

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
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?
TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
SVC DYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS 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?
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?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFHEALTH	NUM	COMPARED 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?
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?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
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]
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
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?

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

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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 2016 ABOVE OR BELOW \$20,000?
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?
MOB_IMP	NUM	MOBILITY IMPAIRED
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30

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PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
TRAPLUSB	NUM	DO YOU USE THE TRANSPORTATION SERVICE FOR HEALTH CARE AND/OR SHOPPING?
TRCOND	NUM	CLIENT HAS AT LEAST ONE OF STROKE, VISION PROBLEM, ALZHEIMER'S/DEMENTIA, SEIZURES/EPILEPSY, PARKINSON'S, OR MULTIPLE SCLEROSIS
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?

Positional Listing of Variables

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

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?
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 2016 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?
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?

Alphabetical Listing of Variables

Name	Type	Description
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, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MOB_IMP	NUM	MOBILITY IMPAIRED
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
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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]

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
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?
TRAPLUSB	NUM	DO YOU USE THE TRANSPORTATION SERVICE FOR HEALTH CARE AND/OR SHOPPING?
TRCOND	NUM	CLIENT HAS AT LEAST ONE OF STROKE, VISION PROBLEM, ALZHEIMER'S/DEMENTIA, SEIZURES/EPILEPSY, PARKINSON'S, OR MULTIPLE SCLEROSIS
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
WHOHELPS	NUM	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	864	265,177
				864	265,177
HOWLONG	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?	-8	Don't Know	23	6,117
		1	6 Months Or Less	88	25,547
		2	More Than 6 Months But Less Than 1 Year	106	35,901
		3	At Least 1 Year But Less Than 2 Years	203	70,998
		4	2 To 5 Years	267	81,040
		5	More Than 5 Years	177	45,574
				864	265,177
TRDAYS	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?	1	Today Or Yesterday	200	48,491
		2	More Than 1 Day To 1 Week Ago	224	69,070
		3	More Than 1 Week To 1 Month Ago	186	66,990
		4	More Than 1 Month Ago	254	80,626
				864	265,177
TROFTEN	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?	-8	Don't Know	71	22,169
		-7	Refused	3	1,231
		1	5 Or More Times Per Week	80	15,736
		2	2 To 4 Times Per Week	264	71,897
		3	Once Per Week	161	50,957
		4	Less Than Once Per Month	285	103,188
				864	265,177
TRMONTH	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE	-8	Don't Know	136	39,730
		-7	Refused	7	2,612
		1	0 Trips	67	17,840
		2	1 - 2 Trips	206	73,514
		3	3 - 4 Trips	103	35,416
		4	5 - 6 Trips	47	16,064
		5	7 - 8 Trips	76	21,744
		6	9 - 12 Trips	63	16,713
		7	13 - 16 Trips	40	12,645
		8	17 - 20 Trips	26	8,994
		9	21 - 40 Trips	85	18,523
		10	41 - 60 Trips	6	1,192

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		11	61 - 80 Trips	2	189
				864	265,177
TRMONTHC	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?	.	Missing	143	42,342
		1	<= 2 trips	273	91,354
		2	> 2 <= 6 trips	150	51,481
		3	> 6 <= 12 trips	139	38,457
		4	> 12 trips	159	41,543
				864	265,177
TRPROP	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?	-8	Don't Know	83	21,910
		-7	Refused	7	2,251
		1	Just A Few Of All Local Trips	171	61,213
		2	About 1/4 Of All Local Trips	70	21,002
		3	About 1/2 Of All Local Trips	102	29,167
		4	About 3/4 Of All Local Trips	52	18,607
		5	Nearly All Local Trips	271	83,783
		91	Other	108	27,243
				864	265,177
TRGTSON	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?	-8	Don't Know	8	3,368
		-7	Refused	1	140
		1	The Driver Comes To The Door	271	78,701
		2	Vehicle Stops In Front Of House	532	164,350
		3	The Vehicle Stops Down The Block	7	1,935
		4	Have To Walk Several Blocks For Vehicle	11	6,458
		5	Gets On At Senior Center	34	10,225
				864	265,177
TRFRE08	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?	-8	Don't Know	17	2,861
		-7	Refused	2	597
		1	Always	662	194,101
		2	Usually	127	44,721

