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Positional Listing of Variables

Name	Type	Description
PERSID	CHAR	PERSON ID
HCDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?
HCRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?
HCMOFT	NUM	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCWEEK	NUM	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCMONTH	NUM	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?
TIMESMO	NUM	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK
SHCHRS	NUM	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?
HOURSMO	NUM	HOURS HELP HOUSEWORK PER MON
HCHM07	NUM	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?
SHCHM09	NUM	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?
HCARATE	NUM	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?
HCARATE2	NUM	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT
HCRREC	NUM	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?
HCSTAYHM	NUM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
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?

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Name	Type	Description
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELFC	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
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?
LIFCHANGE	NUM	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?

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SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT 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?

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Name	Type	Description
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
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...
PFLRN	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?
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?

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Name	Type	Description
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDIFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDIFOUB	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?

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PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	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	GENDER

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Name	Type	Description
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHMH	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?
INCOME C	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 HM FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 10

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PSTOTWGT11	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 48

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT49	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED HM 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	GENDER

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Alphabetical Listing of Variables

Name	Type	Description
HCARATE	NUM	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?
HCARATE2	NUM	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT
HCDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?
HCHM07	NUM	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?
HCMOFT	NUM	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCMONTH	NUM	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?
HCRREC	NUM	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?
HCSTAYHM	NUM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?
HCWEEK	NUM	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?
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?
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?
HOURSMO	NUM	HOURS HELP HOUSEWORK PER MON
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?

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Alphabetical Listing of Variables

Name	Type	Description
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?

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Alphabetical Listing of Variables

Name	Type	Description
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, 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?

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Alphabetical Listing of Variables

Name	Type	Description
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [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?
PFFPHON	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?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?
PSTOTWGT	NUM	FINAL POST-STRATIFIED HM FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 35

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

Name	Type	Description
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SHCHM09	NUM	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?
SHCHRS	NUM	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?
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?

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Alphabetical Listing of Variables

Name	Type	Description
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
TIMESMO	NUM	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK
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
HCDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?	1	Today Or Yesterday	137	33,881
		2	More Than 1 Day To 1 Week Ago	237	79,323
		3	More Than 1 Week To 1 Month Ago	83	29,468
		4	More Than 1 Month Ago	81	21,098
				538	163,771
HCRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?	-8	Don't Know	20	5,094
		1	6 Months Or Less	108	35,881
		2	More Than 6 Months But Less Than 1 Year	70	21,898
		3	At Least 1 Year But Less Than 2 Years	102	35,078
		4	2 To 5 Years	182	53,300
		5	More Than 5 Years	56	12,521
		538	163,771		
HCMOFT	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?	1	Number Of Clients Reporting Weekly	374	107,579
		2	Number Of Clients Reporting Monthly	164	56,192
				538	163,771
HCWEEK	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	8	1,802
		-1	Not Collected	164	56,192
		0	0 Times Per Week	1	285
		1	1 Time Per Week	219	78,946
		2	2 Times Per Week	89	17,180
		3	3 Times Per Week	29	3,695
		4	4 Times Per Week	9	1,317
		5	5 Times Per Week	14	3,653
		6	6 Times Per Week	3	671
		7	7 Times Per Week	2	31
		538	163,771		
HCMONTH	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	5	2,010
		-1	Not Collected	374	107,579
		0	0 Times Per Month	1	1,663

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Time Per Month	23	4,125
		2	2 Times Per Month	127	47,572
		3	3 Times Per Month	3	506
		4	4 Times Per Month	2	122
		8	8 Times Per Month	2	22
		10	10 Times Per Month	1	173
				538	163,771
TIMESMO	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK	.	Missing	5	2,010
		-8	Don't Know	8	1,802
		0	0 Times Per Month	2	1,947
		1	1 Time Per Month	23	4,125
		2	2 Times Per Month	127	47,572
		3	3 Times Per Month	3	506
		4	4 Times Per Month	221	79,068
		8	8 Times Per Month	91	17,202
		10	10 Times Per Month	1	173
		12	12 Times Per Month	29	3,695
		16	16 Times Per Month	9	1,317
		20	20 Times Per Month	14	3,653
		24	24 Times Per Month	3	671
		28	28 Times Per Month	2	31
				538	163,771
SHCHRS	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?	-8	Don't Know	32	7,465
		1	1 Hour Per Visit	81	29,051
		2	2 Hours Per Visit	245	84,332
		3	3 Hours Per Visit	112	31,367
		4	4 Hours Per Visit	49	7,500
		5	5 Hours Per Visit	5	737
		6	6 Hours Per Visit	6	1,255
		7	7 Hours Per Visit	1	20
		8	8 Hours Per Visit	3	608
		9	9 Hours Per Visit	1	928
		10	10 Hours Per Visit	1	238
		12	12 Hours Per Visit	2	272
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HOURSMO	HOURS HELP HOUSEWORK PER MON	.	Missing	37	9,474
		-8	Don't Know	7	1,770
		1	1 Hour Per Month	1	1,663
		2	2 Hours Per Month	37	10,601
		3	3 Hours Per Month	116	44,165
		4	4 Hours Per Month	20	9,714
		5	5 Hours Per Month	106	43,402
		6	6 Hours Per Month	56	15,608
		7	7	67	12,513
		8	8 Hours Per Month	2	245
		9	9 Hours Per Month	70	10,803
		10	10 Hours Per Month	9	1,595
		11	11	7	822
		12	12 Hours Per Month	3	1,394
				538	163,771
HCHM07	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?	-8	Don't Know	12	5,177
		-7	Refused	1	10
		1	Yes	481	142,937
		2	No	44	15,647
SHCHM09	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?	-8	Don't Know	14	4,867
		-7	Refused	2	965
		1	Yes	503	151,152
		2	No	19	6,787
HCARATE	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?	-8	Don't Know	4	691
		1	Excellent	221	68,007
		2	Very Good	164	46,496
		3	Good	104	31,529
		4	Fair	28	10,243
		5	Poor	17	6,805
				538	163,771
HCARATE2	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT	.	Missing	4	691
		1	Rating Of Good To Excellent	489	146,032

