

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
HOWLONG	NUM	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?
TRDAYS	NUM	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?
TROFTEN	NUM	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?
TRMONTH	NUM	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE
TRMONTHC	NUM	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?
TRPROP	NUM	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?
TRGTSON	NUM	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?
TRFRE08	NUM	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?
TRFRE12	NUM	HOW OFTEN ARE THE DRIVERS POLITE?
TRFRE06	NUM	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?
TRFRE05	NUM	HOW OFTEN ARE THE VEHICLES COMFORTABLE?
TRFRE07	NUM	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?
TRFRE10	NUM	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?
TRFRE16	NUM	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?
NEEDHLP	NUM	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?
GETHELP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?
NEEDBHLP	NUM	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?
GETBHLP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?
TRACTA	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?
TRACTB	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?
TRACTC	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?
TRACTD	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?
TRACTE	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?
TRACTF	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?
TRACTG	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?
TRACTH	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?
TRACTI	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?
TRACTJ	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?
TRACTK	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?
TRRATE	NUM	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?
TRRATE2	NUM	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT
AROUND	NUM	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?
TRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
TRSTAY	NUM	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
TRISCAR	NUM	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?

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TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVPCPR	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 OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
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 MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
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?

Positional Listing of Variables

Name	Type	Description
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	WHAT IS YOUR GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?

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DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
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 2010 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
MOB_IMP	NUM	MOBILITY IMPAIRED
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23

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PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61



**Positional Listing of Variables**

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

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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
AROUND	NUM	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
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 2010 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	WHAT IS YOUR GENDER?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
GETBHLP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?
GETHELP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
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?
HOWLONG	NUM	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING 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 THE 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, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE 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
INCOME10	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
MOB_IMP	NUM	MOBILITY IMPAIRED
NEEDBHLP	NUM	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?
NEEDHLP	NUM	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISS	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
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_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
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...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS 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	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?



Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
TRACTA	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?
TRACTB	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?
TRACTC	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?
TRACTD	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?
TRACTE	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?
TRACTF	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?
TRACTG	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?
TRACTH	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?
TRACTI	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?
TRACTJ	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?
TRACTK	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?
TRDAYS	NUM	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?
TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?
TRFRE05	NUM	HOW OFTEN ARE THE VEHICLES COMFORTABLE?
TRFRE06	NUM	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?
TRFRE07	NUM	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?
TRFRE08	NUM	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?
TRFRE10	NUM	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?
TRFRE12	NUM	HOW OFTEN ARE THE DRIVERS POLITE?
TRFRE16	NUM	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?
TRGTSON	NUM	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?
TRISCAR	NUM	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?
TRMONTH	NUM	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE
TRMONTHC	NUM	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?
TROFTEN	NUM	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?
TRPROP	NUM	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?
TRRATE	NUM	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?
TRRATE2	NUM	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT
TRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
TRSTAY	NUM	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT

**Alphabetical Listing of Variables**

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<i>Name</i>	<i>Type</i>	<i>Description</i>
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	883	273,499
				<b>883</b>	<b>273,499</b>
HOWLONG	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?				
		-8	Don't Know	30	8,341
		-7	Refused	1	357
		1	6 Months Or Less	106	32,178
		2	More Than 6 Months But Less Than 1 Year	111	35,130
		3	At Least 1 Year But Less Than 2 Years	158	49,518
		4	2 To 5 Years	294	90,262
		5	More Than 5 Years	183	57,712
				<b>883</b>	<b>273,499</b>
TRDAYS	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?				
		1	Today Or Yesterday	224	55,815
		2	More Than 1 Day To 1 Week Ago	220	61,216
		3	More Than 1 Week To 1 Month Ago	180	67,230
		4	More Than 1 Month Ago	259	89,237
				<b>883</b>	<b>273,499</b>
TROFTEN	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?				
		-8	Don't Know	32	9,767
		-7	Refused	2	1,097
		1	5 Or More Times Per Week	95	23,329
		2	2 To 4 Times Per Week	284	68,704
		3	Once Per Week	177	58,307
		4	Less Than Once Per Month	293	112,295
				<b>883</b>	<b>273,499</b>
TRMONTH	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE				
		-8	Don't Know	107	34,237
		-7	Refused	4	392
		1	0 Trips	106	31,391
		2	1 - 2 Trips	179	72,419
		3	3 - 4 Trips	106	34,110
		4	5 - 6 Trips	58	19,794
		5	7 - 8 Trips	97	29,045
		6	9 - 12 Trips	39	10,675
		7	13 - 16 Trips	53	11,745
		8	17 - 20 Trips	17	2,847

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	21 - 40 Trips	107	25,064
		10	41 - 60 Trips	9	1,772
		11	61 - 72 Trips	1	8
				<b>883</b>	<b>273,499</b>
TRMONTHC	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?	.	Missing	111	34,629
		1	<= 2 trips	285	103,810
		2	> 2 <= 6 trips	164	53,904
		3	> 6 <= 12 trips	136	39,720
		4	> 12 trips	187	41,436
				<b>883</b>	<b>273,499</b>
TRPROP	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?	-8	Don't Know	52	18,523
		-7	Refused	2	328
		1	Just A Few Of All Local Trips	247	84,217
		2	About 1/4 Of All Local Trips	85	29,444
		3	About 1/2 Of All Local Trips	101	30,295
		4	About 3/4 Of All Local Trips	60	14,742
		5	Nearly All Local Trips	315	91,118
		91	Other	21	4,832
				<b>883</b>	<b>273,499</b>
TRGTSON	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?	-8	Don't Know	6	3,285
		1	The Driver Comes To The Door	310	91,303
		2	Vehicle Stops In Front Of House	495	152,310
		3	The Vehicle Stops Down The Block	21	6,781
		4	Have To Walk Several Blocks For Vehicle	13	2,108
		5	Gets On At Senior Center	38	17,712
				<b>883</b>	<b>273,499</b>
TRFRE08	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?	-8	Don't Know	6	2,428
		-7	Refused	1	36