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Sometimes	39	14,954
		4	Seldom	9	5,647
		5	Never	8	2,295
				864	265,177
TRFRE12	HOW OFTEN ARE THE DRIVERS POLITE?	-8	Don't Know	8	4,697
		-7	Refused	1	710
		1	Always	773	233,373
		2	Usually	60	18,559
		3	Sometimes	18	6,788
		4	Seldom	2	389
		5	Never	2	662
				864	265,177
TRFRE06	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?	-8	Don't Know	19	7,482
		-7	Refused	2	180
		1	Always	681	204,208
		2	Usually	95	30,549
		3	Sometimes	54	19,133
		4	Seldom	6	1,472
		5	Never	7	2,153
				864	265,177
TRFRE05	HOW OFTEN ARE THE VEHICLES COMFORTABLE?	-8	Don't Know	11	3,912
		-7	Refused	1	735
		1	Always	665	201,070
		2	Usually	117	37,601
		3	Sometimes	51	15,770
		4	Seldom	4	2,290
		5	Never	15	3,799
				864	265,177
TRFRE07	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?	-8	Don't Know	9	3,787
		-7	Refused	1	521
		1	Always	677	209,121
		2	Usually	130	38,299
		3	Sometimes	42	11,271
		4	Seldom	4	1,676
		5	Never	1	503
				864	265,177

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	20	7,077
		-7	Refused	2	960
		1	Always	672	206,743
		2	Usually	96	30,861
		3	Sometimes	53	14,187
		4	Seldom	11	2,938
		5	Never	10	2,412
			864	265,177	
TRFRE16	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?	-8	Don't Know	13	5,149
		-7	Refused	3	739
		1	Always	644	195,611
		2	Usually	121	37,816
		3	Sometimes	71	21,206
		4	Seldom	7	2,280
		5	Never	5	2,376
			864	265,177	
NEEDHLP	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?	-8	Don't Know	5	1,212
		-7	Refused	2	833
		1	Yes	137	36,295
		2	No	720	226,838
			864	265,177	
GETHELP	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?	-8	Don't Know	5	1,086
		-1	Not Collected	727	228,883
		1	Yes	94	26,139
		2	No	38	9,070
			864	265,177	
NEEDBHLP	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	18	6,516
		-7	Refused	1	125
		1	Yes	273	85,881
		2	No	572	172,654
			864	265,177	
GETBHLP	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	2	302
		-1	Not Collected	591	179,296
		1	Yes	254	79,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	17	5,603
				864	265,177
TRACTA	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?	-8	Don't Know	4	2,477
		1	Yes	607	198,072
		2	No	253	64,628
				864	265,177
TRACTB	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?	-8	Don't Know	3	613
		1	Yes	289	90,954
		2	No	572	173,610
				864	265,177
TRACTC	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?	-8	Don't Know	2	880
		1	Yes	156	43,784
		2	No	706	220,513
				864	265,177
TRACTD	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?	-8	Don't Know	3	878
		1	Yes	358	95,154
		2	No	503	169,145
				864	265,177
TRACTE	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?	-8	Don't Know	10	3,750
		1	Yes	243	66,584
		2	No	611	194,843
				864	265,177
TRACTF	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?	-8	Don't Know	1	449
		1	Yes	75	26,429
		2	No	788	238,300
				864	265,177
TRACTG	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?	-8	Don't Know	4	749
		-7	Refused	1	521
		1	Yes	204	60,747
		2	No	655	203,160
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRACTH	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?	-8	Don't Know	6	843
		1	Yes	93	32,428
		2	No	765	231,906
				864	265,177
TRACTI	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?	-8	Don't Know	1	95
		1	Yes	56	20,216
		2	No	807	244,867
				864	265,177
TRACTJ	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?	-8	Don't Know	3	676
		1	Yes	17	7,029
		2	No	844	257,472
				864	265,177
TRACTK	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?	-8	Don't Know	2	124
		1	Yes	84	25,300
		2	No	778	239,753
				864	265,177
TRRATE	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?	-8	Don't Know	7	1,484
		-7	Refused	1	66
		1	Excellent	446	136,281
		2	Very Good	291	92,482
		3	Good	98	27,506
		4	Fair	14	3,612
		5	Poor	7	3,746
				864	265,177
TRRATE2	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT	.	Missing	8	1,550
		1	Rating of Good to Excellent	835	256,269
		2	Rating of Fair or Poor	21	7,358
		864	265,177		
AROUND	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?	-8	Don't Know	36	9,656
		-7	Refused	4	2,541
		1	Yes	504	153,356
		2	No	320	99,624

