	46,486
		7	7 limitations	26	28,819
		8	8 limitations	13	13,531
		9	9	5	1,868
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADL8P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	154	179,623
		1	1 limitation	126	140,226
		2	2 limitations	118	121,417
		3	3 limitations	109	103,930
		4	4 limitations	118	112,403
		5	5 limitations	89	107,087
		6	6 limitations	32	41,976
		7	7 limitations	29	31,313
		8	8 limitations	15	12,905
				790	850,880
AGEC	AGE CATEGORY	.	Missing	2	1,958
		2	60-64 years	63	64,873
		3	65-74 years	247	257,229
		4	75-84 years	258	289,243
		5	85+ years	220	237,576
				790	850,880
GENDER	WHAT IS YOUR GENDER?	-1	Not Collected	2	5,602
		1	Male	274	302,287
		2	Female	514	542,992
				790	850,880
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	9	12,201
		-7	Refused	10	12,545
		1	Less Than High School Diploma	201	204,750
		2	High School Diploma Or GED	269	317,265
		3	Some College(Business/ Vocational/Techni)	199	203,111
		4	Bachelor's Degree	55	52,422
5	Some Post-Graduate Work/Advanced Degree	47	48,587		
				790	850,880
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	11	7,275
		-7	Refused	11	10,956
		1	Yes	37	55,265
		2	No	731	777,384

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	4	1,210
		-7	Refused	20	25,602
		1	Yes	583	630,627
		2	No	183	193,440
				790	850,880
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	4	1,210
		-7	Refused	20	25,602
		1	Yes	162	158,200
		2	No	604	665,867
				790	850,880
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	4	1,210
		-7	Refused	20	25,602
		1	Yes	4	5,113
		2	No	762	818,954
				790	850,880
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	4	1,210
		-7	Refused	20	25,602
		1	Yes	24	35,500
		2	No	742	788,567
				790	850,880
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	4	1,210
		-7	Refused	20	25,602
		1	Yes	2	1,805
		2	No	764	822,262
				790	850,880
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	4	1,210
		-7	Refused	20	25,602
		1	Yes	12	18,706
		2	No	754	805,361
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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.)	-7	Refused	11	11,638
		1	Yes	122	129,465
		2	No	657	709,776
				790	850,880
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	39	44,758
		-7	Refused	10	11,966
		1	The City	346	369,565
		2	The Suburbs	159	172,047
		3	A Rural Area	236	252,544
		790	850,880		
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	3	3,603
		-7	Refused	13	11,438
		1	Yes	450	482,994
		2	No	324	352,845
		790	850,880		
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	13	11,438
		-1	Not Collected	450	482,994
		1	Yes	173	205,679
		2	No	154	150,769
		790	850,880		
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	311
		-7	Refused	14	12,494
		-1	Not Collected	450	482,994
		1	Yes	118	116,710
		2	No	207	238,371
		790	850,880		
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	372
		-7	Refused	14	12,494
		-1	Not Collected	450	482,994
		1	Yes	58	63,094
		2	No	267	291,926
		790	850,880		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	14	12,494
		-1	Not Collected	450	482,994
		1	Yes	32	34,081
		2	No	294	321,311
				790	850,880
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	13	11,438
		1	Alone	450	482,994
		2	With spouse only	139	160,881
		3	With children only	76	67,910
		4	With spouse and children	22	29,395
		5	With others	90	98,262
		790	850,880		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	2,919
		-7	Refused	13	13,714
		1	1 Person	456	488,564
		2	2 People	240	256,330
		3	3 People	53	56,537
		4	4 People	17	14,363
		5	5 People	6	10,639
		6	6 People	3	7,320
		790	850,880		
DEMARST	WHAT IS YOUR MARITAL STATUS?	-7	Refused	14	11,722
		1	Married	183	209,108
		2	Widowed	340	357,582
		3	Divorced	159	181,147
		4	Separated	18	14,004
		790	850,880		
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	79	70,659
		-7	Refused	59	56,127
		1	Below \$20,000 [1666 Per Month Or Less]	457	488,672

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Above \$20,000 [1667 Per Month Or More]	195	235,422
				790	850,880
INCOME6	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?	.	Missing	138	126,787
		-8	Don't Know	59	66,414
		-7	Refused	19	22,574
		1	\$5,000 or less	59	61,299
		2	\$5,001-\$10,000	80	79,029
		3	\$10,001-\$15,000	145	154,462
		4	\$15,001-\$20,000	113	126,583
		5	\$20,001-\$25,000	67	80,925
		6	\$25,001-\$30,000	42	52,472
		7	\$30,001-\$35,000	27	38,551
		8	\$35,001-\$40,000	14	11,087
		9	\$40,001-\$50,000	14	15,484
		10	ABOVE \$50,000	13	15,214
				790	850,880
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	44	46,289
		0	Rural (Not in Urbanized Area or Urban Cluster)	145	166,564
		1	In Urbanized Area	396	456,696
		2	In Urban Cluster	205	181,331
				790	850,880
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	790	850,880
				790	850,880
VARUNIT	VARIANCE UNIT	1	Variance unit 1	400	381,088
		2	Variance unit 2	390	469,792
				790	850,880
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	23.99 - 6336.89	Weight range	790	850,880
				790	850,880
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	8.61 - 10707.50	Replicate weight range	790	850,880
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	7.27 - 9596.62	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	6.54 - 11350.30	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	13.44 - 9478.83	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	5.88 - 11764.72	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	6.70 - 8585.62	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	16.79 - 12379.54	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	7.30 - 9715.98	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	7.26 - 9618.11	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	6.64 - 10316.35	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	14.35 - 10527.49	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	7.71 - 9215.48	Replicate weight range	790	850,880
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	7.43 - 9568.88	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	7.56 - 8920.26	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	7.23 - 10048.33	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	12.29 - 10484.23	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	6.58 - 10340.02	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	7.09 - 8201.24	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	17.50 - 9426.94	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	8.33 - 10331.50	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	6.80 - 10925.02	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	8.36 - 9751.68	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	6.34 - 10553.92	Replicate weight range	790	850,880
				790	850,880