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Always	677	211,138
		2	Usually	140	41,516
		3	Sometimes	53	16,797
		4	Seldom	5	1,514
		5	Never	1	72
				<b>883</b>	<b>273,499</b>
TRFRE12	HOW OFTEN ARE THE DRIVERS POLITE?	-8	Don't Know	4	1,223
		1	Always	803	250,444
		2	Usually	52	14,730
		3	Sometimes	20	6,181
		4	Seldom	1	101
		5	Never	3	820
				<b>883</b>	<b>273,499</b>
TRFRE06	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?	-8	Don't Know	13	5,324
		-7	Refused	1	64
		1	Always	706	216,879
		2	Usually	100	32,046
		3	Sometimes	51	16,007
		4	Seldom	6	868
		5	Never	6	2,310
				<b>883</b>	<b>273,499</b>
TRFRE05	HOW OFTEN ARE THE VEHICLES COMFORTABLE?	-8	Don't Know	9	3,421
		1	Always	710	216,636
		2	Usually	107	37,041
		3	Sometimes	40	14,127
		4	Seldom	11	1,567
		5	Never	6	708
				<b>883</b>	<b>273,499</b>
TRFRE07	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?	-8	Don't Know	5	338
		1	Always	689	220,449
		2	Usually	141	41,813
		3	Sometimes	41	9,464
		4	Seldom	5	979
		5	Never	2	456
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRFRE10	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?	-8	Don't Know	25	8,576
		-7	Refused	1	997
		1	Always	705	219,482
		2	Usually	101	29,964
		3	Sometimes	38	11,151
		4	Seldom	6	1,335
		5	Never	7	1,993
					<b>883</b>
TRFRE16	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?	-8	Don't Know	18	6,585
		-7	Refused	1	386
		1	Always	698	220,064
		2	Usually	116	33,914
		3	Sometimes	39	10,203
		4	Seldom	8	1,697
		5	Never	3	650
					<b>883</b>
NEEDHLP	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?	-8	Don't Know	9	2,854
		1	Yes	180	55,991
		2	No	694	214,654
			<b>883</b>	<b>273,499</b>	
GETHELP	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?	-8	Don't Know	1	259
		-1	Not Collected	703	217,508
		1	Yes	134	41,082
		2	No	45	14,650
					<b>883</b>
NEEDBHLP	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	4	1,006
		-7	Refused	1	997
		1	Yes	293	92,238
		2	No	585	179,257
					<b>883</b>
GETBHLP	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	4	1,845
		-1	Not Collected	590	181,261
		1	Yes	272	83,396

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	17	6,998
				<b>883</b>	<b>273,499</b>
TRACTA	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?	-8	Don't Know	1	768
		1	Yes	579	194,878
		2	No	303	77,852
				<b>883</b>	<b>273,499</b>
TRACTB	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?	-8	Don't Know	2	64
		1	Yes	313	96,137
		2	No	568	177,298
				<b>883</b>	<b>273,499</b>
TRACTC	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?	-8	Don't Know	6	1,005
		1	Yes	137	40,189
		2	No	740	232,305
				<b>883</b>	<b>273,499</b>
TRACTD	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?	-8	Don't Know	3	284
		1	Yes	364	97,884
		2	No	516	175,330
				<b>883</b>	<b>273,499</b>
TRACTE	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?	-8	Don't Know	3	1,674
		1	Yes	272	69,440
		2	No	608	202,385
				<b>883</b>	<b>273,499</b>
TRACTF	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?	-8	Don't Know	2	600
		1	Yes	68	25,587
		2	No	813	247,312
				<b>883</b>	<b>273,499</b>
TRACTG	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?	-8	Don't Know	3	705
		-7	Refused	1	357
		1	Yes	241	79,540
		2	No	638	192,897

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>883</b>	<b>273,499</b>
TRACTH	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?	-8	Don't Know	4	1,616
		1	Yes	82	27,819
		2	No	797	244,063
				<b>883</b>	<b>273,499</b>
TRACTI	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?	-8	Don't Know	3	1,469
		1	Yes	47	12,171
		2	No	833	259,858
				<b>883</b>	<b>273,499</b>
TRACTJ	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?	-8	Don't Know	1	44
		1	Yes	16	6,171
		2	No	866	267,284
				<b>883</b>	<b>273,499</b>
TRACTK	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?	-8	Don't Know	5	2,836
		1	Yes	5	581
		2	No	873	270,081
				<b>883</b>	<b>273,499</b>
TRRATE	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?	-8	Don't Know	4	350
		1	Excellent	486	159,476
		2	Very Good	266	77,859
		3	Good	99	30,858
		4	Fair	21	3,704
		5	Poor	7	1,252
				<b>883</b>	<b>273,499</b>
TRRATE2	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT	.	Missing	4	350
		1	Rating of Good to Excellent	851	268,192
		2	Rating of Fair or Poor	28	4,956
				<b>883</b>	<b>273,499</b>
AROUND	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?	-8	Don't Know	42	12,756
		-7	Refused	1	413
		1	Yes	523	161,979