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
TRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	9	2,900
		-7	Refused	1	126
		1	Yes	828	253,886
		2	No	26	8,266
				864	265,177
TRSTAY	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	20	4,667
		-7	Refused	3	744
		1	Yes	722	224,754
		2	No	119	35,013
				864	265,177
TRISCAR	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?	-8	Don't Know	3	966
		1	Yes	333	95,735
		2	No	528	168,476
				864	265,177
TRDRIVE	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?	-8	Don't Know	2	145
		-7	Refused	1	285
		-1	Not Collected	531	169,442
		1	Yes	184	55,258
		2	No	146	40,048
				864	265,177
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	8	2,005
		1	Yes	352	98,704
		2	No	504	164,468
				864	265,177
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	2	484
		1	Yes	173	50,062
		2	No	689	214,631
				864	265,177
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	4	765
		1	Yes	121	38,037
		2	No	739	226,375
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	9	3,677
		1	Yes	147	38,770
		2	No	708	222,730
				864	265,177
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	1	77
		1	Yes	34	10,173
		2	No	829	254,928
				864	265,177
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	847
		1	Yes	79	21,937
		2	No	783	242,393
				864	265,177
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	3	379
		1	Yes	71	22,990
		2	No	790	241,809
				864	265,177
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	1	Yes	39	11,338
		2	No	825	253,839
				864	265,177
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	14	4,400
		1	Yes	172	49,969
		2	No	678	210,809
				864	265,177
SVCCOUNT	SERVICE COMBINATIONS	1	Transportation only	285	92,142
		2	Transportation and 1 additional service	280	85,266
		3	Transportation and 2 additional services	147	46,893
		4	Transportation and 3 additional services	64	15,986
		5	Transportation and 4 additional services	39	13,637
		6	Transportation and 5 additional services	36	8,167

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	Transportation and 6 additional services	8	2,409
		8	Transportation and 7 additional services	3	338
		9	Transportation and 8 additional services	1	283
		10	Transportation and 9 additional services	1	56
				864	265,177
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	2	580
		-7	Refused	1	140
		1	Yes	144	32,507
		2	No	717	231,951
				864	265,177
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	10	2,344
		-7	Refused	1	890
		1	Yes	246	69,182
		2	No	607	192,761
				864	265,177
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	11	2,297
		1	Yes	160	43,981
		2	No	693	218,900
				864	265,177
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	3	813
		1	Yes	229	61,960
		2	No	632	202,404
				864	265,177
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	2	786
		1	Yes	72	18,779
		2	No	790	245,612

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	8	2,750
		1	Yes	196	50,406
		2	No	660	212,021
				864	265,177
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	14	3,812
		-1	Not Collected	180	61,698
		1	Excellent	281	83,898
		2	Very Good	232	70,808
		3	Good	130	36,956
		4	Fair	17	5,880
		5	Poor	10	2,125
				864	265,177
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	14	2,755
		-7	Refused	3	694
		1	Yes	742	232,282
		2	No	105	29,447
				864	265,177
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	35	7,684
		-7	Refused	3	584
		1	Yes	735	231,948
		2	No	91	24,962
				864	265,177
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	39	9,857
		-7	Refused	4	2,099
		1	Yes	481	148,175
		2	No	340	105,047
				864	265,177
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	13	4,206
		1	Agree	833	258,029
		2	Disagree	18	2,943