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Rating Of Fair Or Poor	45	17,048
				538	163,771
HCRREC	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?	-8	Don't Know	4	1,820
		1	Yes	505	151,557
		2	No	29	10,394
				538	163,771
HCSTAYHM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	6	5,994
		-7	Refused	1	922
		1	Yes	510	150,855
		2	No	21	6,000
				538	163,771
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	1	1,483
		1	Yes	77	25,476
		2	No	460	136,813
				538	163,771
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	338
		1	Yes	247	90,904
		2	No	290	72,529
				538	163,771
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	30	13,788
		1	Yes	294	93,103
		2	No	214	56,880
				538	163,771
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	8	3,408
		1	Yes	116	29,934
		2	No	414	130,429
				538	163,771
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	513
		1	Yes	11	2,744
		2	No	525	160,514

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				538	163,771
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	1,114
		1	Yes	112	28,439
		2	No	424	134,218
				538	163,771
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	10	5,232
		1	Yes	112	25,643
		2	No	416	132,896
				538	163,771
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	1	Yes	18	4,776
		2	No	520	158,995
				538	163,771
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	18	3,495
		1	Yes	148	41,172
		2	No	372	119,104
				538	163,771
SVCCOUNT	SERVICE COMBINATIONS	1	Homemaker Only	85	22,525
		2	Homemaker And 1 Add'l Svc	126	43,227
		3	Homemaker And 2 Add'l Svcs	129	38,445
		4	Homemaker And 3 Add'l Svcs	107	34,736
		5	Homemaker And 4 Add'l Svcs	48	13,885
		6	Homemaker And 5 Add'l Svcs	28	6,282
		7	Homemaker And 6 Add'l Svcs	10	2,524
		8	Homemaker And 7 Add'l Svcs	3	1,676
		9	Homemaker And 8 Add'l Svcs	1	189
		10	Homemaker And 9 Add'l Svcs	1	280
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	6	1,650
		1	Yes	41	8,420
		2	No	491	153,701
				538	163,771
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	11	1,626
		1	Yes	116	34,310
		2	No	411	127,835
				538	163,771
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	5	792
		1	Yes	58	19,258
		2	No	475	143,721
				538	163,771
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	3	294
		1	Yes	38	10,117
		2	No	497	153,359
				538	163,771
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	8	1,694
		1	Yes	30	13,580
		2	No	500	148,497
				538	163,771
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	11	1,641
		1	Yes	117	35,626
		2	No	410	126,504
				538	163,771
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	6	4,171

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	8
		-1	Not Collected	64	18,203
		1	Excellent	156	51,247
		2	Very Good	153	44,686
		3	Good	112	28,730
		4	Fair	33	11,199
		5	Poor	13	5,527
				538	163,771
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?				
		-8	Don't Know	8	3,659
		1	Yes	493	150,879
		2	No	37	9,233
				538	163,771
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?				
		-8	Don't Know	15	3,759
		1	Yes	455	137,335
		2	No	68	22,678
				538	163,771
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?				
		-8	Don't Know	17	4,236
		1	Yes	458	140,046
		2	No	63	19,488
				538	163,771
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	16	3,265
		1	Yes	272	80,303
		2	No	250	80,203
				538	163,771
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?				
		-8	Don't Know	5	1,190
		1	Agree	523	156,102
		2	Disagree	10	6,479
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	1,422
		-7	Refused	3	579
		1	Agree	491	149,121
		2	Disagree	33	12,649
				538	163,771
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	1	Yes	143	43,553
		2	No	395	120,218
				538	163,771
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	7	2,101
		1	Yes	138	39,558
		2	No	393	122,112
				538	163,771
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	16	5,906
		1	Yes	150	40,181
		2	No	372	117,684
				538	163,771
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	15	4,771
		1	Yes	102	26,899
		2	No	421	132,101
				538	163,771
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	5	1,524
		-7	Refused	1	11
		1	Yes	181	57,679
		2	No	351	104,557
				538	163,771
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	11	2,680
		-7	Refused	1	180
		1	Yes	328	104,540
		2	No	198	56,371
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	4,011
		1	Often true	55	11,453
		2	Sometimes true	141	35,013
		3	Never true	331	113,294
				538	163,771
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	16	5,334
		1	Often true	50	15,023
		2	Sometimes true	138	36,005
		3	Never true	334	107,408
				538	163,771
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	2	568
		1	Yes	98	22,385
		2	No	438	140,818
				538	163,771
NHATSHC14	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?	-8	Don't Know	2	935
		1	Yes	124	29,274
		2	No	412	133,562
		538	163,771		
NHATSHC15	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?	-8	Don't Know	5	680
		1	Yes	296	84,664
		2	No	237	78,427
		538	163,771		
NHATSHC16	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?	-8	Don't Know	4	1,851
		-1	Not Collected	242	79,107
		1	Yes	170	45,414
		2	No	122	37,400
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
NHATSHC17	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?	-8	Don't Know	4	1,548
		-1	Not Collected	124	29,274
		1	Yes	166	48,935
		2	No	244	84,014
				538	163,771
NHATSHC18	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?	-8	Don't Know	6	1,088
		-1	Not Collected	248	85,562
		1	Yes	184	50,117
		2	No	100	27,004
				538	163,771
LIFECHANGE	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?	-8	Don't Know	24	7,619
		1	Illness	163	51,331
		2	Illness of a person close to you	14	3,864
		3	Death of a spouse	13	3,167
		4	Problems with mobility	61	17,970
		5	Could no longer take care of myself	62	18,379
		6	Could no longer take care of my home	54	10,629
		91	Other (specify)	147	50,812
		538	163,771		
SIUCLA1	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	16	5,178
		1	Hardly ever	222	70,625
		2	Some of the time	178	59,545
		3	Often	122	28,424
				538	163,771
SIUCLA2	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	9	1,326
		-7	Refused	1	8
		1	Hardly ever	263	86,587
		2	Some of the time	177	54,635
		3	Often	88	21,215
				538	163,771