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NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	15.18 - 8306.76	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	8.59 - 10034.44	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	7.90 - 11909.43	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	6.29 - 10165.37	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	15.58 - 10020.92	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	5.98 - 7942.70	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	7.35 - 10224.02	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	12.06 - 9856.25	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	7.57 - 11209.35	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	8.24 - 10062.88	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	6.97 - 8899.25	Replicate weight range	790	850,880
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	6.52 - 12456.97	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	8.81 - 8735.26	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	6.19 - 10992.67	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	6.38 - 9620.45	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	9.86 - 13140.05	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	6.67 - 9061.81	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	6.96 - 9766.74	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	6.31 - 10734.99	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	7.72 - 9413.24	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	7.56 - 10019.63	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	7.51 - 8832.79	Replicate weight range	790	850,880
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	7.00 - 9898.67	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	6.86 - 9150.20	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	7.94 - 9470.61	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	6.39 - 11257.42	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	6.91 - 9371.12	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	9.40 - 8968.31	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	8.15 - 10417.19	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	6.67 - 11850.66	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	7.90 - 10925.25	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	5.91 - 9945.20	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	7.82 - 8236.83	Replicate weight range	790	850,880
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	8.56 - 10202.39	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	7.22 - 10411.95	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	6.22 - 8772.74	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	7.31 - 11560.21	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	6.35 - 9091.20	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	6.78 - 10118.98	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	7.88 - 9994.67	Replicate weight range	790	850,880
				790	850,880
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	6.55 - 11452.38	Replicate weight range	790	850,880
				790	850,880
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	.	Missing	2	1,585
		1	Yes	297	310,164
		2	No	491	539,131
				790	850,880
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	22	26,805
		-7	Refused	1	1,619
		1	6 Months Or Less	215	224,054
		2	More Than 6 Months, Not More Than 1 Yr	92	108,202

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	More Than 1 Yr, Not More Than 2 Years	96	111,366
		4	More Than 2 Yrs, Not More Than 3 Years	67	72,887
		5	More Than 3 Yrs, Not More Than 5 Years	63	67,363
		6	More Than 5 Years Ago	219	221,044
		7	Never Have Been To Dentist	15	17,541
				790	850,880
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	11	11,540
		1	Yes	178	164,588
		2	No	601	674,752
				790	850,880
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	2	1,102
		-1	Not Collected	612	686,292
		1	Yes	147	136,955
		2	No	29	26,531
				790	850,880
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?	-8	Don't Know	6	2,283
		-1	Not Collected	612	686,292
		1	Yes	35	31,845
		2	No	137	130,460
				790	850,880
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	6	3,266
		-1	Not Collected	612	686,292
		1	Yes	98	94,725
		2	No	74	66,597
				790	850,880

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?	-8	Don't Know	5	3,460
		-1	Not Collected	612	686,292
		1	Yes	38	44,692
		2	No	135	116,436
				790	850,880
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	7	5,217
		-1	Not Collected	612	686,292
		1	Yes	22	22,324
		2	No	149	137,047
				790	850,880
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	5	2,774
		-7	Refused	1	1,710
		-1	Not Collected	612	686,292
		1	Yes	14	15,620
		2	No	158	144,484
				790	850,880
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?	-8	Don't Know	4	3,051
		-7	Refused	1	1,379
		-1	Not Collected	612	686,292
		1	Yes	31	26,897
		2	No	142	133,261
				790	850,880
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	3,051
		-7	Refused	1	1,379
		-1	Not Collected	612	686,292

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	4	4,239
		2	No	169	155,918
				790	850,880
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	5	5,308
		-7	Refused	1	1,379
		-1	Not Collected	612	686,292
		1	Yes	12	12,843
		2	No	160	145,058
				790	850,880
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	7	4,789
		-7	Refused	1	1,379
		-1	Not Collected	612	686,292
		1	Yes	21	21,288
		2	No	149	137,131
				790	850,880
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?				
		-8	Don't Know	5	3,591
		-7	Refused	1	1,379
		-1	Not Collected	612	686,292
		1	Yes	48	51,338
		2	No	124	108,280
				790	850,880
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	4	3,051
		-7	Refused	1	1,379
		-1	Not Collected	612	686,292
		1	Yes	22	22,127
		2	No	151	138,030

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				790	850,880
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	13	15,921
		-7	Refused	1	254
		1	Excellent	64	86,556
		2	Very Good	152	174,045
		3	Good	238	253,314
		4	Fair	162	162,546
		5	Poor	160	158,244
				790	850,880
PF_WMO	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?	.	Missing	8	5,309
		1	Yes	614	644,510
		2	No	168	201,061
				790	850,880