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	23	8,383
		-7	Refused	3	947
		1	Agree	805	247,849
		2	Disagree	33	7,998
				864	265,177
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?	-8	Don't Know	2	284
		-7	Refused	3	592
		1	Yes	234	68,144
		2	No	625	196,157
				864	265,177
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?	-8	Don't Know	2	384
		-7	Refused	1	125
		1	Yes	190	51,532
		2	No	671	213,135
				864	265,177
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?	-8	Don't Know	16	4,881
		-7	Refused	1	208
		1	Yes	293	85,839
		2	No	554	174,250
				864	265,177
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?	-8	Don't Know	9	1,588
		1	Yes	147	43,697
		2	No	708	219,892
				864	265,177
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	7	1,999
		-7	Refused	1	710
		1	Yes	247	65,808
		2	No	609	196,659
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	16	4,771
		-7	Refused	2	424
		1	Yes	442	137,146
		2	No	404	122,836
				864	265,177
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	4	1,928
		-7	Refused	2	972
		1	Excellent	37	11,483
		2	Very Good	167	47,474
		3	Good	275	81,608
		4	Fair	259	89,186
		5	Poor	120	32,526
		864	265,177		
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	23	6,539
		-7	Refused	4	786
		1	Yes, Limited A Lot	332	98,792
		2	Yes, Limited A Little	278	85,510
		3	No, Not Limited At All	227	73,551
				864	265,177
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	37	9,284
		-7	Refused	1	659
		1	Yes, Limited A Lot	404	122,948
		2	Yes, Limited A Little	260	84,020
		3	No, Not Limited At All	162	48,266
				864	265,177
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	23	5,539
		-7	Refused	3	1,723
		1	All Of The Time	115	34,316
		2	Most Of The Time	192	56,515
		3	Some Of The Time	277	86,335
		4	A Little Of The Time	150	47,980

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	None Of The Time	104	32,769
				864	265,177
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	19	7,024
		-7	Refused	3	1,045
		1	All Of The Time	117	29,647
		2	Most Of The Time	171	54,299
		3	Some Of The Time	288	88,690
		4	A Little Of The Time	146	46,691
		5	None Of The Time	120	37,780
				864	265,177
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	17	6,760
		-7	Refused	4	1,265
		1	All Of The Time	44	13,359
		2	Most Of The Time	90	27,137
		3	Some Of The Time	217	62,797
		4	A Little Of The Time	133	42,587
		5	None Of The Time	359	111,273
				864	265,177
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	22	8,082
		-7	Refused	8	2,564
		1	All Of The Time	26	7,363
		2	Most Of The Time	66	19,471
		3	Some Of The Time	171	50,756
		4	A Little Of The Time	167	48,294
		5	None Of The Time	404	128,646
				864	265,177
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?				
		-8	Don't Know	15	7,945

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	1,190
		1	All Of The Time	207	61,428
		2	Most Of The Time	187	48,347
		3	Some Of The Time	174	60,824
		4	A Little Of The Time	171	53,334
		5	None Of The Time	107	32,109
				864	265,177
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	7	2,607
		1	All Of The Time	149	48,722
		2	Most Of The Time	349	110,880
		3	Some Of The Time	237	66,861
		4	A Little Of The Time	103	31,020
		5	None Of The Time	19	5,088
				864	265,177
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	9	4,788
		1	All Of The Time	45	15,847
		2	Most Of The Time	212	64,900
		3	Some Of The Time	294	92,958
		4	A Little Of The Time	206	59,930
		5	None Of The Time	98	26,754
				864	265,177
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	7	3,160
		-7	Refused	2	445
		1	All Of The Time	20	5,021
		2	Most Of The Time	52	14,598
		3	Some Of The Time	222	67,726
		4	A Little Of The Time	214	64,898
		5	None Of The Time	347	109,328
				864	265,177
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	28	9,233
		-7	Refused	3	917
		1	All Of The Time	66	18,932