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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	8	1,107
		-7	Refused	1	8
		1	Hardly ever	274	89,638
		2	Some of the time	166	48,388
		3	Often	89	24,631
				538	163,771
SIHRS1	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	11	2,988
		1	Hardly ever	236	76,816
		2	Some of the time	180	49,198
		3	Often	111	34,770
				538	163,771
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	5	1,107
		-7	Refused	1	93
		1	Excellent	19	5,350
		2	Very Good	69	19,763
		3	Good	157	47,687
		4	Fair	178	51,371
				109	38,401
				538	163,771
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	12	5,991
		-7	Refused	1	180
		1	Yes, Limited A Lot	346	100,601
		2	Yes, Limited A Little	127	39,692
		3	No, Not Limited At All	52	17,307
				538	163,771
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	20	5,134
		-7	Refused	1	6
		1	Yes, Limited A Lot	368	110,825
		2	Yes, Limited A Little	112	28,836
		3	No, Not Limited At All	37	18,970
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	9	2,809
		-7	Refused	1	11
		1	All of the time	92	27,169
		2	Most of the time	158	42,574
		3	Some of the time	203	64,165
		4	A little of the time	56	19,037
		5	None of the time	19	8,005
			538	163,771	
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	5	1,170
		-7	Refused	3	1,292
		1	All of the time	102	29,155
		2	Most of the time	157	49,187
		3	Some of the time	164	44,082
		4	A little of the time	79	27,630
		5	None of the time	28	11,255
			538	163,771	
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?	-8	Don't Know	9	2,121
		-7	Refused	4	661
		1	All of the time	22	6,320
		2	Most of the time	67	19,093
		3	Some of the time	135	42,491
		4	A little of the time	140	40,687
		5	None of the time	161	52,400
			538	163,771	
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	15	2,935

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	359
		1	All of the time	19	6,322
		2	Most of the time	57	15,354
		3	Some of the time	103	33,175
		4	A little of the time	125	29,899
		5	None of the time	218	75,727
				538	163,771
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	17	5,230
		-7	Refused	3	377
		1	Not at all	62	17,340
		2	A little bit	94	30,410
		3	Moderately	98	31,568
		4	Quite a bit	157	49,573
		5	Extremely	107	29,273
				538	163,771
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	9	1,312
		1	All of the time	44	18,229
		2	Most of the time	247	76,015
		3	Some of the time	154	45,754
		4	A little of the time	69	18,047
		5	None of the time	15	4,416
				538	163,771
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	4	481
		1	All of the time	14	7,780
		2	Most of the time	60	19,809
		3	Some of the time	159	45,374
		4	A little of the time	200	61,822
		5	None of the time	101	28,505
				538	163,771
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	9	1,792
		-7	Refused	1	93