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	317	98,350
				<b>883</b>	<b>273,499</b>
TRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	5	1,100
		-7	Refused	1	357
		1	Yes	851	264,544
		2	No	26	7,498
				<b>883</b>	<b>273,499</b>
TRSTAY	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	25	10,110
		1	Yes	761	233,493
		2	No	97	29,896
				<b>883</b>	<b>273,499</b>
TRISCAR	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?	-8	Don't Know	3	1,604
		1	Yes	372	120,502
		2	No	508	151,393
				<b>883</b>	<b>273,499</b>
TRDRIVE	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?	-8	Don't Know	1	564
		-1	Not Collected	511	152,997
		1	Yes	201	73,731
		2	No	170	46,206
				<b>883</b>	<b>273,499</b>
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	6	1,946
		1	Yes	375	111,368
		2	No	502	160,184
				<b>883</b>	<b>273,499</b>
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	3	503
		1	Yes	138	49,323
		2	No	742	223,673
				<b>883</b>	<b>273,499</b>
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	3	901
		1	Yes	171	48,083
		2	No	709	224,514
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	16	5,495
		1	Yes	190	48,300
		2	No	677	219,704
				<b>883</b>	<b>273,499</b>
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	6	1,232
		1	Yes	57	13,147
		2	No	820	259,120
				<b>883</b>	<b>273,499</b>
SVPCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	349
		1	Yes	92	25,430
		2	No	789	247,720
				<b>883</b>	<b>273,499</b>
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	5	1,400
		1	Yes	70	21,451
		2	No	808	250,647
				<b>883</b>	<b>273,499</b>
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	5	1,055
		1	Yes	46	12,337
		2	No	832	260,107
				<b>883</b>	<b>273,499</b>
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	21	6,763
		1	Yes	189	58,682
		2	No	673	208,054
				<b>883</b>	<b>273,499</b>
SVCCOUNT	SERVICE COMBINATIONS	1	Transportation only	258	92,288
		2	Transportation and 1 additional service	290	85,693
		3	Transportation and 2 additional services	156	42,244
		4	Transportation and 3 additional services	72	17,670
		5	Transportation and 4 additional services	54	20,907

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	Transportation and 5 additional services	30	8,664
		7	Transportation and 6 additional services	18	4,717
		8	Transportation and 7 additional services	4	843
		9	Transportation and 8 additional services	1	472
				<b>883</b>	<b>273,499</b>
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	9	3,305
		1	Yes	111	31,036
		2	No	763	239,158
				<b>883</b>	<b>273,499</b>
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	12	4,766
		1	Yes	306	87,991
		2	No	565	180,742
				<b>883</b>	<b>273,499</b>
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	12	4,144
		1	Yes	206	71,711
		2	No	665	197,644
				<b>883</b>	<b>273,499</b>
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?				
		-8	Don't Know	7	2,564
		1	Yes	228	70,030
		2	No	648	200,905
				<b>883</b>	<b>273,499</b>
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?				
		-8	Don't Know	15	5,504
		1	Yes	63	15,049
		2	No	805	252,945
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	1,889
		1	Yes	173	50,201
		2	No	705	221,409
				<b>883</b>	<b>273,499</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	4	1,096
		-1	Not Collected	136	48,931
		1	Excellent	340	107,146
		2	Very Good	250	77,493
		3	Good	125	32,774
		4	Fair	18	3,738
		5	Poor	10	2,320
		<b>883</b>	<b>273,499</b>		
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	9	3,423
		-7	Refused	1	357
		1	Yes	757	234,959
		2	No	116	34,760
		<b>883</b>	<b>273,499</b>		
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	22	5,892
		1	Yes	793	243,777
		2	No	68	23,830
		<b>883</b>	<b>273,499</b>		
SVCIDEA	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?	-8	Don't Know	38	9,976
		-7	Refused	1	99
		1	Yes	482	157,381
		2	No	362	106,043
		<b>883</b>	<b>273,499</b>		
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	6	3,669
		1	Agree	861	265,191
		2	Disagree	16	4,638
		<b>883</b>	<b>273,499</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	17	5,034
		1	Agree	842	262,992
		2	Disagree	24	5,472
				<b>883</b>	<b>273,499</b>
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?	-8	Don't Know	1	70
		1	Yes	218	56,930
		2	No	664	216,499
				<b>883</b>	<b>273,499</b>
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?	-8	Don't Know	12	3,191
		1	Yes	174	42,998
		2	No	697	227,310
				<b>883</b>	<b>273,499</b>
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?	-8	Don't Know	21	7,530
		1	Yes	279	81,451
		2	No	583	184,518
				<b>883</b>	<b>273,499</b>
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?	-8	Don't Know	19	4,620
		-7	Refused	1	357
		1	Yes	174	50,276
		2	No	689	218,246
				<b>883</b>	<b>273,499</b>
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	6	2,894
		1	Yes	318	99,356
		2	No	559	171,248
				<b>883</b>	<b>273,499</b>
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	7	1,747
		1	Yes	498	157,134
		2	No	378	114,618
				<b>883</b>	<b>273,499</b>
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	3	1,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Excellent	55	15,111
		2	Very Good	164	56,726
		3	Good	310	97,329
		4	Fair	239	67,770
		5	Poor	112	34,874
				<b>883</b>	<b>273,499</b>
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?				
		-8	Don't Know	18	7,524
		1	Yes, Limited A Lot	350	100,511
		2	Yes, Limited A Little	276	86,106
		3	No, Not Limited At All	239	79,358
				<b>883</b>	<b>273,499</b>
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	30	10,193
		-7	Refused	2	223
		1	Yes, Limited A Lot	413	120,480
		2	Yes, Limited A Little	265	86,097
		3	No, Not Limited At All	173	56,506
				<b>883</b>	<b>273,499</b>
SFACCOMP	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	14	4,567
		-7	Refused	1	24
		1	All Of The Time	125	39,791
		2	Most Of The Time	210	59,319
		3	Some Of The Time	294	85,742
		4	A Little Of The Time	137	49,417
		5	None Of The Time	102	34,638
				<b>883</b>	<b>273,499</b>
SFLIMITD	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	22	5,486
		-7	Refused	2	109
		1	All Of The Time	126	36,705

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	182	51,633
		3	Some Of The Time	298	88,111
		4	A Little Of The Time	127	47,483
		5	None Of The Time	126	43,972
				<b>883</b>	<b>273,499</b>
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	13	6,872
		-7	Refused	1	85
		1	All Of The Time	44	14,045
		2	Most Of The Time	82	21,348
		3	Some Of The Time	210	66,911
		4	A Little Of The Time	195	58,712
		5	None Of The Time	338	105,526
				<b>883</b>	<b>273,499</b>
SFCAREFL	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	11	3,391
		1	All Of The Time	38	11,431
		2	Most Of The Time	62	21,432
		3	Some Of The Time	177	52,000
		4	A Little Of The Time	185	54,183
		5	None Of The Time	410	131,062
				<b>883</b>	<b>273,499</b>
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	24	8,576
		1	All Of The Time	216	67,486
		2	Most Of The Time	234	74,236
		3	Some Of The Time	163	50,000
		4	A Little Of The Time	179	52,529
		5	None Of The Time	67	20,673
				<b>883</b>	<b>273,499</b>
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	8	1,329