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	94	30,051
		3	Some Of The Time	196	65,861
		4	A Little Of The Time	114	32,235
		5	None Of The Time	363	107,948
				864	265,177
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	7	2,495
		-7	Refused	1	82
		1	Much Better Than One Year Ago	72	22,157
		2	A Little Better Than One Year Ago	107	29,754
		3	About The Same As One Year Ago	346	106,988
		4	A Little Worse Than One Year Ago	201	67,829
		5	Worse Than One Year Ago	130	35,871
				864	265,177
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING?				
		-8	Don't Know	20	5,855
		-7	Refused	3	799
		1	About Enough	323	104,413
		2	Too Much	13	4,836
		3	Would Like To Be Doing More	505	149,274
				864	265,177
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	28	6,759
		-7	Refused	3	1,556
		1	Yes	379	108,999
		2	No	454	147,862
				864	265,177
PFDISA	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	2	680
		-7	Refused	4	792
		1	Yes	594	186,572
		2	No	263	76,951
		3	Does Not Apply	1	183
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISB	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	3	995
		-7	Refused	4	792
		1	Yes	647	197,006
		2	No	210	66,384
				864	265,177
PFDISC	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	6	1,698
		-7	Refused	4	792
		1	Yes	306	97,490
		2	No	546	164,670
		3	Does Not Apply	2	528
		864	265,177		
PFDISD	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	14	4,662
		-7	Refused	4	792
		1	Yes	473	144,097
		2	No	373	115,626
		864	265,177		
PFDISE	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	4	1,019
		-7	Refused	4	792
		1	Yes	333	102,757
		2	No	521	159,707
		3	Does Not Apply	2	902
		864	265,177		
PFDISF	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	2	290
		-7	Refused	4	792
		1	Yes	392	113,579
		2	No	465	150,493
		3	Does Not Apply	1	23
		864	265,177		
PFDISG	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	5	1,008
		-7	Refused	4	792
		1	Yes	156	46,962
		2	No	698	216,103
		3	Does Not Apply	1	313
		864	265,177		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	5	2,437
		-7	Refused	4	792
		1	Yes	131	37,790
		2	No	723	223,760
		3	Does Not Apply	1	398
					864
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	7	2,824
		-7	Refused	4	792
		1	Yes	173	52,198
		2	No	679	209,063
		3	Does Not Apply	1	301
					864
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	14	5,679
		-7	Refused	4	792
		1	Yes	223	68,643
		2	No	621	188,699
		3	Does Not Apply	2	1,364
					864
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	6	1,759
		-7	Refused	4	792
		1	Yes	128	41,135
		2	No	724	221,034
		3	Does Not Apply	2	457
					864
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	6	2,845
		-7	Refused	4	792
		1	Yes	562	169,163
		2	No	292	92,377
					864
PFDISM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	1,847
		-7	Refused	4	792
		1	Yes	295	90,509

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	558	171,506
		3	Does Not Apply	2	524
				864	265,177
PFDISN	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	7	2,859
		-7	Refused	6	1,839
		1	Yes	199	53,256
		2	No	651	206,864
		3	Does Not Apply	1	358
				864	265,177
PFDISO	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	7	2,076
		-7	Refused	4	792
		1	Yes	53	13,571
		2	No	796	247,419
		3	Does Not Apply	4	1,320
				864	265,177
PFDISP	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	2	683
		-7	Refused	4	792
		1	Yes	41	8,298
		2	No	816	255,310
		3	Does Not Apply	1	95
				864	265,177
PFDISQ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	5	1,857
		-7	Refused	4	792
		1	Yes	20	5,933
		2	No	835	256,595
				864	265,177
PFDISR	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	3	1,701
		-7	Refused	4	792
		1	Yes	439	134,692
		2	No	417	127,594
		3	Does Not Apply	1	398

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
PFDISS	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	6	2,174
		-7	Refused	4	792
		1	Yes	13	4,514
		2	No	841	257,697
				864	265,177
PFDIST	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	13	3,181
		-7	Refused	4	792
		1	Yes	178	52,463
		2	No	668	208,508
		3	Does Not Apply	1	234
				864	265,177
PFDISU	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	4	908
		-7	Refused	4	792
		1	Yes	187	54,369
		2	No	667	208,870
		3	Does Not Apply	2	238
				864	265,177
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	13	4,244
		1	1 Medical Condition	22	7,205
		2	2 Medical Conditions	39	12,855
		3	3 Medical Conditions	65	18,491
		4	4 Medical Conditions	91	30,898
		5	5 Medical Conditions	120	39,555
		6	6 Medical Conditions	107	32,736
		7	7 Medical Conditions	105	29,190
		8	8 Medical Conditions	96	28,833
		9	9 Medical Conditions	74	19,854
		10	10 Medical Conditions	60	19,207
		11	11 Medical Conditions	33	11,562
		12	12 Medical Conditions	15	5,094
		13	13 Medical Conditions	11	2,352
		14	14 Medical Conditions	9	2,461
		15	15 Medical Conditions	3	484
		16	16 Medical Conditions	1	154

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
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	34	9,870
		-7	Refused	5	811
		-1	Not Collected	13	4,244
		1	Yes	630	200,714
		2	No	182	49,538
				864	265,177
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	6	1,195
		-1	Not Collected	234	64,463
		1	Yes	583	186,594
		2	No	41	12,925
				864	265,177
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	11	1,683
		-1	Not Collected	234	64,463
		1	Yes	207	70,079
		2	No	412	128,953
				864	265,177
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	5	1,546
		-1	Not Collected	234	64,463
		1	Yes	190	58,672
		2	No	435	140,496
				864	265,177
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	139

