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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?
SAFER	NUM	HAS KNOWING THAT YOU WILL RECEIVE REGULAR VISITS BY THE HOME DELIVERED MEALS OR MEALS ON WHEELS VOLUNTEER/DRIVER MADE YOU FEEL SAFER AT HOME?
PERSONALCON	NUM	OTHER THAN THE PERSON WHO DELIVERS THE MEALS HOW MANY TIMES A WEEK DO YOU HAVE PERSONAL CONTACT (FACE-TO-FACE) WITH A FRIEND, FAMILY MEMBER, OR OTHER VISITOR?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HDM1550	NUM	HOW LONG AGO DID YOU FIRST RECEIVE A HOME-DELIVERED MEAL? YOU MAY ANSWER IN DAYS, WEEKS, MONTHS, OR YEARS. YOUR BEST ESTIMATE IS FINE.
HDM1555	NUM	UNIT OF MEASUREMENT FOR HOW LONG AGO FIRST RECEIVED A HOME-DELIVERED MEAL
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?
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
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?
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR HOME DELIVERED MEALS?
HNRFAQ1	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ2	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQ10	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ11	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
HNRFAQOT	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: OTHER?

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Name	Type	Description
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	AS A RESULT OF RECEIVING HOME-DELIVERED MEALS, DO YOU FEEL BETTER?
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?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
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?

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Name	Type	Description
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?
USDAH3	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE
USDAH4	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS:YOU COULDN'T AFFORD TO EAT BALANCED MEALS
USDAAD1	NUM	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
LIFECHANGE	NUM	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
PFFLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?

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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, ASTHMA, OR CHRONIC BRONCHITIS?
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?
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?

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PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
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?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFCNF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?

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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?
PFDIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
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?

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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.
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
AGEC	NUM	AGE CATEGORY
GENDER	NUM	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

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Name	Type	Description
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHBM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED HDM FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 15

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT16	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 53

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT54	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 64
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED

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Alphabetical Listing of Variables

Name	Type	Description
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
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 2018 ABOVE OR BELOW \$20,000?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	WHAT IS YOUR GENDER?

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Alphabetical Listing of Variables

Name	Type	Description
HDM1550	NUM	HOW LONG AGO DID YOU FIRST RECEIVE A HOME-DELIVERED MEAL? YOU MAY ANSWER IN DAYS, WEEKS, MONTHS, OR YEARS. YOUR BEST ESTIMATE IS FINE.
HDM1555	NUM	UNIT OF MEASUREMENT FOR HOW LONG AGO FIRST RECEIVED A HOME-DELIVERED MEAL
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
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?
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMFLBR2	NUM	AS A RESULT OF RECEIVING HOME-DELIVERED MEALS, DO YOU FEEL BETTER?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
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?
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?
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?
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
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 HOME DELIVERED MEALS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ10	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ11	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
HNRFAQ2	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?

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Alphabetical Listing of Variables

Name	Type	Description
HNRFAQ6	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQOT	NUM	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: OTHER?
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR HOME DELIVERED MEALS?
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 2018?
LIFECHANGE	NUM	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?

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Alphabetical Listing of Variables

Name	Type	Description
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?
PERSID	CHAR	PERSON ID
PERSONALCON	NUM	OTHER THAN THE PERSON WHO DELIVERS THE MEALS HOW MANY TIMES A WEEK DO YOU HAVE PERSONAL CONTACT (FACE-TO-FACE) WITH A FRIEND, FAMILY MEMBER, OR OTHER VISITOR?
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?

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Alphabetical Listing of Variables

Name	Type	Description
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, ASTHMA, OR CHRONIC BRONCHITIS?
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?
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?

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Alphabetical Listing of Variables

Name	Type	Description
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 HDM FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 39

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT4	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 9
SAFER	NUM	HAS KNOWING THAT YOU WILL RECEIVE REGULAR VISITS BY THE HOME DELIVERED MEALS OR MEALS ON WHEELS VOLUNTEER/DRIVER MADE YOU FEEL SAFER AT HOME?
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?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SVC5A	NUM	ARE YOU RECEIVING 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?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
USDAAD1	NUM	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?
USDAH3	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE
USDAH4	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS:YOU COULDN'T AFFORD TO EAT BALANCED MEALS
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?	1	Today Or Yesterday	549	472,510
		2	More Than 1 Day To 1 Week Ago	259	223,205
		3	More Than 1 Week To 1 Month Ago	42	33,603
		4	More Than 1 Month Ago	154	132,424
					1,004
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?	-8	Don't Know	39	33,611
		-7	Refused	2	2,874
		1	6 Months Or Less	228	207,139
		2	More Than 6 Months But Less Than 1 Year	150	118,719
		3	At Least 1 Year But Less Than 2 Years	233	206,885
		4	2 To 5 Years	286	239,265
		5	More Than 5 Years	66	53,248
			1,004	861,742	
SAFER	HAS KNOWING THAT YOU WILL RECEIVE REGULAR VISITS BY THE HOME DELIVERED MEALS OR MEALS ON WHEELS VOLUNTEER/DRIVER MADE YOU FEEL SAFER AT HOME?	-8	Don't Know	47	29,320
		-7	Refused	1	484
		1	Yes	821	710,535
		2	No	135	121,403
			1,004	861,742	
PERSONALCO N	OTHER THAN THE PERSON WHO DELIVERS THE MEALS HOW MANY TIMES A WEEK DO YOU HAVE PERSONAL CONTACT (FACE-TO-FACE) WITH A FRIEND, FAMILY MEMBER, OR OTHER VISITOR?	-8	Don't Know	62	58,180
		-7	Refused	1	150
		1	None	75	61,023
		2	One time	90	88,345
		3	Two times	96	76,697
		4	Three times	73	60,614
		5	Four times	62	58,162
6	Five times	58	44,436		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	Six times	20	17,324
		8	Everyday	467	396,810
				1,004	861,742
HMAATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?	-8	Don't Know	21	16,517
		-7	Refused	1	254
		0	0 Meals	1	229
		1	1 Meal	598	513,672
		2	2 Meals	122	89,547
		3	3 Meals	23	19,263
		4	4 Meals	9	8,636
		5	5 Meals	124	110,775
		6	6 Meals	19	16,392
		7	7 Meals	82	81,478
		8	8 Meals	1	2,860
		91	Other	3	2,119
				1,004	861,742
HDM1550	HOW LONG AGO DID YOU FIRST RECEIVE A HOME-DELIVERED MEAL? YOU MAY ANSWER IN DAYS, WEEKS, MONTHS, OR YEARS. YOUR BEST ESTIMATE IS FINE.	-8	Don't Know	234	187,151
		-7	Refused	2	2,352
		1	1 time	159	144,904
		2	2 times	169	150,774
		3	3 times	97	87,778
		4	4 times	56	42,994
		5	5 times	53	39,351
		6	6 times	96	93,672
		7	7	24	15,665
		8	8 times	17	16,514
		9	9	15	11,026
		10	10 times	24	25,617
		11	11	9	4,158
		12	12	4	4,606
		13	13	1	1,103
		14	14	2	1,455
		15	15 times	5	4,183
		16	16	5	2,919