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	All Of The Time	138	42,711
		2	Most Of The Time	389	128,459
		3	Some Of The Time	238	71,154
		4	A Little Of The Time	91	25,582
		5	None Of The Time	19	4,263
				<b>883</b>	<b>273,499</b>
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	2	93
		-7	Refused	1	72
		1	All Of The Time	46	16,013
		2	Most Of The Time	193	58,626
		3	Some Of The Time	315	98,125
		4	A Little Of The Time	228	67,670
		5	None Of The Time	98	32,899
				<b>883</b>	<b>273,499</b>
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	5	1,178
		1	All Of The Time	19	4,846
		2	Most Of The Time	58	16,531
		3	Some Of The Time	200	60,825
		4	A Little Of The Time	263	84,960
		5	None Of The Time	338	105,159
				<b>883</b>	<b>273,499</b>
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?	-8	Don't Know	25	9,250
		1	All Of The Time	65	23,770
		2	Most Of The Time	102	30,703
		3	Some Of The Time	189	50,198
		4	A Little Of The Time	157	49,935
		5	None Of The Time	345	109,642
				<b>883</b>	<b>273,499</b>
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	121	37,866
		1	4 - < 20	62	20,240
		2	20 - < 25	87	24,867
		3	25 - < 30	107	24,286



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	30 - < 35	113	36,806
		5	35 - < 40	118	38,296
		6	40 - < 45	99	32,756
		7	45 - < 50	84	26,358
		8	50 - < 55	56	21,993
		9	55 - < 65	35	9,835
		10	65 - < 70	1	197
				<b>883</b>	<b>273,499</b>
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	121	37,866
		1	7 - < 35	81	29,499
		2	35 - < 40	56	15,599
		3	40 - < 45	96	27,833
		4	45 - < 50	108	35,360
		5	50 - < 53	79	23,503
		6	53 - < 56	65	16,955
		7	56 - < 59	83	26,704
		8	59 - < 62	76	26,458
		9	62 - < 65	62	16,651
		10	65 - < 80	56	17,071
				<b>883</b>	<b>273,499</b>
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	121	37,866
			22.1083	249	70,796
			30.6976	136	40,650
			39.287	161	53,395
			47.8763	108	35,389
			56.4656	108	35,403
				<b>883</b>	<b>273,499</b>
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	121	37,866
			20.3233	78	24,138
			24.9298	36	10,836
			29.5364	109	27,246
			34.1429	84	23,808
			38.7495	204	59,438
			43.356	73	27,669
			47.9626	70	24,323
			52.5691	36	13,189

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		57.1757		72	24,986
				<b>883</b>	<b>273,499</b>
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		121	37,866
		16.6777		60	17,571
		26.8693		162	48,843
		37.0608		144	45,023
		47.2523		207	65,442
		57.4438		189	58,754
				<b>883</b>	<b>273,499</b>
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		121	37,866
		18.8673		90	28,570
		29.6476		212	59,686
		44.7401		271	83,235
		55.5204		142	51,751
		61.9886		47	12,391
				<b>883</b>	<b>273,499</b>
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		121	37,866
		27.6238		86	28,459
		37.6867		199	57,165
		47.7496		274	86,594
		57.8125		162	50,561
		67.8753		41	12,854
				<b>883</b>	<b>273,499</b>
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		121	37,866
		11.347		21	7,599
		16.9385		11	1,747
		22.5299		33	10,650
		28.1214		37	13,495
		33.7129		122	36,635
		39.3044		70	17,059
		44.8959		119	42,507
		50.4873		89	24,890
		56.0788		260	81,051
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF		Missing	121	37,866
			16.1764	58	21,196
			26.2742	92	28,291
			36.3721	166	43,085
			46.4699	141	45,235
			56.5677	305	97,826
				<b>883</b>	<b>273,499</b>
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN		Missing	121	37,866
			15.7748	4	820
			21.8705	9	2,237
			27.9663	20	5,835
			34.0621	55	13,635
			40.1579	124	39,958
			46.2537	126	39,597
			52.3495	162	53,786
			58.4453	169	53,211
	64.541	93	26,554		
		<b>883</b>	<b>273,499</b>		
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	10	4,732
		1	Much Better Than One Year Ago	74	21,330
		2	A Little Better Than One Year Ago	97	33,839
		3	About The Same As One Year Ago	370	113,068
		4	A Little Worse Than One Year Ago	212	62,962
		5	Worse Than One Year Ago	120	37,568
		<b>883</b>	<b>273,499</b>		
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-9	Not Ascertained	1	440
		-8	Don't Know	36	9,141
		-7	Refused	2	774
		1	About Enough	364	114,225
		2	Too Much	20	7,222
		3	Would Like To Be Doing More	460	141,698