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	234	64,463
		1	Yes	103	29,513
		2	No	526	171,062
				864	265,177
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?				
		-8	Don't Know	2	1,444
		-1	Not Collected	234	64,463
		1	Yes	65	20,353
		2	No	563	178,918
				864	265,177
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	7	1,566
		-7	Refused	1	313
		-1	Not Collected	234	64,463
		1	Yes	209	68,348
		2	No	413	130,488
				864	265,177
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?				
		-1	Not Collected	864	265,177
				864	265,177
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?				
		-1	Not Collected	864	265,177
				864	265,177
PFREAD	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?				
		-1	Not Collected	864	265,177
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	32	11,968
		-7	Refused	3	1,233
		-1	Not Collected	13	4,244
		1	Not At All Confident	41	10,038
		2	A Little Confident	131	35,103
		3	Moderately Confident	246	73,549
		4	Very Confident	398	129,043
			864	265,177	
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	9	2,749
		-7	Refused	4	1,298
		1	Yes	266	76,932
		2	No	585	184,198
			864	265,177	
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	29	7,736
		-7	Refused	4	682
		1	0-2 medications	128	40,837
		2	3-4 medications	196	61,373
		3	5-6 medications	209	65,684
		4	7-8 medications	130	40,483
		5	9+ medications	168	48,383
			864	265,177	
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	5	1,292
		-7	Refused	1	400
		1	Yes	267	90,820
		2	No	591	172,666
			864	265,177	
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	2	492
		-7	Refused	1	400

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	67	21,973
		2	No	794	242,313
				864	265,177
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	3	743
		-7	Refused	2	982
		1	Yes	162	47,994
		2	No	697	215,458
				864	265,177
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	1,103
		-1	Not Collected	702	217,183
		1	Yes	57	14,987
		2	No	103	31,904
				864	265,177
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	5	1,299
		-7	Refused	2	693
		1	Yes	279	80,979
		2	No	578	182,206
				864	265,177
PFDFFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	585	184,198
		1	Yes	181	51,326
		2	No	98	29,654
				864	265,177
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	5	1,418
		-7	Refused	2	821
		1	Yes	189	58,508
		2	No	668	204,430
				864	265,177
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	969
		-1	Not Collected	675	206,669
		1	Yes	69	20,140
		2	No	118	37,399
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	8	2,472
		-7	Refused	2	418
		1	Yes	189	51,535
		2	No	665	210,752
				864	265,177
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	48
		-1	Not Collected	675	213,642
		1	Yes	124	32,309
		2	No	64	19,178
				864	265,177
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	5	958
		-7	Refused	2	418
		1	Yes	112	33,804
		2	No	745	229,997
				864	265,177
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-7	Refused	1	111
		-1	Not Collected	752	231,373
		1	Yes	72	21,494
		2	No	39	12,200
				864	265,177
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	7	1,174
		-7	Refused	5	1,926
		1	Yes	458	139,263
		2	No	394	122,814
				864	265,177
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	6	2,017
		-1	Not Collected	406	125,914
		1	Yes	123	34,415
		2	No	329	102,832
				864	265,177
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	231
		-7	Refused	2	418
		1	Yes	67	16,356
		2	No	794	248,172
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	797	248,821
		1	Yes	14	3,251
		2	No	53	13,105
				864	265,177
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	3	290
		-7	Refused	3	1,000
		1	Yes	75	22,203
		2	No	783	241,684
		864	265,177		
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	789	242,974
		1	Yes	36	9,845
		2	No	39	12,358
		864	265,177		
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	11	2,775
		-7	Refused	3	1,000
		1	Yes	129	36,761
		2	No	721	224,640
		864	265,177		
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	521
		-1	Not Collected	735	228,416
		1	Yes	95	24,786
		2	No	33	11,455
		864	265,177		
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	11	3,769
		-7	Refused	4	1,040
		1	Yes	185	50,340
		2	No	664	210,029
		864	265,177		
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	655
		-7	Refused	1	557
		-1	Not Collected	679	214,837
		1	Yes	142	39,350
		2	No	41	9,778