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	All of the time	16	3,921
		2	Most of the time	42	11,777
		3	Some of the time	142	44,101
		4	A little of the time	154	45,534
		5	None of the time	174	56,553
				538	163,771
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	13	2,456
		-7	Refused	2	624
		1	All of the time	80	24,496
		2	Most of the time	83	26,562
		3	Some of the time	130	35,582
		4	A little of the time	95	28,067
		5	None of the time	135	45,984
				538	163,771
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	10	4,474
		-7	Refused	2	1,114
		1	Much Better Than One Year Ago	36	9,725
		2	A Little Better Than One Year Ago	64	19,720
		3	About The Same As One Year Ago	171	47,861
		4	A Little Worse Than One Year Ago	144	43,040
		5	Worse Than One Year Ago	111	37,838
				538	163,771
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING?	-8	Don't Know	17	6,357
		-7	Refused	2	703
		1	About Enough	152	47,627
		2	Too Much	8	3,453
		3	Would Like To Be Doing More	359	105,630
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	20	5,579
		-7	Refused	1	530
		1	Yes	151	49,558
		2	No	366	108,104
				538	163,771
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	3	269
		1	Yes	406	120,737
		2	No	129	42,765
				538	163,771
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	4	1,070
		1	Yes	395	120,534
		2	No	138	42,136
		3	Does Not Apply	1	31
				538	163,771
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	5	1,231
		1	Yes	236	78,305
		2	No	297	84,235
				538	163,771
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	9	2,289
		1	Yes	298	95,263
		2	No	231	66,219
				538	163,771
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	3	930
		1	Yes	209	60,994
		2	No	325	101,092
		3	Does Not Apply	1	755
				538	163,771
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	5	1,868
		1	Yes	276	78,553

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	257	83,350
				538	163,771
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	3	694
		1	Yes	104	29,641
		2	No	431	133,436
				538	163,771
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	2	193
		1	Yes	86	26,238
		2	No	450	137,341
				538	163,771
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	10	2,773
		1	Yes	139	42,791
		2	No	389	118,207
				538	163,771
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	23	8,596
		1	Yes	180	45,580
		2	No	335	109,595
				538	163,771
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	7	1,659
		1	Yes	104	34,278
		2	No	427	127,834
				538	163,771
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	1,041
		1	Yes	386	111,843
		2	No	145	50,672
		3	Does Not Apply	2	215
				538	163,771
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	882
		1	Yes	206	62,115
		2	No	327	100,774

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				538	163,771
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	8	1,521
		-7	Refused	2	647
		1	Yes	120	31,643
		2	No	408	129,959
				538	163,771
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	5	1,564
		1	Yes	30	6,813
		2	No	503	155,394
				538	163,771
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	55
		1	Yes	25	4,144
		2	No	512	159,572
				538	163,771
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	3	682
		1	Yes	21	7,670
		2	No	514	155,419
				538	163,771
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	3	1,491
		1	Yes	352	106,344
		2	No	182	55,924
		3	Does Not Apply	1	12
				538	163,771
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	5	821
		1	Yes	20	4,665
		2	No	513	158,285
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	6	292
		1	Yes	162	42,928
		2	No	370	120,551
				538	163,771
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	5	1,760
		1	Yes	73	21,950
		2	No	459	140,050
		3	Does Not Apply	1	11
		538	163,771		
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	7	3,208
		1	1 Medical Condition	4	1,298
		2	2 Medical Conditions	14	4,568
		3	3 Medical Conditions	26	5,426
		4	4 Medical Conditions	46	13,258
		5	5 Medical Conditions	51	17,715
		6	6 Medical Conditions	76	25,090
		7	7 Medical Conditions	82	27,316
		8	8 Medical Conditions	68	22,135
		9	9 Medical Conditions	61	19,438
		10	10 Medical Conditions	43	11,692
		11	11 Medical Conditions	24	5,571
		12	12 Medical Conditions	16	2,302
		13	13 Medical Conditions	12	1,802
		14	14 Medical Conditions	6	2,598
15	15 Medical Conditions	2	354		
		538	163,771		
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	20	7,759
		-7	Refused	2	216
		-1	Not Collected	7	3,208
		1	Yes	414	122,316
		2	No	95	30,273
		538	163,771		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	2	1,803
		-7	Refused	1	11
		-1	Not Collected	124	41,455
		1	Yes	384	115,808
		2	No	27	4,693
				538	163,771
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	6	2,569
		-7	Refused	1	11
		-1	Not Collected	124	41,455
		1	Yes	180	57,236
		2	No	227	62,500
				538	163,771
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	6	2,157
		-7	Refused	1	11
		-1	Not Collected	124	41,455
		1	Yes	142	47,270
		2	No	265	72,878
				538	163,771
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	546
		-1	Not Collected	124	41,455
		1	Yes	76	20,638
		2	No	335	101,131
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	1	139
		-1	Not Collected	124	41,455
		1	Yes	22	6,934
		2	No	391	115,243
				538	163,771
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]	-8	Don't Know	9	4,376
		-1	Not Collected	124	41,455
		1	Yes	42	11,144
		2	No	363	106,795
				538	163,771
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	124	41,455
		1	Yes	56	18,201
		2	No	358	104,114
				538	163,771
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	124	41,455
		1	Yes	13	4,378
		2	No	401	117,938
		538	163,771		
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	124	41,455
		1	Yes	26	10,408
		2	No	388	111,908
		538	163,771		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	17	3,827
		-7	Refused	2	184
		-1	Not Collected	7	3,208
		1	Not At All Confident	35	11,159
		2	A Little Confident	84	30,620
		3	Moderately Confident	211	62,685
		4	Very Confident	182	52,089
			538	163,771	
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	7	3,195
		-7	Refused	1	93
		1	Yes	196	51,681
		2	No	334	108,802
			538	163,771	
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	10	2,273
		-7	Refused	2	137
		1	1 Prescription Medication	64	16,413
		2	2 Prescription Medications	105	41,467
		3	3 Prescription Medications	103	31,492
		4	4 Prescription Medications	88	32,872
		5	5 Prescription Medications	166	39,119
			538	163,771	
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	7	2,284
		-7	Refused	1	530
		1	Yes	198	57,849
		2	No	332	103,108
			538	163,771	
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	4	968