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>883</b>	<b>273,499</b>
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-9	Not Ascertained	1	440
		-8	Don't Know	34	7,673
		1	Yes	398	115,863
		2	No	450	149,523
				<b>883</b>	<b>273,499</b>
PFDISA	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	5	1,145
		-7	Refused	1	32
		1	Yes	593	178,544
		2	No	284	93,777
				<b>883</b>	<b>273,499</b>
PFDISB	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	2	395
		-7	Refused	2	388
		1	Yes	668	197,463
		2	No	211	75,252
				<b>883</b>	<b>273,499</b>
PFDISC	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	4	1,704
		-7	Refused	1	32
		1	Yes	344	98,207
		2	No	534	173,556
				<b>883</b>	<b>273,499</b>
PFDISD	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	14	2,936
		-7	Refused	2	39
		1	Yes	507	150,865
		2	No	359	119,360
		3	Does Not Apply	1	299
				<b>883</b>	<b>273,499</b>
PFDISE	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	2	1,034
		-7	Refused	1	32
		1	Yes	328	92,498
		2	No	552	179,936
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISF	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	2	272
		-7	Refused	1	32
		1	Yes	343	101,527
		2	No	536	171,159
		3	Does Not Apply	1	509
				<b>883</b>	<b>273,499</b>
PFDISG	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	3	562
		-7	Refused	1	32
		1	Yes	157	54,970
		2	No	722	217,936
				<b>883</b>	<b>273,499</b>
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	8	2,117
		-7	Refused	1	32
		1	Yes	144	50,475
		2	No	730	220,875
				<b>883</b>	<b>273,499</b>
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	8	3,042
		-7	Refused	1	32
		1	Yes	162	45,931
		2	No	712	224,495
				<b>883</b>	<b>273,499</b>
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	19	5,985
		-7	Refused	1	32
		1	Yes	237	74,310
		2	No	626	193,172
				<b>883</b>	<b>273,499</b>
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	8	2,015
		-7	Refused	1	32
		1	Yes	113	32,351
		2	No	760	238,988
		3	Does Not Apply	1	113
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISL	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Don't Know	5	2,085
		-7	Refused	1	32
		1	Yes	595	184,293
		2	No	282	87,089
				<b>883</b>	<b>273,499</b>
PFDISM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	1	1,275
		-7	Refused	1	32
		1	Yes	305	85,958
		2	No	576	186,234
				<b>883</b>	<b>273,499</b>
PFDISN	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	12	5,861
		-7	Refused	1	32
		1	Yes	149	40,503
		2	No	721	227,104
				<b>883</b>	<b>273,499</b>
PFDISO	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	3	551
		-7	Refused	2	704
		1	Yes	85	24,902
		2	No	792	247,164
		3	Does Not Apply	1	177
				<b>883</b>	<b>273,499</b>
PFDISP	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	3	898
		-7	Refused	1	32
		1	Yes	28	7,021
		2	No	851	265,549
				<b>883</b>	<b>273,499</b>
PFDISQ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-7	Refused	1	32
		1	Yes	23	7,562

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	859	265,905
				<b>883</b>	<b>273,499</b>
PFDISR	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	5	1,578
		-7	Refused	1	32
		1	Yes	427	129,030
		2	No	450	142,859
				<b>883</b>	<b>273,499</b>
PFDISS	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	6	1,339
		-7	Refused	1	32
		1	Yes	9	4,811
		2	No	866	267,260
		3	Does Not Apply	1	58
				<b>883</b>	<b>273,499</b>
PFDIST	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	7	674
		-7	Refused	1	32
		1	Yes	168	55,126
		2	No	707	217,668
				<b>883</b>	<b>273,499</b>
PFDISU	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	6	630
		-7	Refused	1	32
		1	Yes	73	20,144
		2	No	803	252,694
				<b>883</b>	<b>273,499</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	8	2,588
		1	1 Medical Condition	20	5,526
		2	2 Medical Conditions	40	14,580
		3	3 Medical Conditions	88	25,856
		4	4 Medical Conditions	89	34,336
		5	5 Medical Conditions	116	37,405
		6	6 Medical Conditions	131	40,070
		7	7 Medical Conditions	115	36,249
		8	8 Medical Conditions	109	33,094

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	9 Medical Conditions	56	14,846
		10	10 Medical Conditions	61	17,321
		11	11 Medical Conditions	28	7,289
		12	12 Medical Conditions	15	2,636
		13	13 Medical Conditions	6	1,604
		15	15 Medical Conditions	1	96
				<b>883</b>	<b>273,499</b>
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?				
		-8	Don't Know	30	6,802
		-7	Refused	4	877
		-1	Not Collected	8	2,588
		1	Yes	637	198,673
		2	No	204	64,560
				<b>883</b>	<b>273,499</b>
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	4	1,411
		-1	Not Collected	246	74,826
		1	Yes	584	181,678
		2	No	49	15,583
				<b>883</b>	<b>273,499</b>
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	19	5,378
		-1	Not Collected	246	74,826
		1	Yes	223	68,215
		2	No	395	125,079
				<b>883</b>	<b>273,499</b>
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?				
		-8	Don't Know	4	845
		-1	Not Collected	246	74,826



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	141	41,953
		2	No	492	155,874
				<b>883</b>	<b>273,499</b>
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	1	791
		-1	Not Collected	246	74,826
		1	Yes	60	21,854
		2	No	576	176,027
				<b>883</b>	<b>273,499</b>
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	186
		-1	Not Collected	246	74,826
		1	Yes	70	21,184
		2	No	566	177,302
				<b>883</b>	<b>273,499</b>
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]	-8	Don't Know	5	928
		-1	Not Collected	246	74,826
		1	Yes	167	51,661
		2	No	465	146,084
				<b>883</b>	<b>273,499</b>
PFCNF	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	20	5,965
		-7	Refused	3	1,034
		-1	Not Collected	8	2,588
		1	Not At All Confident	56	19,068
		2	A Little Confident	131	40,408
		3	Moderately Confident	294	90,189
		4	Very Confident	371	114,248
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	13	2,900
		1	Yes	308	88,949
		2	No	562	181,650
				<b>883</b>	<b>273,499</b>
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	14	5,777
		-7	Refused	1	32
		1	0-2 medications	162	47,063
		2	3-4 medications	229	84,395
		3	5-6 medications	181	53,740
		4	7-8 medications	121	35,164
		5	9+ medications	175	47,328
		<b>883</b>	<b>273,499</b>		
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	9	2,876
		1	Yes	263	75,166
		2	No	611	195,457
		<b>883</b>	<b>273,499</b>		
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	96
		1	Yes	77	22,660
		2	No	805	250,742
		<b>883</b>	<b>273,499</b>		
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	5	1,266
		1	Yes	171	53,693
		2	No	707	218,540
		<b>883</b>	<b>273,499</b>		
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	4	1,473
		-1	Not Collected	712	219,806
		1	Yes	71	24,350
		2	No	96	27,869
		<b>883</b>	<b>273,499</b>		