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		17	17	2	2,597
		18	18	21	16,195
		20	20 times	4	4,622
		21	21	1	1,190
		24	24	1	472
		36	36	1	200
		42	42	1	189
		75	75	1	54
				1,004	861,742
HDM1555	UNIT OF MEASUREMENT FOR HOW LONG AGO FIRST RECEIVED A HOME-DELIVERED MEAL				
		-1	Not Collected	236	189,503
		1	Days ago (range 0-45)	42	34,571
		2	Weeks ago (range 1-30)	15	14,704
		3	Months ago (range 1-13)	271	235,781
		4	Years ago (range 1-40)	440	387,183
				1,004	861,742
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	16	12,151
		0	0 Days	5	3,648
		1	1 Day	259	235,922
		2	2 Days	32	26,815
		3	3 Days	76	57,546
		4	4 Days	50	38,209
		5	5 Days	523	457,849
		6	6 Days	12	10,455
		7	7 Days	31	19,146
				1,004	861,742
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	89	82,546
		1	Less Than One-Third	65	55,186
		2	Between One-Third And One-Half	292	246,236
		3	About One-Half	310	276,468
		4	More Than One-Half	244	199,022
		91	Other	4	2,283
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?	-8	Don't Know	8	4,244
		-7	Refused	1	995
		1	Excellent	350	307,711
		2	Very Good	350	302,956
		3	Good	204	172,386
		4	Fair	70	55,976
		5	Poor	21	17,474
			1,004	861,742	
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT	.	Missing	9	5,239
		1	Rating Of Good To Excellent	904	783,053
		2	Rating Of Fair Or Poor	91	73,450
			1,004	861,742	
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	15	10,204
		-7	Refused	1	3,269
		1	Always	280	238,311
		2	Usually	417	350,125
		3	Sometimes	239	213,161
		4	Seldom	44	38,308
		5	Never	8	8,364
			1,004	861,742	
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	13	5,183
		1	Always	331	282,214
		2	Usually	366	300,857
		3	Sometimes	253	241,618
		4	Seldom	34	26,316
		5	Never	7	5,555
			1,004	861,742	
HNRFAQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR HOME DELIVERED MEALS?	-8	Don't Know	27	23,347
		1	Yes	221	179,834
		2	No	756	658,561
			1,004	861,742	

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HNRFAQ1	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	59	51,449
		2	No	161	128,023
				1,004	861,742
HNRFAQ2	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	33	31,236
		2	No	187	148,235
				1,004	861,742
HNRFAQ3	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	2	1,032
		2	No	218	178,439
				1,004	861,742
HNRFAQ4	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	3	1,223
		2	No	217	178,249
				1,004	861,742
HNRFAQ5	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	9	6,369
		2	No	211	173,103
				1,004	861,742
HNRFAQ6	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	4	2,027
		2	No	216	177,445

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,004	861,742
HNRFAQ7	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	4	2,917
		2	No	216	176,555
				1,004	861,742
HNRFAQ8	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		2	No	220	179,472
				1,004	861,742
HNRFAQ9	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	4	1,851
		2	No	216	177,621
				1,004	861,742
HNRFAQ10	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		2	No	220	179,472
				1,004	861,742
HNRFAQ11	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	62	48,310
		2	No	158	131,162
				1,004	861,742
HNRFAQOT	HOW HAS YOUR HOME DELIVERED MEALS SERVICE CHANGED: OTHER?	-8	Don't Know	1	362
		-1	Not Collected	783	681,908
		1	Yes	61	47,338
		2	No	159	132,134
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	12	7,686
		1	Always	619	543,706
		2	Usually	299	237,774
		3	Sometimes	65	63,289
		4	Seldom	5	6,391
		5	Never	4	2,897
				1,004	861,742
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	55	42,798
		-7	Refused	2	800
		1	Yes	878	758,978
		2	No	69	59,166
				1,004	861,742
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	10	10,627
		-7	Refused	1	1,771
		1	Yes	942	806,765
		2	No	51	42,580
				1,004	861,742
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	49	35,601
		-7	Refused	1	768
		1	Yes	795	684,034
		2	No	159	141,340
				1,004	861,742
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	101	94,411
		-7	Refused	2	2,539
		1	Yes	755	645,094
		2	No	146	119,698
				1,004	861,742
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	12	9,146
		1	Yes	876	747,195
		2	No	116	105,401
				1,004	861,742
HMFLBR2	AS A RESULT OF RECEIVING HOME-DELIVERED MEALS, DO YOU FEEL BETTER?	-8	Don't Know	52	39,693

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	930
		1	Yes	840	732,364
		2	No	111	88,755
				1,004	861,742
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	4	3,728
		1	Yes	87	72,829
		2	No	913	785,185
				1,004	861,742
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	8	5,870
		1	Yes	256	224,548
		2	No	740	631,324
				1,004	861,742
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	22	20,654
		1	Yes	314	273,440
		2	No	668	567,648
				1,004	861,742
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	11	8,413
		1	Yes	164	142,991
		2	No	829	710,338
				1,004	861,742
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	4	1,798
		1	Yes	26	22,540
		2	No	974	837,404
				1,004	861,742
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	4	2,490
		1	Yes	135	109,450
		2	No	865	749,802
				1,004	861,742
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	6	2,635
		1	Yes	97	80,684