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	74	26,017
		2	No	460	136,786
				538	163,771
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?				
		-8	Don't Know	15	3,041
		-7	Refused	3	347
		1	6 Months Or Less	161	53,473
		2	More Than 6 Months, Not More Than 1 Yr	70	20,904
		3	More Than 1 Yr, Not More Than 2 Years	77	21,078
		4	More Than 2 Yrs, Not More Than 3 Years	34	9,040
		5	More Than 3 Yrs, Not More Than 5 Years	41	12,535
		6	More Than 5 Years Ago	135	42,251
		7	Never Have Been To Dentist	2	1,103
				538	163,771
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	10	1,384
		-7	Refused	2	703
		1	Yes	147	36,747
		2	No	379	124,938
				538	163,771
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?				
		-1	Not Collected	391	127,024
		1	Yes	121	32,444
		2	No	26	4,303
				538	163,771
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	2	112
		-1	Not Collected	391	127,024
		1	Yes	25	4,906
		2	No	120	31,728
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	10	2,225
		-1	Not Collected	391	127,024
		1	Yes	73	19,043
		2	No	64	15,478
				538	163,771
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?	-8	Don't Know	2	1,127
		-7	Refused	1	43
		-1	Not Collected	391	127,024
		1	Yes	28	5,630
		2	No	116	29,946
		538	163,771		
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	4	751
		-7	Refused	2	664
		-1	Not Collected	391	127,024
		1	Yes	16	2,953
		2	No	125	32,379
		538	163,771		
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?	-8	Don't Know	1	207
		-7	Refused	2	664
		-1	Not Collected	391	127,024
		1	Yes	5	1,237
		2	No	139	34,638
		538	163,771		
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	3	610
		-7	Refused	2	664

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	391	127,024
		1	Yes	30	9,425
		2	No	112	26,048
				538	163,771
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?				
		-8	Don't Know	1	114
		-7	Refused	3	1,586
		-1	Not Collected	391	127,024
		2	No	143	35,047
				538	163,771
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	280
		-7	Refused	2	664
		-1	Not Collected	391	127,024
		1	Yes	7	862
		2	No	137	34,941
				538	163,771
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	2	787
		-7	Refused	2	664
		-1	Not Collected	391	127,024
		1	Yes	20	4,065
		2	No	123	31,231
				538	163,771
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?				
		-7	Refused	2	664
		-1	Not Collected	391	127,024
		1	Yes	46	10,970
		2	No	99	25,113
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-8	Don't Know	2	499
		-7	Refused	2	664
		-1	Not Collected	391	127,024
		1	Yes	28	7,865
		2	No	115	27,718
				538	163,771
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	8	2,090
		-7	Refused	3	723
		1	Excellent	29	9,225
		2	Very Good	101	27,928
		3	Good	175	55,532
		4	Fair	112	31,660
		5	Poor	110	36,613
				538	163,771
PF_WIO	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?	.	Missing	9	2,605
		1	Yes	415	120,873
		2	No	114	40,294
				538	163,771
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	176
		-7	Refused	1	530
		1	Yes	175	56,704
		2	No	360	106,361
				538	163,771
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	29
		-1	Not Collected	363	107,067
		1	Yes	59	16,789
		2	No	114	39,886
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	7	801
		-7	Refused	1	530
		1	Yes	291	86,222
		2	No	239	76,217
				538	163,771
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	1	332
		-1	Not Collected	247	77,549
		1	Yes	214	66,532
		2	No	76	19,358
				538	163,771
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	34
		1	Yes	194	54,095
		2	No	343	109,642
				538	163,771
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	12
		-1	Not Collected	344	109,676
		1	Yes	62	14,887
		2	No	131	39,196
				538	163,771
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	6	1,307
		1	Yes	194	56,522
		2	No	338	105,942
				538	163,771
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	79
		-1	Not Collected	344	107,249
		1	Yes	118	30,813
		2	No	75	25,630
				538	163,771
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	4	766
		1	Yes	131	39,203

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	403	123,802
				538	163,771
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	614
		-1	Not Collected	407	124,568
		1	Yes	76	19,277
		2	No	54	19,311
				538	163,771
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	13	2,988
		1	Yes	353	107,410
		2	No	172	53,374
				538	163,771
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	8	1,135
		-7	Refused	1	207
		-1	Not Collected	185	56,361
		1	Yes	104	38,801
		2	No	240	67,265
				538	163,771
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	3	571
		1	Yes	51	13,311
		2	No	484	149,889
				538	163,771
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	487	150,460
		1	Yes	11	3,054
		2	No	40	10,257
				538	163,771
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	2	1,891
		1	Yes	77	20,415
		2	No	459	141,465
				538	163,771
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	461	143,356
		1	Yes	27	5,894
		2	No	50	14,521
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	5	641
		-7	Refused	1	93
		1	Yes	89	23,609
		2	No	443	139,427
				538	163,771
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	10
		-1	Not Collected	449	140,162
		1	Yes	60	15,850
		2	No	28	7,749
				538	163,771
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	8	2,745
		1	Yes	225	58,995
		2	No	305	102,032
				538	163,771
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	2	67
		-1	Not Collected	313	104,776
		1	Yes	150	40,928
		2	No	73	17,999
				538	163,771
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	10	2,813
		1	Yes	271	76,350
		2	No	257	84,608
				538	163,771
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	152
		-1	Not Collected	267	87,421
		1	Yes	248	71,300
		2	No	22	4,898
				538	163,771
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	11	3,251