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	2,045
		-7	Refused	1	386
		1	Yes	303	90,283
		2	No	572	180,784
				<b>883</b>	<b>273,499</b>
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	580	183,215
		1	Yes	221	62,437
		2	No	82	27,846
				<b>883</b>	<b>273,499</b>
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	607
		1	Yes	190	53,191
		2	No	690	219,700
		<b>883</b>	<b>273,499</b>		
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	158
		-1	Not Collected	693	220,307
		1	Yes	75	23,541
		2	No	112	29,493
				<b>883</b>	<b>273,499</b>
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	1	600
		1	Yes	209	59,902
		2	No	673	212,997
		<b>883</b>	<b>273,499</b>		
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	674	213,597
		1	Yes	143	42,609
		2	No	66	17,293
		<b>883</b>	<b>273,499</b>		
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	2	188
		1	Yes	122	37,776
		2	No	759	235,534
		<b>883</b>	<b>273,499</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	761	235,723
		1	Yes	93	31,363
		2	No	29	6,413
				<b>883</b>	<b>273,499</b>
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	5	3,075
		1	Yes	426	131,687
		2	No	452	138,736
				<b>883</b>	<b>273,499</b>
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	3	2,211
		-1	Not Collected	457	141,811
		1	Yes	119	31,984
		2	No	304	97,492
				<b>883</b>	<b>273,499</b>
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	1,059
		1	Yes	56	19,817
		2	No	825	252,623
				<b>883</b>	<b>273,499</b>
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	827	253,682
		1	Yes	20	7,334
		2	No	36	12,484
				<b>883</b>	<b>273,499</b>
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	2	523
		1	Yes	87	29,642
		2	No	794	243,334
				<b>883</b>	<b>273,499</b>
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	796	243,857
		1	Yes	50	18,276
		2	No	37	11,366
				<b>883</b>	<b>273,499</b>
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	4	346
		1	Yes	161	45,461
		2	No	718	227,691
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	2	1,137
		-1	Not Collected	722	228,037
		1	Yes	140	39,579
		2	No	19	4,746
				<b>883</b>	<b>273,499</b>
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	9	3,997
		1	Yes	205	63,366
		2	No	669	206,136
		<b>883</b>	<b>273,499</b>		
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	3	2,152
		-1	Not Collected	678	210,132
		1	Yes	157	43,150
		2	No	45	18,064
		<b>883</b>	<b>273,499</b>		
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	8	3,234
		1	Yes	251	74,068
		2	No	624	196,197
		<b>883</b>	<b>273,499</b>		
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	632	199,431
		1	Yes	216	63,998
		2	No	35	10,070
		<b>883</b>	<b>273,499</b>		
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	18	3,890
		-7	Refused	1	64
		1	Yes	583	179,680
		2	No	281	89,865
		<b>883</b>	<b>273,499</b>		
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-1	Not Collected	300	93,819
		1	Yes	513	156,045

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	70	23,635
				<b>883</b>	<b>273,499</b>
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	4	1,726
		1	Yes	132	40,121
		2	No	747	231,651
				<b>883</b>	<b>273,499</b>
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	1	413
		-1	Not Collected	751	233,378
		1	Yes	101	27,877
		2	No	30	11,831
				<b>883</b>	<b>273,499</b>
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	70	20,860
		2	No	813	252,639
				<b>883</b>	<b>273,499</b>
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	44
		-1	Not Collected	813	252,639
		1	Yes	60	18,489
		2	No	9	2,326
				<b>883</b>	<b>273,499</b>
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-1	Not Collected	883	273,499
				<b>883</b>	<b>273,499</b>
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	8	1,838
		-1	Not Collected	511	152,997
		1	Yes	158	46,486
		2	No	206	72,177
				<b>883</b>	<b>273,499</b>
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	66	21,885
		1	Yes	344	121,012
		2	No	473	130,602
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	3	846
		-7	Refused	1	386
		-1	Not Collected	539	152,487
		1	Yes	71	20,845
		2	No	169	64,348
		3	Never Uses Bus	100	34,586
				<b>883</b>	<b>273,499</b>
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	812	252,653
		1	Yes	56	15,463
		2	No	15	5,383
				<b>883</b>	<b>273,499</b>
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	4	808
		-1	Not Collected	313	98,945
		1	Family	328	100,385
		2	Someone Else Like Friend/Neighbor/Other	129	40,690
		3	Did Not Receive Help	109	32,671
				<b>883</b>	<b>273,499</b>
WHOHELPS	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	1	531
		-1	Not Collected	555	173,114
		1	Husband	22	6,031
		2	Wife	42	13,181
		3	Son	52	17,258
		5	Daughter	150	43,152
		6	Daughter-In-Law	13	3,060
		9	Brother	3	1,277
		10	Sister	16	4,088
		11	Grandson	5	2,767
		12	Granddaughter	8	1,538
		13	Nephew	2	1,043
		14	Niece	9	5,148
91	Other Relative	5	1,310		
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	14	5,453
		0	0 limitations	360	113,390
		1	1 limitation	239	77,431
		2	2 limitations	131	37,852
		3	3 limitations	59	14,617
		4	4 limitations	31	5,997
		5	5 limitations	27	9,252
		6	6 limitations	22	9,507
					<b>883</b>
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	365	115,559
		1	1 limitation	241	78,078
		2	2 limitations	134	38,842
		3	3 limitations	62	16,091
		4	4 limitations	32	6,169
		5	5 limitations	27	9,252
		6	6 limitations	22	9,507
			<b>883</b>	<b>273,499</b>	
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	14	5,453
		1	Yes	139	39,373
		2	No	730	228,673
			<b>883</b>	<b>273,499</b>	
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	143	41,020
		2	No	740	232,479
			<b>883</b>	<b>273,499</b>	
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	6	2,369
		0	0 limitations	661	205,730
		1	1 limitation	100	32,523
		2	2 limitations	43	8,700
		3	3 limitations	30	11,880
				10	1,774