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	901	778,423
				1,004	861,742
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	6	6,938
		1	Yes	39	36,496
		2	No	959	818,308
				1,004	861,742
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	23	14,526
		1	Yes	206	182,772
		2	No	775	664,444
				1,004	861,742
SVCCOUNT	SERVICE COMBINATIONS	1	Home Delivered Meals Only	434	363,546
		2	Home Delivered Meals And 1 Add'l Svc	203	181,247
		3	Home Delivered Meals And 2 Add'l Svcs	158	132,453
		4	Home Delivered Meals And 3 Add'l Svcs	111	104,378
		5	Home Delivered Meals And 4 Add'l Svcs	54	39,315
		6	Home Delivered Meals And 5 Add'l Svcs	18	20,508
		7	Home Delivered Meals And 6 Add'l Svcs	19	17,124
		8	Home Delivered Meals And 7 Add'l Svcs	4	1,449
		9	Home Delivered Meals And 8 Add'l Svcs	3	1,722
				1,004	861,742
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	7	4,304
		1	Yes	76	69,912
		2	No	921	787,525
				1,004	861,742
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	14	10,546

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,878
		1	Yes	189	162,185
		2	No	800	687,132
				1,004	861,742
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	10	5,529
		-7	Refused	2	2,320
		1	Yes	106	96,719
		2	No	886	757,174
				1,004	861,742
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?				
		-8	Don't Know	4	2,868
		1	Yes	54	53,617
		2	No	946	805,257
				1,004	861,742
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?				
		-8	Don't Know	11	8,288
		1	Yes	48	44,240
		2	No	945	809,213
				1,004	861,742
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?				
		-8	Don't Know	11	8,821
		-7	Refused	2	2,188
		1	Yes	172	164,264
		2	No	819	686,468
				1,004	861,742
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?				
		-8	Don't Know	4	2,328
		-1	Not Collected	341	281,871
		1	Excellent	194	174,758
		2	Very Good	246	204,417
		3	Good	166	156,492
		4	Fair	39	27,016
		5	Poor	14	14,859

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,004	861,742
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	19	17,050
		-7	Refused	2	1,362
		1	Yes	829	711,164
		2	No	154	132,166
				1,004	861,742
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	49	41,163
		-7	Refused	3	3,075
		1	Yes	805	695,184
		2	No	147	122,320
				1,004	861,742
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	33	36,166
		-7	Refused	2	1,362
		1	Yes	797	683,826
		2	No	172	140,388
				1,004	861,742
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	45	36,947
		-7	Refused	1	729
		1	Yes	495	421,407
		2	No	463	402,660
				1,004	861,742
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	9	10,235
		1	Agree	977	834,168
		2	Disagree	18	17,338
				1,004	861,742
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	18	12,945
		-7	Refused	2	762

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Agree	952	818,964
		2	Disagree	32	29,072
				1,004	861,742
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	1	Yes	239	205,333
		2	No	765	656,409
				1,004	861,742
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	18	10,164
		1	Yes	188	151,661
		2	No	798	699,918
				1,004	861,742
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	42	38,332
		1	Yes	295	271,348
		2	No	667	552,062
				1,004	861,742
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	18	12,645
		1	Yes	137	113,853
		2	No	849	735,245
				1,004	861,742
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	18	13,224
		-7	Refused	1	794
		1	Yes	434	376,335
		2	No	551	471,389
				1,004	861,742
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	12	12,054
		-7	Refused	1	620
		1	Yes	657	562,157
		2	No	334	286,910
				1,004	861,742
USDAH3	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE	-8	Don't Know	27	20,270
		-7	Refused	3	3,170
		1	Often true	144	126,871

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Sometimes true	250	216,945
		3	Never true	580	494,487
				1,004	861,742
USDAH4	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS:YOU COULDN'T AFFORD TO EAT BALANCED MEALS				
		-8	Don't Know	42	30,717
		-7	Refused	4	3,726
		1	Often true	147	133,654
		2	Sometimes true	266	241,500
		3	Never true	545	452,145
				1,004	861,742
USDAAD1	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?				
		-8	Don't Know	7	6,235
		1	Yes	187	168,498
		2	No	810	687,010
				1,004	861,742
NHATSHC14	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?				
		-8	Don't Know	4	3,102
		-7	Refused	1	1,422
		1	Yes	215	195,119
		2	No	784	662,098
				1,004	861,742
NHATSHC15	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?				
		-8	Don't Know	15	7,977
		1	Yes	481	416,925
		2	No	508	436,840
				1,004	861,742
NHATSHC16	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?				
		-8	Don't Know	7	8,385
		-1	Not Collected	523	444,817
		1	Yes	270	233,068
		2	No	204	175,472
				1,004	861,742
NHATSHC17	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?				
		-8	Don't Know	11	8,022
		-7	Refused	1	1,878

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	215	195,119
		1	Yes	285	238,673
		2	No	492	418,049
				1,004	861,742
NHATSHC18	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?				
		-8	Don't Know	6	4,877
		-1	Not Collected	504	427,949
		1	Yes	299	268,768
		2	No	195	160,148
				1,004	861,742
LIFECHANGE	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?				
		-8	Don't Know	61	50,265
		-7	Refused	6	5,411
		1	Illness	251	235,217
		2	Illness of a person close to you	50	41,054
		3	Death of a spouse	30	26,843
		4	Problems with mobility	80	63,296
		5	Could no longer take care of myself	120	113,601
		6	Could no longer take care of my home	14	15,153
		91	Other (specify)	392	310,903
				1,004	861,742
SIUCLA1	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	27	23,013
		-7	Refused	4	4,672
		1	Hardly ever	424	367,533
		2	Some of the time	333	274,010
		3	Often	216	192,513
				1,004	861,742
SIUCLA2	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	24	16,362
		-7	Refused	1	768
		1	Hardly ever	521	436,565
		2	Some of the time	311	276,052
		3	Often	147	131,996
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SIUCLA3	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	21	23,910
		-7	Refused	2	3,814
		1	Hardly ever	545	463,985
		2	Some of the time	287	226,979
		3	Often	149	143,054
					1,004
SIHRS1	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	21	15,623
		-7	Refused	1	620
		1	Hardly ever	495	426,072
		2	Some of the time	304	246,237
		3	Often	183	173,191
					1,004
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	12	13,282
		-7	Refused	1	156
		1	Excellent	49	36,136
		2	Very Good	140	103,504
		3	Good	267	230,662
		4	Fair	346	313,017
		5	Poor	189	164,985
			1,004	861,742	
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	31	29,793
		-7	Refused	1	1,103
		1	Yes, Limited A Lot	538	460,319
		2	Yes, Limited A Little	281	240,609
		3	No, Not Limited At All	153	129,917
					1,004
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	39	31,315
		-7	Refused	3	3,064
		1	Yes, Limited A Lot	612	542,352
		2	Yes, Limited A Little	214	171,550
		3	No, Not Limited At All	136	113,460