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	11
		1	Yes	477	144,318
		2	No	49	16,191
				538	163,771
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	1	10
		-1	Not Collected	61	19,453
		1	Yes	463	141,654
		2	No	13	2,654
				538	163,771
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	12	2,913
		-7	Refused	1	583
		1	Yes	59	16,211
		2	No	466	144,063
				538	163,771
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-1	Not Collected	479	147,560
		1	Yes	39	7,576
		2	No	20	8,635
				538	163,771
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		1	Yes	15	3,805
		2	No	523	159,966
				538	163,771
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?				
		-1	Not Collected	523	159,966
		1	Yes	14	3,050
		2	No	1	755
				538	163,771
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?				
		-8	Don't Know	1	621
		1	Yes	318	96,060
		2	No	219	67,090
				538	163,771

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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	7	1,396
		-1	Not Collected	220	67,711
		1	Yes	95	29,208
		2	No	216	65,457
				538	163,771
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	45	13,909
		-7	Refused	1	178
		1	Yes	211	58,759
		2	No	281	90,924
				538	163,771
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	8
		-1	Not Collected	327	105,012
		1	Yes	67	19,393
		2	No	70	19,804
		3	Never Uses Bus	73	19,555
		538	163,771		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	471	144,378
		1	Yes	57	16,355
		2	No	10	3,038
		538	163,771		
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	15	4,906
		-7	Refused	1	31
		-1	Not Collected	54	18,787
		1	Family	207	65,137
		2	Someone Else Like Friend/Neighbor/Other	160	44,030
		3	Did Not Receive Help	101	30,879
		538	163,771		
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	6	2,500
		-1	Not Collected	331	98,634
		1	Husband	18	4,712
		2	Wife	6	1,845

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Son	51	15,176
		5	Daughter	82	21,932
		6	Daughter-In-Law	8	4,858
		9	Brother	3	1,483
		10	Sister	12	6,006
		11	Grandson	2	598
		12	Granddaughter	13	4,215
		13	Nephew	1	319
		14	Niece	1	579
		91	Other Relative	4	915
				538	163,771
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	26	6,744
		0	0 Limitations	115	38,536
		1	1 Limitation	140	38,655
		2	2 Limitations	97	34,946
		3	3 Limitations	75	21,886
		4	4 Limitations	38	10,848
		5	5 Limitations	35	9,744
		6	6 Limitations	12	2,411
				538	163,771
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	26	6,744
		1	Yes	160	44,890
		2	No	352	112,137
				538	163,771
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	12	2,048
		0	0 Limitations	337	101,287
		1	1 Limitation	102	37,626
		2	2 Limitations	41	10,501
		3	3 Limitations	16	4,884
		4	4 Limitations	14	2,967
		5	5 Limitations	12	3,889

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 Limitations	4	569
				538	163,771
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	46	10,070
		0	0 Limitations	113	39,615
		1	1 Limitation	102	29,640
		2	2 Limitations	86	29,414
		3	3 Limitations	94	31,597
		4	4 Limitations	53	13,202
		5	5 Limitations	26	5,187
		6	6 Limitations	9	3,142
		7	7 Limitations	7	1,600
		8	8 Limitations	2	304
				538	163,771
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	11	1,947
		0	0 Limitations	166	55,693
		1	1 Limitation	136	37,359
		2	2 Limitations	86	28,128
		3	3 Limitations	66	22,906
		4	4 Limitations	38	9,075
		5	5 Limitations	19	4,081
		6	6 Limitations	8	3,433
		7	7 Limitations	6	845
		8	8 Limitations	2	304
				538	163,771

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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	52	11,894
		0	0 Limitations	30	8,294
		1	1 Limitation	90	35,091
		2	2 Limitations	91	24,128
		3	3 Limitations	88	30,456
		4	4 Limitations	90	30,472
		5	5 Limitations	53	13,202
		6	6 Limitations	26	5,187
		7	7 Limitations	10	3,897
		8	8 Limitations	6	845
		9	9 Limitations	2	304
				538	163,771
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	12	1,958
		0	0 Limitations	52	17,375
		1	1 Limitation	129	42,030
		2	2 Limitations	121	33,653
		3	3 Limitations	86	28,165
		4	4 Limitations	65	22,852
		5	5 Limitations	39	9,830
		6	6 Limitations	18	3,326
		7	7 Limitations	9	3,586
		8	8 Limitations	5	692
		9	9 Limitations	2	304
				538	163,771
AGEC	AGE CATEGORY	2	60-64 Years	27	6,891
		3	65-74 Years	176	50,592
		4	75-84 Years	178	55,224