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	19	5,792
		6	6 limitations	14	4,731
				<b>883</b>	<b>273,499</b>
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	665	206,811
		1	1 limitation	101	32,540
		2	2 limitations	43	8,700
		3	3 limitations	30	11,880
		4	4 limitations	11	3,045
		5	5 limitations	19	5,792
		6	6 limitations	14	4,731
				<b>883</b>	<b>273,499</b>
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	38	12,387
		0	0 limitations	358	118,824
		1	1 limitation	183	50,780
		2	2 limitations	99	33,231
		3	3 limitations	73	18,128
		4	4 limitations	54	17,428
		5	5 limitations	30	8,557
		6	6 limitations	24	5,839
		7	7 limitations	24	8,324
				<b>883</b>	<b>273,499</b>
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	372	122,392
		1	1 limitation	193	54,619
		2	2 limitations	105	35,404
		3	3 limitations	78	20,268
		4	4 limitations	55	17,474
		5	5 limitations	32	9,178
		6	6 limitations	24	5,839
		7	7 limitations	24	8,324
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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 THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.	.	Missing	14	4,534
		0	0 limitations	450	149,479
		1	1 limitation	172	46,067
		2	2 limitations	84	27,176
		3	3 limitations	52	14,187
		4	4 limitations	48	14,916
		5	5 limitations	19	3,756
		6	6 limitations	21	6,057
		7	7 limitations	23	7,327
					<b>883</b>
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	456	152,233
		1	1 limitation	174	47,356
		2	2 limitations	87	27,450
		3	3 limitations	53	14,234
		4	4 limitations	49	14,961
		5	5 limitations	20	3,881
		6	6 limitations	21	6,057
		7	7 limitations	23	7,327
			<b>883</b>	<b>273,499</b>	
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	52	15,108
		0	0 limitations	190	59,327
		1	1 limitation	221	79,353
		2	2 limitations	130	33,051
		3	3 limitations	90	29,462
		4	4 limitations	73	18,478
		5	5 limitations	52	16,540
		6	6 limitations	28	8,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	23	5,815
		8	8 limitations	24	8,324
				<b>883</b>	<b>273,499</b>
IADLAOA8_	AOA IADL LIMITATIONS W/ HEAVY	0	0 limitations	205	62,226
SSS	HOUSEWORK ADDED, SSS VERSION	1	1 limitation	237	84,394
		2	2 limitations	135	34,933
		3	3 limitations	97	31,686
		4	4 limitations	79	20,871
		5	5 limitations	53	16,587
		6	6 limitations	30	8,661
		7	7 limitations	23	5,815
		8	8 limitations	24	8,324
				<b>883</b>	<b>273,499</b>
IADLAOA8P	AMONG THOSE W/ ANY IADL	.	Missing	14	4,534
	DIFFICULTY, PERSON COUNTS	0	0 limitations	294	94,163
	BY # OF IADL PERSONAL ASSIST.	1	1 limitation	208	71,891
	NEEDS (OF 8 ACTIVITIES): GOING	2	2 limitations	131	33,629
	OUTSIDE HOME, MONEY MGMT, MEAL	3	3 limitations	77	23,867
	PREP, LIGHT HOUSEWORK, HEAVY	4	4 limitations	53	14,813
	HOUSEWORK, MED MGMT, USING	5	5 limitations	45	13,663
	PHONE, DRIVING CAR/ PUBLIC TRANS.	6	6 limitations	18	3,579
		7	7 limitations	20	6,033
		8	8 limitations	23	7,327
				<b>883</b>	<b>273,499</b>
IADLAOA8P_	AOA IADLS: PERSONAL ASSISTANCE	0	0 limitations	295	94,235
SSS	NEEDS W/ HEAVY HOUSEWORK	1	1 limitation	213	74,573
	ADDED, SSS VERSION	2	2 limitations	133	34,918
		3	3 limitations	80	24,141
		4	4 limitations	54	14,860
		5	5 limitations	46	13,707
		6	6 limitations	19	3,705

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	20	6,033
		8	8 limitations	23	7,327
				<b>883</b>	<b>273,499</b>
AGEC	AGE CATEGORY	2	60-64 years	71	22,306
		3	65-74 years	247	72,830
		4	75-84 years	336	101,306
		5	85+ years	229	77,056
				<b>883</b>	<b>273,499</b>
GENDER	WHAT IS YOUR GENDER?	1	Male	176	59,955
		2	Female	707	213,544
				<b>883</b>	<b>273,499</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	6	2,069
		-7	Refused	2	48
		1	Less Than High School Diploma	254	69,617
		2	High School Diploma Or GED	330	101,972
		3	Some College(Business/Vocational/Techni)	187	64,503
		4	Bachelor's Degree	51	19,399
		5	Some Post-Graduate Work/Advanced Degree	53	15,892
				<b>883</b>	<b>273,499</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	13	4,962
		-7	Refused	1	472
		1	Yes	41	11,587
		2	No	828	256,478
				<b>883</b>	<b>273,499</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	10	3,215
		-7	Refused	6	1,670
		1	Yes	673	212,644
		2	No	194	55,969
				<b>883</b>	<b>273,499</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	10	3,215
		-7	Refused	6	1,670
		1	Yes	158	44,448
		2	No	709	224,165

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>883</b>	<b>273,499</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	10	3,215
		-7	Refused	6	1,670
		1	Yes	12	4,958
		2	No	855	263,655
				<b>883</b>	<b>273,499</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	10	3,215
		-7	Refused	6	1,670
		1	Yes	23	7,599
		2	No	844	261,014
				<b>883</b>	<b>273,499</b>
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	10	3,215
		-7	Refused	6	1,670
		1	Yes	3	1,634
		2	No	864	266,979
				<b>883</b>	<b>273,499</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	10	3,215
		-7	Refused	6	1,670
		1	Yes	20	6,065
		2	No	847	262,548
				<b>883</b>	<b>273,499</b>
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	1	Yes	96	33,855
		2	No	787	239,644
				<b>883</b>	<b>273,499</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	36	8,526
		-7	Refused	3	88
		1	The City	426	146,316
		2	The Suburbs	172	46,312
		3	A Rural Area	246	72,257
				<b>883</b>	<b>273,499</b>
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	255
		-7	Refused	2	223