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,004	861,742
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	17	13,684
		1	All of the time	195	169,574
		2	Most of the time	288	241,227
		3	Some of the time	285	244,092
		4	A little of the time	146	126,315
		5	None of the time	73	66,851
				1,004	861,742
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	18,508
		-7	Refused	2	2,721
		1	All of the time	202	174,941
		2	Most of the time	281	235,009
		3	Some of the time	284	241,137
		4	A little of the time	124	110,391
		5	None of the time	95	79,035
				1,004	861,742
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	18	13,154
		-7	Refused	1	795
		1	All of the time	67	66,991
		2	Most of the time	119	98,566
		3	Some of the time	260	229,326
		4	A little of the time	201	178,969
		5	None of the time	338	273,941
				1,004	861,742
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	34	26,913

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	4	3,494
		1	All of the time	48	50,262
		2	Most of the time	92	84,213
		3	Some of the time	230	205,160
		4	A little of the time	200	162,724
		5	None of the time	396	328,976
				1,004	861,742
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	29	21,706
		1	Not at all	203	162,895
		2	A little bit	197	165,067
		3	Moderately	153	131,460
		4	Quite a bit	244	200,988
		5	Extremely	178	179,626
				1,004	861,742
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	8	6,588
		1	All of the time	125	97,214
		2	Most of the time	429	360,702
		3	Some of the time	277	244,774
		4	A little of the time	118	115,254
		5	None of the time	47	37,210
				1,004	861,742
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	14	7,185
		1	All of the time	34	29,634
		2	Most of the time	147	107,849
		3	Some of the time	313	276,182
		4	A little of the time	313	279,798
		5	None of the time	183	161,094
				1,004	861,742
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	8	4,069
		-7	Refused	1	1,007
		1	All of the time	40	44,957

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most of the time	95	85,403
		3	Some of the time	250	214,254
		4	A little of the time	267	229,392
		5	None of the time	343	282,660
				1,004	861,742
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	24	18,631
		-7	Refused	2	1,572
		1	All of the time	162	143,699
		2	Most of the time	142	121,025
		3	Some of the time	226	193,718
		4	A little of the time	151	144,277
		5	None of the time	297	238,820
				1,004	861,742
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	5	2,481
		1	Much Better Than One Year Ago	74	68,663
		2	A Little Better Than One Year Ago	131	117,661
		3	About The Same As One Year Ago	335	271,358
		4	A Little Worse Than One Year Ago	263	220,899
		5	Worse Than One Year Ago	196	180,681
				1,004	861,742
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING?				
		-8	Don't Know	54	45,883
		-7	Refused	5	2,494
		1	About Enough	302	238,677
		2	Too Much	14	12,135
		3	Would Like To Be Doing More	629	562,553
				1,004	861,742
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	43	47,146

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	3,951
		1	Yes	240	187,709
		2	No	718	622,936
				1,004	861,742
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	8	8,562
		-7	Refused	1	696
		1	Yes	654	560,085
		2	No	341	292,399
				1,004	861,742
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	8	3,927
		-7	Refused	2	2,574
		1	Yes	752	660,986
		2	No	242	194,255
				1,004	861,742
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?				
		-8	Don't Know	14	8,124
		-7	Refused	2	1,585
		1	Yes	429	368,054
		2	No	558	482,987
		3	Does Not Apply	1	992
				1,004	861,742
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?				
		-8	Don't Know	41	28,317
		-7	Refused	1	696
		1	Yes	496	437,175
		2	No	465	395,139
		3	Does Not Apply	1	415
				1,004	861,742
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?				
		-8	Don't Know	11	6,244
		-7	Refused	1	696
		1	Yes	377	334,310
		2	No	615	520,492
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, ASTHMA, OR CHRONIC BRONCHITIS?	-8	Don't Know	8	6,540
		-7	Refused	1	696
		1	Yes	483	406,678
		2	No	511	447,386
		3	Does Not Apply	1	442
				1,004	861,742
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	4	3,125
		-7	Refused	1	696
		1	Yes	192	175,571
		2	No	807	682,349
				1,004	861,742
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	5	2,908
		-7	Refused	1	696
		1	Yes	191	168,045
		2	No	807	690,093
				1,004	861,742
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	13	9,546
		-7	Refused	1	696
		1	Yes	197	177,501
		2	No	793	674,000
				1,004	861,742
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	21	13,821
		-7	Refused	1	696
		1	Yes	223	191,195
		2	No	759	656,029
				1,004	861,742
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	12	13,167
		-7	Refused	1	696
		1	Yes	140	121,125
		2	No	851	726,754
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	5	2,402
		-7	Refused	1	696
		1	Yes	633	539,615
		2	No	362	318,058
		3	Does Not Apply	3	971
				1,004	861,742
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-7	Refused	1	696
		1	Yes	424	372,428
		2	No	579	488,618
				1,004	861,742
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	14	10,418
		-7	Refused	1	696
		1	Yes	233	224,740
		2	No	756	625,887
				1,004	861,742
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	11	9,053
		-7	Refused	2	939
		1	Yes	114	112,558
		2	No	876	738,668
		3	Does Not Apply	1	524
				1,004	861,742
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-7	Refused	1	696
		1	Yes	43	36,046
		2	No	959	824,532
		3	Does Not Apply	1	468
				1,004	861,742
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	9	5,028