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	85+ Years	157	51,064
				538	163,771
GENDER	GENDER	-1	Not Collected	13	2,717
		1	Male	101	34,068
		2	Female	424	126,986
				538	163,771
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	4	443
		1	Less Than High School Diploma	97	30,044
		2	High School Diploma Or GED	197	61,159
		3	Some College(Business/Vocational/Techni)	163	51,983
		4	Bachelor's Degree	40	8,225
		5	Some Post-Graduate Work/Advanced Degree	37	11,917
				538	163,771
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	12	4,396
		-7	Refused	5	1,391
		1	Yes	21	5,648
		2	No	500	152,337
				538	163,771
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	3	498
		-7	Refused	6	732
		1	Yes	442	134,925
		2	No	87	27,615
				538	163,771
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN	-8	Don't Know	3	498
		-7	Refused	6	732
		1	Yes	72	23,354
		2	No	457	139,187
				538	163,771
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	3	498
		-7	Refused	6	732
		1	Yes	5	692
		2	No	524	161,848

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				538	163,771
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	3	498
		-7	Refused	6	732
		1	Yes	10	2,748
		2	No	519	159,793
				538	163,771
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	3	498
		-7	Refused	6	732
		1	Yes	1	97
		2	No	528	162,444
				538	163,771
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	3	498
		-7	Refused	6	732
		1	Yes	5	1,460
		2	No	524	161,080
				538	163,771
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.)	1	Yes	44	15,581
		2	No	494	148,190
				538	163,771
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	27	7,208
		1	The City	245	66,133
		2	The Suburbs	104	33,393
		3	A Rural Area	162	57,037
				538	163,771
DELIVWI	DOES ANYONE ELSE LIVE WITH YOU?	-7	Refused	1	97
		1	Yes	132	36,693
		2	No	405	126,982
				538	163,771
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-1	Not Collected	405	126,982
		1	Yes	60	14,780
		2	No	73	22,009
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	1	97
		-1	Not Collected	405	126,982
		1	Yes	42	14,259
		2	No	90	22,433
				538	163,771
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	1	97
		-1	Not Collected	405	126,982
		1	Yes	35	10,652
		2	No	97	26,040
				538	163,771
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	1	97
		-1	Not Collected	405	126,982
		1	Yes	13	1,817
		2	No	119	34,875
				538	163,771
LIVARRC	WHO DO YOU LIVE WITH?	1	Alone	405	126,982
		2	With Spouse Only	54	12,707
		3	With Children Only	27	9,877
		4	With Spouse And Children	4	1,723
		5	With Others	48	12,482
				538	163,771
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	2	211
		1	1 Person	405	126,982
		2	2 People	104	26,005
		3	3 People	18	9,496
		4	4 People	4	310
		5	5 People	1	115
		7	7 People	2	304
		9	9 People	1	233
		12	12 People	1	114
				538	163,771
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	1	137
		-7	Refused	3	334
		1	Married	65	16,183
		2	Living With A Partner	2	284
		3	Widowed	280	97,915