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	558	174,971
		2	No	322	98,050
				<b>883</b>	<b>273,499</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	255
		-1	Not Collected	558	174,971
		1	Yes	155	48,150
		2	No	169	50,122
				<b>883</b>	<b>273,499</b>
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	255
		-1	Not Collected	558	174,971
		1	Yes	140	38,574
		2	No	184	59,698
				<b>883</b>	<b>273,499</b>
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	255
		-7	Refused	1	64
		-1	Not Collected	558	174,971
		1	Yes	89	25,130
		2	No	234	73,078
				<b>883</b>	<b>273,499</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	255
		-7	Refused	2	223
		-1	Not Collected	558	174,971
		1	Yes	27	8,259
		2	No	295	89,791
				<b>883</b>	<b>273,499</b>
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	255
		1	Alone	558	174,971
		2	With spouse only	125	39,921
		3	With children only	64	20,299
		4	With spouse and children	18	4,828
		5	With others	117	33,224
				<b>883</b>	<b>273,499</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	268
		-7	Refused	1	64
		1	1 Person	562	175,669
		2	2 People	200	61,878

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 People	64	23,244
		4	4 People	23	6,982
		5	5 People	15	2,240
		6	6 People	9	1,368
		7	7 People	2	513
		8	8 People	2	922
		10	10 People	1	197
		11	11 People	1	142
		13	13 People	1	12
				<b>883</b>	<b>273,499</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	6	2,387
		-7	Refused	2	319
		1	Married	170	50,370
		2	Widowed	477	150,343
		3	Divorced	145	42,194
		4	Separated	20	5,195
		5	Never Married	63	22,689
				<b>883</b>	<b>273,499</b>
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 2010 ABOVE OR BELOW \$20,000?	-8	Don't Know	94	28,081
		-7	Refused	49	17,571
		1	Below \$20,000 [1666 Per Month Or Less]	565	161,343
		2	Above \$20,000 [1667 Per Month Or More]	175	66,504
				<b>883</b>	<b>273,499</b>
INCOME6	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?	.	Missing	143	45,652
		-8	Don't Know	76	23,253
		-7	Refused	30	9,273
		1	\$5,000 or less	65	20,386
		2	\$5,001-\$10,000	130	37,019
		3	\$10,001-\$15,000	169	44,897
		4	\$15,001-\$20,000	120	36,148
		5	\$20,001-\$25,000	63	23,353
		6	\$25,001-\$30,000	26	6,606

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	\$30,001-\$35,000	19	6,972
		8	\$35,001-\$40,000	8	3,956
		9	\$40,001-\$50,000	10	5,958
		10	ABOVE \$50,000	24	10,027
				<b>883</b>	<b>273,499</b>
MOB_IMP	MOBILITY IMPAIRED	.	Missing	3	846
		1	Mobility Impaired	452	116,448
		2	Not Mobility Impaired	428	156,204
				<b>883</b>	<b>273,499</b>
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	44	10,526
		0	Rural (Not in Urbanized Area or Urban Cluster)	485	146,474
		1	In Urbanized Area	293	93,384
		2	In Urban Cluster	61	23,115
				<b>883</b>	<b>273,499</b>
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	883	273,499
				<b>883</b>	<b>273,499</b>
VARUNIT	VARIANCE UNIT	1	Variance unit 1	459	145,491
		2	Variance unit 2	421	126,883
		3	Variance unit 3	3	1,125
				<b>883</b>	<b>273,499</b>
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	3.60 - 2092.99	Weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.18 - 4716.80	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	1.05 - 2721.41	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	1.00 - 4190.52	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	1.35 - 3568.58	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	1.32 - 3685.56	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	0.85 - 2865.36	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	0.91 - 3272.77	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	1.32 - 3546.36	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	1.18 - 3878.65	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	0.98 - 4490.03	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	0.86 - 3971.62	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	1.18 - 3511.84	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	1.31 - 3917.87	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	0.95 - 3497.32	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	0.83 - 3264.85	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	1.06 - 4765.25	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	1.26 - 4740.25	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	1.04 - 3433.61	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	1.02 - 3420.80	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	1.35 - 3451.26	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	1.28 - 3694.87	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	0.90 - 4606.40	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	1.00 - 4220.38	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	1.22 - 3298.57	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	1.20 - 5100.46	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	0.97 - 4015.33	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	1.01 - 3384.41	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	1.46 - 5260.32	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.23 - 3458.87	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	0.85 - 5667.78	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	0.91 - 3527.94	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	1.17 - 3912.82	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	0.90 - 4031.21	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	1.33 - 3867.69	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	1.29 - 5423.28	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	0.96 - 4023.73	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	0.95 - 7180.43	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	1.17 - 3890.32	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	1.29 - 3433.56	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	0.95 - 3709.70	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	0.83 - 3934.09	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	1.22 - 5092.86	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	1.24 - 3087.77	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	1.00 - 3690.18	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	0.91 - 3399.54	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	1.07 - 3745.58	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	1.09 - 3045.27	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	0.83 - 4686.97	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	0.92 - 4780.32	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	1.42 - 3649.67	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	1.38 - 3295.33	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	1.09 - 3582.79	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	1.00 - 3141.45	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	1.11 - 4028.53	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	1.17 - 5551.71	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	0.97 - 3624.12	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	0.94 - 2854.11	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	1.41 - 3126.88	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.31 - 3165.03	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	0.89 - 4517.17	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	1.02 - 3238.30	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	1.30 - 3873.80	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	1.15 - 3679.65	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	0.85 - 3001.20	Replicate weight range	883	273,499
				<b>883</b>	<b>273,499</b>