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	696
		1	Yes	30	26,733
		2	No	964	829,285
				1,004	861,742
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?				
		-8	Don't Know	5	6,736
		-7	Refused	2	2,720
		1	Yes	542	468,773
		2	No	455	383,513
				1,004	861,742
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	13	19,437
		-7	Refused	2	1,691
		1	Yes	18	15,204
		2	No	970	824,972
		3	Does Not Apply	1	437
				1,004	861,742
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	17	14,350
		-7	Refused	3	1,841
		1	Yes	273	237,787
		2	No	710	607,079
		3	Does Not Apply	1	684
				1,004	861,742
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	15	10,268
		-7	Refused	2	1,691
		1	Yes	119	105,634
		2	No	867	742,124
		3	Does Not Apply	1	2,024
				1,004	861,742
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	12	9,965
		1	1 Medical Condition	23	20,008
		2	2 Medical Conditions	46	28,543
		3	3 Medical Conditions	76	56,434

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Medical Conditions	91	79,698
		5	5 Medical Conditions	125	112,195
		6	6 Medical Conditions	133	113,979
		7	7 Medical Conditions	130	115,280
		8	8 Medical Conditions	115	104,936
		9	9 Medical Conditions	100	82,386
		10	10 Medical Conditions	65	57,470
		11	11 Medical Conditions	40	37,118
		12	12 Medical Conditions	26	23,771
		13	13 Medical Conditions	14	12,412
		14	14 Medical Conditions	3	2,387
		15	15 Medical Conditions	3	3,294
		16	16 Medical Conditions	2	1,865
				1,004	861,742
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	42	35,040
		-7	Refused	1	448
		-1	Not Collected	12	9,965
		1	Yes	732	625,654
		2	No	217	190,635
				1,004	861,742
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	7	7,048
		-1	Not Collected	272	236,088
		1	Yes	661	572,011
		2	No	64	46,595
				1,004	861,742
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	22	15,322
		-1	Not Collected	272	236,088

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	267	233,238
		2	No	443	377,095
				1,004	861,742
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	8	6,093
		-1	Not Collected	272	236,088
		1	Yes	212	178,290
		2	No	512	441,272
				1,004	861,742
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	3	1,610
		-7	Refused	1	2,024
		-1	Not Collected	272	236,088
		1	Yes	117	106,428
		2	No	611	515,593
				1,004	861,742
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	4	3,850
		-1	Not Collected	272	236,088
		1	Yes	29	25,768
		2	No	699	596,037
				1,004	861,742
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	13	8,653
		-1	Not Collected	272	236,088
		1	Yes	68	52,778
		2	No	651	564,223
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFREAD	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?	-1	Not Collected	272	236,088
		1	Yes	67	55,021
		2	No	665	570,633
				1,004	861,742
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	272	236,088
		1	Yes	20	15,990
		2	No	712	609,664
				1,004	861,742
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	272	236,088
		1	Yes	38	22,682
		2	No	694	602,973
				1,004	861,742
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	29	14,522
		-1	Not Collected	12	9,965
		1	Not At All Confident	94	90,361
		2	A Little Confident	185	156,166
		3	Moderately Confident	317	273,909
		4	Very Confident	367	316,819
				1,004	861,742
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	17	13,309
		-7	Refused	2	2,498

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	364	316,703
		2	No	621	529,231
				1,004	861,742
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	44	31,231
		-7	Refused	4	4,216
		1	1 Prescription Medication	144	116,109
		2	2 Prescription Medications	203	180,054
		3	3 Prescription Medications	212	160,837
		4	4 Prescription Medications	142	143,219
		5	5 Prescription Medications	255	226,077
				1,004	861,742
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	8	5,417
		1	Yes	363	302,949
		2	No	633	553,377
				1,004	861,742
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	3	1,348
		1	Yes	134	113,407
		2	No	867	746,987
				1,004	861,742
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	.	Missing	1	163
		1	Yes	376	316,427
		2	No	627	545,152
				1,004	861,742
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	30	21,396
		-7	Refused	3	1,481
		1	6 Months Or Less	261	215,552
		2	More Than 6 Months, Not More Than 1 Yr	126	114,294
		3	More Than 1 Yr, Not More Than 2 Years	120	104,944
		4	More Than 2 Yrs, Not More Than 3 Years	94	82,299

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	More Than 3 Yrs, Not More Than 5 Years	76	70,990
		6	More Than 5 Years Ago	286	243,712
		7	Never Have Been To Dentist	8	7,072
				1,004	861,742
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	15	12,677
		-7	Refused	3	2,327
		1	Yes	233	207,286
		2	No	753	639,452
				1,004	861,742
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	1,145
		-1	Not Collected	771	654,456
		1	Yes	173	155,787
		2	No	58	50,354
				1,004	861,742
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	11	13,961
		-7	Refused	3	3,465
		-1	Not Collected	771	654,456
		1	Yes	33	37,139
		2	No	186	152,721
				1,004	861,742
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	23	18,469
		-1	Not Collected	771	654,456
		1	Yes	117	104,053
		2	No	93	84,764
				1,004	861,742

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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	8	6,671
		-1	Not Collected	771	654,456
		1	Yes	56	51,554
		2	No	169	149,061
				1,004	861,742
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	11	10,584
		-7	Refused	2	1,234
		-1	Not Collected	771	654,456
		1	Yes	30	29,270
		2	No	190	166,199
		1,004	861,742		
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	7	6,067
		-7	Refused	1	238
		-1	Not Collected	771	654,456
		1	Yes	10	10,573
		2	No	215	190,407
		1,004	861,742		
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	6	4,998
		-7	Refused	1	238
		-1	Not Collected	771	654,456
		1	Yes	50	50,886
		2	No	176	151,163
		1,004	861,742		
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	6	4,992
		-7	Refused	3	1,718

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	771	654,456
		1	Yes	6	4,876
		2	No	218	195,700
				1,004	861,742
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	1	472
		-7	Refused	2	1,706
		-1	Not Collected	771	654,456
		1	Yes	17	14,978
		2	No	213	190,130
				1,004	861,742
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	7,035
		-7	Refused	2	1,234
		-1	Not Collected	771	654,456
		1	Yes	47	43,748
		2	No	177	155,269
				1,004	861,742
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	4	4,651
		-7	Refused	1	238
		-1	Not Collected	771	654,456
		1	Yes	72	62,992
		2	No	156	139,405
				1,004	861,742
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?				
		-8	Don't Know	1	814
		-7	Refused	1	238
		-1	Not Collected	771	654,456
		1	Yes	36	26,215