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Divorced	140	38,352
		5	Separated	10	2,844
		6	Never Married	37	7,723
				538	163,771
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	28	7,401
		-7	Refused	23	5,292
		1	Below \$20,000 [1666 Per Month Or Less]	360	115,629
		2	Above \$20,000 [1667 Per Month Or More]	127	35,449
				538	163,771
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?	.	Missing	51	12,693
		-8	Don't Know	38	10,822
		-7	Refused	14	5,990
		1	\$5,000 Or Less	24	6,657
		2	\$5,001-\$10,000	55	16,236
		3	\$10,001-\$15,000	135	48,216
		4	\$15,001-\$20,000	106	32,432
		5	\$20,001-\$25,000	67	14,835
		6	\$25,001-\$30,000	20	7,318
		7	\$30,001-\$35,000	7	1,388
		8	\$35,001-\$40,000	8	1,974
		9	\$40,001-\$50,000	5	1,932
		10	Above \$50,000	8	3,279
				538	163,771
URBAN	URBAN	-9	Invalid Zip Code, Or Foreign Zip Code	15	3,180
		0	Rural (Not In Urbanized Area Or Urban Cluster)	107	34,000
		1	In Urbanized Area	261	83,333
		2	In Urban Cluster	155	43,258
				538	163,771
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				538	163,771
VARUNIT	VARIANCE UNIT	1	Variance unit 1	269	79,116
		2	Variance unit 2	269	84,655
				538	163,771
PSTOTWGT	FINAL POST-STRATIFIED HM FULL SAMPLE WEIGHT	4.42 - 2646.30	Weight range	538	163,771
				538	163,771
PSTOTWGT1	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 1	1.40 - 4409.18	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT2	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 2	1.27 - 5243.19	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT3	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 3	1.60 - 4764.39	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT4	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 4	1.87 - 4947.39	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT5	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 5	1.30 - 3931.14	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT6	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 6	1.15 - 4304.47	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT7	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 7	1.45 - 4133.68	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT8	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 8	1.59 - 4542.61	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT9	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 9	1.27 - 4574.53	Replicate weight range	538	163,771
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT10	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 10	1.45 - 5205.09	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT11	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 11	1.87 - 4716.97	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT12	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 12	1.59 - 5137.62	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT13	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 13	1.31 - 3962.37	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT14	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 14	1.39 - 4321.85	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT15	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 15	1.64 - 3999.87	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT16	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 16	1.54 - 4402.18	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT17	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 17	1.34 - 4894.39	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT18	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 18	1.47 - 4786.41	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT19	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 19	1.98 - 5101.14	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT20	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 20	1.71 - 4842.76	Replicate weight range	538	163,771
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT21	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 21	1.31 - 4215.74	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT22	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 22	1.46 - 4097.84	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT23	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 23	1.71 - 4227.97	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT24	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 24	1.64 - 4085.58	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT25	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 25	1.41 - 4705.59	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT26	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 26	1.31 - 4818.60	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT27	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 27	1.70 - 5156.64	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT28	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 28	1.79 - 4673.38	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT29	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 29	1.32 - 4180.41	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT30	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 30	1.19 - 4082.21	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT31	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 31	1.47 - 4377.77	Replicate weight range	538	163,771
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT32	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 32	1.61 - 4206.26	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT33	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 33	1.65 - 4775.17	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT34	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 34	1.80 - 4791.70	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT35	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 35	1.39 - 5237.43	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT36	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 36	1.23 - 4837.35	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT37	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 37	1.61 - 4126.99	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT38	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 38	1.88 - 4101.72	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT39	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 39	1.54 - 4321.18	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT40	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 40	1.34 - 4081.73	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT41	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 41	1.63 - 4821.32	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT42	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 42	1.50 - 4813.25	Replicate weight range	538	163,771
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT43	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 43	1.16 - 5024.46	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT44	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 44	1.35 - 4678.43	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT45	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 45	1.78 - 4271.50	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT46	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 46	1.61 - 4078.37	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT47	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 47	1.37 - 4282.14	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT48	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 48	1.48 - 4210.35	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT49	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 49	1.55 - 4510.64	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT50	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 50	1.49 - 5236.85	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT51	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 51	1.12 - 4651.34	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT52	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 52	1.25 - 4953.04	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT53	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 53	1.78 - 4011.59	Replicate weight range	538	163,771
				538	163,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT54	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 54	1.54 - 4300.19	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT55	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 55	1.32 - 4048.31	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT56	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 56	1.38 - 4547.38	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT57	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 57	1.64 - 4470.21	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT58	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 58	1.73 - 5211.35	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT59	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 59	1.31 - 4833.28	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT60	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 60	1.28 - 5131.53	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT61	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 61	1.59 - 3883.86	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT62	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 62	1.80 - 4326.17	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT63	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 63	1.50 - 4083.19	Replicate weight range	538	163,771
				538	163,771
PSTOTWGT64	FINAL POST-STRATIFIED HM REPLICATE WEIGHT: REPLICATE 64	1.32 - 4397.71	Replicate weight range	538	163,771
				538	163,771
ADLAOA6_ SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 Limitations	120	39,818

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Limitation	147	40,819
		2	2 Limitations	104	36,834
		3	3 Limitations	82	23,296
		4	4 Limitations	38	10,848
		5	5 Limitations	35	9,744
		6	6 Limitations	12	2,411
				538	163,771
ADLAOA6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 Limitations	340	101,933
		1	1 Limitation	104	37,657
		2	2 Limitations	42	10,513
		3	3 Limitations	19	5,865
		4	4 Limitations	16	3,138
		5	5 Limitations	13	4,097
		6	6 Limitations	4	569
				538	163,771
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	167	46,299
		2	No	371	117,472
				538	163,771
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 Limitations	120	42,984
		1	1 Limitation	111	30,921
		2	2 Limitations	100	31,012
		3	3 Limitations	106	34,400
		4	4 Limitations	61	14,615
		5	5 Limitations	22	5,737
		6	6 Limitations	11	2,366
		7	7 Limitations	7	1,736
				538	163,771
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 Limitations	37	11,228
		1	1 Limitation	96	37,413
		2	2 Limitations	101	25,409
		3	3 Limitations	103	32,523
		4	4 Limitations	101	32,754
		5	5 Limitations	60	14,605
		6	6 Limitations	22	5,737
		7	7 Limitations	12	3,121

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 Limitations	6	981
				538	163,771
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE	0	0 Limitations	168	56,066
SSS	NEEDS, SSS VERSION	1	1 Limitation	139	38,129
		2	2 Limitations	91	28,729
		3	3 Limitations	69	23,194
		4	4 Limitations	39	9,718
		5	5 Limitations	18	5,331
		6	6 Limitations	8	1,623
		7	7 Limitations	6	981
				538	163,771
IADLAOA8P_	AOA IADLS: PERSONAL ASSISTANCE	0	0 Limitations	53	17,386
SSS	NEEDS W/ HEAVY HOUSEWORK	1	1 Limitation	132	42,423
	ADDED, SSS VERSION	2	2 Limitations	124	34,413
		3	3 Limitations	90	28,757
		4	4 Limitations	68	23,139
		5	5 Limitations	40	10,473
		6	6 Limitations	18	4,729
		7	7 Limitations	7	1,470
		8	8 Limitations	6	981
				538	163,771
LIVEALONE	DO YOU LIVE ALONE? SSS	-7	Refused	1	97
	CONSTRUCTED	1	Yes	405	126,982
		2	No	132	36,693
				538	163,771