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	195	180,019
				1,004	861,742
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	20	22,534
		-7	Refused	2	1,331
		1	Excellent	91	79,738
		2	Very Good	186	157,926
		3	Good	267	210,437
		4	Fair	223	187,024
		5	Poor	215	202,752
				1,004	861,742
PF_WMO	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?	.	Missing	10	9,146
		1	Yes	751	664,059
		2	No	243	188,537
				1,004	861,742
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	7	5,931
		1	Yes	307	273,661
		2	No	690	582,150
				1,004	861,742
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	3	1,197
		-1	Not Collected	697	588,081
		1	Yes	114	100,838
		2	No	190	171,626
				1,004	861,742
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	9	4,152
		-7	Refused	1	1,190
		1	Yes	489	430,086
		2	No	505	426,314
				1,004	861,742
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	9	9,813
		-7	Refused	1	2,179

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	515	431,656
		1	Yes	393	334,257
		2	No	86	83,837
				1,004	861,742
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	931
		1	Yes	312	284,532
		2	No	689	576,278
				1,004	861,742
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	1,792
		-1	Not Collected	692	577,210
		1	Yes	128	115,660
		2	No	181	167,080
				1,004	861,742
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	7	5,319
		-7	Refused	1	391
		1	Yes	354	312,094
		2	No	642	543,938
				1,004	861,742
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	2	4,092
		-1	Not Collected	650	549,648
		1	Yes	252	220,267
		2	No	100	87,735
				1,004	861,742
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	4	1,796
		-7	Refused	1	148
		1	Yes	241	224,419
		2	No	758	635,378
				1,004	861,742
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	2,288
		-1	Not Collected	763	637,323
		1	Yes	156	147,709
		2	No	84	74,422

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,004	861,742
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	15	14,863
		-7	Refused	1	729
		1	Yes	608	548,626
		2	No	380	297,524
				1,004	861,742
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	12	11,400
		-7	Refused	1	963
		-1	Not Collected	396	313,116
		1	Yes	193	170,306
		2	No	402	365,957
		1,004	861,742		
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	6	3,462
		1	Yes	92	86,181
		2	No	906	772,099
		1,004	861,742		
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	912	775,561
		1	Yes	26	27,850
		2	No	66	58,331
		1,004	861,742		
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	9	6,671
		1	Yes	150	140,795
		2	No	845	714,276
		1,004	861,742		
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	3	843
		-1	Not Collected	854	720,947
		1	Yes	70	65,059
		2	No	77	74,893
		1,004	861,742		
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	13	8,725
		-7	Refused	1	3,046
		1	Yes	199	169,555
		2	No	791	680,416

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,004	861,742
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	2	1,155
		-1	Not Collected	805	692,187
		1	Yes	166	140,136
		2	No	31	28,264
				1,004	861,742
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	28	17,744
		-7	Refused	2	701
		1	Yes	426	360,130
		2	No	548	483,168
				1,004	861,742
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	7	5,179
		-1	Not Collected	578	501,612
		1	Yes	337	289,180
		2	No	82	65,771
				1,004	861,742
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	17	13,441
		1	Yes	461	414,614
		2	No	526	433,687
				1,004	861,742
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	5	6,592
		-1	Not Collected	543	447,128
		1	Yes	409	367,915
		2	No	47	40,108
				1,004	861,742
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	32	26,783
		-7	Refused	4	2,566
		1	Yes	756	654,400
		2	No	212	177,993

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,004	861,742
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	4	2,716
		-1	Not Collected	248	207,342
		1	Yes	703	609,354
		2	No	49	42,330
				1,004	861,742
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	12	11,258
		-7	Refused	2	1,227
		1	Yes	183	161,585
		2	No	807	687,671
				1,004	861,742
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	4,356
		-1	Not Collected	821	700,157
		1	Yes	149	128,063
		2	No	32	29,166
				1,004	861,742
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	2	834
		1	Yes	89	75,734
		2	No	913	785,173
				1,004	861,742
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	3	2,083
		-1	Not Collected	915	786,008
		1	Yes	77	66,124
		2	No	9	7,527
				1,004	861,742
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	4	1,521
		-7	Refused	1	696
		1	Yes	619	525,974
		2	No	380	333,551
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	20	17,956
		-7	Refused	3	4,012
		-1	Not Collected	385	335,768
		1	Yes	247	219,964
		2	No	349	284,042
				1,004	861,742
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	94	76,737
		1	Yes	423	358,254
		2	No	487	426,751
				1,004	861,742
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	4	3,319
		-1	Not Collected	581	503,488
		1	Yes	112	91,686
		2	No	167	158,320
		3	Never Uses Bus	140	104,929
				1,004	861,742
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	4	2,953
		-1	Not Collected	892	770,056
		1	Yes	91	71,119
		2	No	17	17,614
				1,004	861,742
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	7	11,450
		-7	Refused	1	866
		-1	Not Collected	209	173,167
		1	Family	471	411,796
		2	Someone Else Like Friend/Neighbor/Other	214	176,894
		3	Did Not Receive Help	102	87,569
				1,004	861,742
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	4	3,711
		-1	Not Collected	533	449,946
		1	Husband	42	38,049

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Wife	31	25,547
		3	Son	95	89,195
		4	Son-In-Law	2	895
		5	Daughter	197	173,608
		6	Daughter-In-Law	12	12,464
		8	Mother	3	1,387
		9	Brother	3	1,524
		10	Sister	30	20,282
		11	Grandson	13	9,638
		12	Granddaughter	12	7,277
		13	Nephew	6	7,258
		14	Niece	14	14,593
		91	Other Relative	7	6,370
				1,004	861,742
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	40	27,990
		0	0 Limitations	277	205,311
		1	1 Limitation	254	235,404
		2	2 Limitations	163	140,494
		3	3 Limitations	103	94,016
		4	4 Limitations	75	76,698
		5	5 Limitations	66	56,275
		6	6 Limitations	26	25,554
				1,004	861,742
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	40	27,990
		1	Yes	270	252,544
		2	No	694	581,208
				1,004	861,742
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	20	20,725
		0	0 Limitations	634	527,194
		1	1 Limitation	156	144,450
		2	2 Limitations	82	59,949

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Limitations	34	34,605
		4	4 Limitations	28	29,591
		5	5 Limitations	36	31,970
		6	6 Limitations	14	13,258
				1,004	861,742
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	86	70,648
		0	0 Limitations	225	184,049
		1	1 Limitation	175	151,237
		2	2 Limitations	142	118,771
		3	3 Limitations	146	138,189
		4	4 Limitations	107	92,888
		5	5 Limitations	55	42,322
		6	6 Limitations	28	26,380
		7	7 Limitations	33	31,715
		8	8 Limitations	7	5,544
				1,004	861,742
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	53	51,504
		0	0 Limitations	318	266,681
		1	1 Limitation	192	166,696
		2	2 Limitations	125	106,410
		3	3 Limitations	121	113,408
		4	4 Limitations	92	67,637
		5	5 Limitations	40	31,916
		6	6 Limitations	24	20,995
		7	7 Limitations	34	34,211
		8	8 Limitations	5	2,284
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	103	82,593
		0	0 Limitations	118	92,751
		1	1 Limitation	149	135,624
		2	2 Limitations	142	114,955
		3	3 Limitations	129	109,457
		4	4 Limitations	136	129,127
		5	5 Limitations	105	91,748
		6	6 Limitations	54	41,849
		7	7 Limitations	28	26,380
		8	8 Limitations	33	31,715
		9	9 Limitations	7	5,544
				1,004	861,742
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	56	53,796
		0	0 Limitations	193	159,385
		1	1 Limitation	184	160,165
		2	2 Limitations	147	125,127
		3	3 Limitations	115	101,391
		4	4 Limitations	116	106,044
		5	5 Limitations	91	66,902
		6	6 Limitations	39	31,442
		7	7 Limitations	24	20,995
		8	8 Limitations	34	34,211
		9	9 Limitations	5	2,284
				1,004	861,742
AGEC	AGE CATEGORY	.	Missing	3	4,106
		2	60-64 Years	82	85,792
		3	65-74 Years	305	272,007

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	75-84 Years	333	281,407
		5	85+ Years	281	218,430
				1,004	861,742
GENDER	WHAT IS YOUR GENDER?	-1	Not Collected	27	20,729
		1	Male	333	288,290
		2	Female	644	552,723
				1,004	861,742
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	10	8,211
		1	Less Than High School Diploma	221	204,316
		2	High School Diploma Or GED	373	300,145
		3	Some College(Business/Vocational/Techni)	272	232,158
		4	Bachelor's Degree	63	62,124
		5	Some Post-Graduate Work/Advanced Degree	65	54,788
				1,004	861,742
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	18	10,841
		-7	Refused	8	9,383
		1	Yes	56	58,230
		2	No	922	783,289
				1,004	861,742
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	12	12,455
		-7	Refused	13	11,079
		1	Yes	789	647,658
		2	No	190	190,551
				1,004	861,742
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN	-8	Don't Know	12	12,455
		-7	Refused	13	11,079
		1	Yes	145	148,514
		2	No	834	689,695
				1,004	861,742
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	12	12,455
		-7	Refused	13	11,079
		1	Yes	4	2,594

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	975	835,614
				1,004	861,742
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	12	12,455
		-7	Refused	13	11,079
		1	Yes	46	37,834
		2	No	933	800,374
				1,004	861,742
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	12	12,455
		-7	Refused	13	11,079
		1	Yes	3	1,884
		2	No	976	836,325
				1,004	861,742
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	12	12,455
		-7	Refused	13	11,079
		1	Yes	26	31,242
		2	No	953	806,966
				1,004	861,742
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	8	7,207
		-7	Refused	2	1,680
		1	Yes	157	128,373
		2	No	837	724,483
				1,004	861,742
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	43	46,892
		1	The City	454	395,996
		2	The Suburbs	208	181,988
		3	A Rural Area	299	236,865
				1,004	861,742
DELIVWI	DOES ANYONE ELSE LIVE WITH YOU?	-7	Refused	4	2,975
		1	Yes	402	358,465
		2	No	598	500,302
				1,004	861,742
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	3	2,774

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	598	500,302
		1	Yes	223	194,611
		2	No	180	164,055
				1,004	861,742
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	3	2,775
		-1	Not Collected	598	500,302
		1	Yes	135	118,605
		2	No	268	240,060
				1,004	861,742
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	3	2,775
		-1	Not Collected	598	500,302
		1	Yes	74	66,840
		2	No	329	291,825
				1,004	861,742
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	3	2,775
		-1	Not Collected	598	500,302
		1	Yes	33	34,653
		2	No	370	324,012
				1,004	861,742
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	2	2,574
		1	Alone	598	500,302
		2	With Spouse Only	188	161,047
		3	With Children Only	86	81,468
		4	With Spouse And Children	22	15,153
		5	With Others	108	101,198
				1,004	861,742
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	3	2,774
		1	1 Person	599	501,511
		2	2 People	309	274,893
		3	3 People	57	44,041
		4	4 People	21	24,637
		5	5 People	10	7,592
		6	6 People	2	3,978
		7	7 People	2	285
		10	10 People	1	2,031
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	11	11,678
		-7	Refused	5	4,877
		1	Married	245	218,091
		2	Living With A Partner	11	6,296
		3	Widowed	417	343,922
		4	Divorced	197	175,559
		5	Separated	31	34,056
		6	Never Married	87	67,263
				1,004	861,742
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 2018 ABOVE OR BELOW \$20,000?	-8	Don't Know	79	68,215
		-7	Refused	61	53,273
		1	Below \$20,000 [1666 Per Month Or Less]	588	498,280
		2	Above \$20,000 [1667 Per Month Or More]	276	241,975
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?	.	Missing	140	121,487
		-8	Don't Know	94	77,860
		-7	Refused	36	28,880
		1	\$5,000 Or Less	65	52,286
		2	\$5,001-\$10,000	114	106,423
		3	\$10,001-\$15,000	171	134,877
		4	\$15,001-\$20,000	144	127,529
		5	\$20,001-\$25,000	81	75,290
		6	\$25,001-\$30,000	62	46,492
		7	\$30,001-\$35,000	31	34,190
		8	\$35,001-\$40,000	21	22,444
		9	\$40,001-\$50,000	18	11,949
10	Above \$50,000	27	22,034		
				1,004	861,742
URBAN	URBAN	-9	Invalid Zip Code, Or Foreign Zip Code	41	37,417
		0	Rural (Not In Urbanized Area Or Urban Cluster)	184	142,504

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	In Urbanized Area	518	475,370
		2	In Urban Cluster	261	206,451
				1,004	861,742
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,004	861,742
				1,004	861,742
VARUNIT	VARIANCE UNIT	1	Variance unit 1	502	420,272
		2	Variance unit 2	497	439,262
		3	Variance unit 3	5	2,208
				1,004	861,742
PSTOTWGT	FINAL POST-STRATIFIED HDM FULL SAMPLE WEIGHT	41.09 - 3268.83	Weight range	1,004	861,742
				1,004	861,742
PSTOTWGT1	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 1	12.37 - 6211.60	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT2	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 2	12.43 - 5263.03	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT3	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 3	9.67 - 5802.29	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT4	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 4	9.23 - 5243.03	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT5	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 5	13.23 - 6036.00	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT6	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 6	11.86 - 5536.46	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT7	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 7	9.21 - 5298.57	Replicate weight range	1,004	861,742
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT8	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 8	11.19 - 6200.20	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT9	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 9	11.00 - 5881.10	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT10	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 10	11.15 - 5685.74	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT11	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 11	10.09 - 5590.35	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT12	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 12	9.12 - 5684.23	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT13	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 13	11.30 - 5859.66	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT14	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 14	11.27 - 5877.21	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT15	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 15	10.14 - 5615.77	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT16	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 16	11.37 - 6299.24	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT17	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 17	11.59 - 5608.10	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT18	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 18	12.65 - 5548.54	Replicate weight range	1,004	861,742
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT19	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 19	9.59 - 5311.44	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT20	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 20	9.58 - 5537.87	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT21	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 21	11.90 - 5993.42	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT22	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 22	12.07 - 5620.98	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT23	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 23	10.78 - 5974.63	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT24	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 24	10.65 - 5901.62	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT25	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 25	12.51 - 5255.01	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT26	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 26	12.36 - 6105.75	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT27	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 27	9.21 - 5274.58	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT28	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 28	9.70 - 5373.32	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT29	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 29	12.19 - 6452.57	Replicate weight range	1,004	861,742
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT30	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 30	12.52 - 5258.87	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT31	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 31	9.74 - 5589.49	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT32	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 32	10.50 - 6248.27	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT33	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 33	10.20 - 5881.03	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT34	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 34	10.66 - 5906.06	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT35	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 35	12.47 - 5385.27	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT36	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 36	11.90 - 6120.11	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT37	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 37	9.83 - 5444.21	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT38	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 38	9.28 - 6340.39	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT39	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 39	11.93 - 5528.88	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT40	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 40	12.06 - 5065.77	Replicate weight range	1,004	861,742
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT41	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 41	9.96 - 5524.30	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT42	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 42	10.17 - 5958.63	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT43	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 43	12.05 - 5451.69	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT44	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 44	12.13 - 5761.25	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT45	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 45	8.69 - 6065.75	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT46	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 46	9.81 - 5620.50	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT47	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 47	12.18 - 5565.94	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT48	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 48	11.99 - 5629.34	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT49	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 49	10.50 - 5818.82	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT50	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 50	9.66 - 5352.23	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT51	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 51	12.20 - 5941.26	Replicate weight range	1,004	861,742
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT52	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 52	12.03 - 5339.41	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT53	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 53	8.26 - 5449.89	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT54	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 54	10.42 - 5772.58	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT55	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 55	11.43 - 5704.51	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT56	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 56	12.60 - 5590.98	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT57	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 57	10.77 - 5965.13	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT58	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 58	10.10 - 5595.63	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT59	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 59	11.77 - 5672.19	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT60	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 60	11.60 - 5787.41	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT61	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 61	9.29 - 5400.75	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT62	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 62	9.82 - 5442.86	Replicate weight range	1,004	861,742
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT63	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 63	12.14 - 5853.00	Replicate weight range	1,004	861,742
				1,004	861,742
PSTOTWGT64	FINAL POST-STRATIFIED HDM REPLICATE WEIGHT: REPLICATE 64	11.85 - 5466.09	Replicate weight range	1,004	861,742
				1,004	861,742
ADLAOA6_ SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 Limitations	286	211,586
		1	1 Limitation	263	242,990
		2	2 Limitations	167	141,780
		3	3 Limitations	112	99,733
		4	4 Limitations	82	82,921
		5	5 Limitations	68	57,178
		6	6 Limitations	26	25,554
				1,004	861,742
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 Limitations	642	537,934
		1	1 Limitation	160	148,273
		2	2 Limitations	85	63,055
		3	3 Limitations	37	35,939
		4	4 Limitations	30	31,314
		5	5 Limitations	36	31,970
		6	6 Limitations	14	13,258
				1,004	861,742
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	288	265,386
		2	No	716	596,356
				1,004	861,742
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 Limitations	248	205,332
		1	1 Limitation	201	172,338
		2	2 Limitations	158	131,138
		3	3 Limitations	156	147,584
		4	4 Limitations	121	101,680
		5	5 Limitations	52	41,094
		6	6 Limitations	33	29,337
		7	7 Limitations	35	33,239
				1,004	861,742

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADL8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 Limitations	137	107,165
		1	1 Limitation	180	165,254
		2	2 Limitations	157	125,372
		3	3 Limitations	145	121,215
		4	4 Limitations	149	140,158
		5	5 Limitations	116	98,908
		6	6 Limitations	52	41,094
		7	7 Limitations	33	29,337
		8	8 Limitations	35	33,239
				1,004	861,742
IADL7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 Limitations	341	288,695
		1	1 Limitation	205	174,297
		2	2 Limitations	134	112,759
		3	3 Limitations	125	122,607
		4	4 Limitations	100	76,949
		5	5 Limitations	37	30,165
		6	6 Limitations	30	26,732
		7	7 Limitations	32	29,538
				1,004	861,742
IADL8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 Limitations	205	170,170
		1	1 Limitation	206	178,669
		2	2 Limitations	152	127,327
		3	3 Limitations	123	106,802
		4	4 Limitations	122	117,071
		5	5 Limitations	97	75,268
		6	6 Limitations	37	30,165
		7	7 Limitations	30	26,732
		8	8 Limitations	32	29,538
				1,004	861,742
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	4	2,975
		1	Yes	598	500,302
		2	No	402	358,465
				1,004	861,742