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	9	2,918
		-7	Refused	6	1,294
		1	Yes	246	73,828
		2	No	603	187,137
				864	265,177
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	233
		-1	Not Collected	618	191,349
		1	Yes	204	58,463
		2	No	41	15,132
				864	265,177
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	19	5,297
		-7	Refused	9	2,497
		1	Yes	561	166,418
		2	No	275	90,965
				864	265,177
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	5	1,009
		-7	Refused	4	813
		-1	Not Collected	303	98,759
		1	Yes	485	143,086
		2	No	67	21,511
				864	265,177
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	9	4,295
		-7	Refused	2	418
		1	Yes	118	32,880
		2	No	735	227,585
				864	265,177
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	746	232,297
		1	Yes	74	19,418
		2	No	44	13,462

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	1	257
		1	Yes	35	8,176
		2	No	828	256,745
				864	265,177
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	449
		-1	Not Collected	829	257,002
		1	Yes	30	6,806
		2	No	4	921
				864	265,177
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-1	Not Collected	864	265,177
				864	265,177
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	12	2,797
		-1	Not Collected	531	169,442
		1	Yes	105	28,871
		2	No	216	64,067
				864	265,177
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	59	17,707
		1	Yes	352	123,336
		2	No	453	124,134
				864	265,177
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	5	1,667
		-7	Refused	2	730
		-1	Not Collected	512	141,841
		1	Yes	65	24,520
		2	No	180	57,231
		3	Never Uses Bus	100	39,188
				864	265,177
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	3	1,859
		-1	Not Collected	799	240,657
		1	Yes	37	10,996
		2	No	25	11,665

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	8	2,035
		-7	Refused	2	630
		-1	Not Collected	319	98,286
		1	Family	293	87,123
		2	Someone Else Like Friend/Neighbor/Other	132	44,008
		3	Did Not Receive Help	110	33,095
				864	265,177
WHOHELPS	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	5	2,209
		-1	Not Collected	571	178,054
		1	Husband	21	7,408
		2	Wife	14	5,314
		3	Son	58	16,236
		4	Son-In-Law	2	759
		5	Daughter	113	35,183
		6	Daughter-In-Law	7	3,371
		8	Mother	2	304
		9	Brother	4	1,627
		10	Sister	22	5,103
		11	Grandson	7	1,279
		12	Granddaughter	13	2,677
		13	Nephew	3	474
		14	Niece	15	3,075
		91	Other Relative	7	2,104
				864	265,177
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	26	7,581
		0	0 limitations	322	104,454
		1	1 limitation	249	74,110
		2	2 limitations	129	37,012
		3	3 limitations	57	19,718
		4	4 limitations	45	13,090
		5	5 limitations	23	5,109
		6	6 limitations	13	4,103
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6_ SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	231
		0	0 limitations	328	106,291
		1	1 limitation	257	75,801
		2	2 limitations	134	39,185
		3	3 limitations	60	20,492
		4	4 limitations	48	13,964
		5	5 limitations	23	5,109
		6	6 limitations	13	4,103
				864	265,177
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	26	7,581
		1	Yes	138	42,020
		2	No	700	215,576
				864	265,177
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	231
		1	Yes	144	43,668
		2	No	719	221,278
				864	265,177
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	9	2,696
		0	0 limitations	652	207,092
		1	1 limitation	103	27,748
		2	2 limitations	43	11,914
		3	3 limitations	19	5,679
		4	4 limitations	14	3,257
		5	5 limitations	16	4,660
		6	6 limitations	8	2,132
				864	265,177
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	231
		0	0 limitations	656	207,971
		1	1 limitation	104	27,782
		2	2 limitations	45	12,883
		3	3 limitations	20	6,261
		4	4 limitations	14	3,257
				864	265,177
		5	5 limitations	16	4,660

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	8	2,132
				864	265,177
IADL0A7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	55	14,740
		0	0 limitations	339	108,180
		1	1 limitation	184	59,394
		2	2 limitations	116	35,165
		3	3 limitations	79	24,481
		4	4 limitations	51	11,804
		5	5 limitations	16	5,329
		6	6 limitations	16	4,344
		7	7 limitations	7	1,615
		8	8 limitations	1	125
				864	265,177
IADL0A7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	360	113,838
		1	1 limitation	200	62,756
		2	2 limitations	125	38,105
		3	3 limitations	83	25,498
		4	4 limitations	53	12,796
		5	5 limitations	19	6,101
		6	6 limitations	18	4,580
		7	7 limitations	6	1,504
				864	265,177
IADL0A7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	20	7,072
		0	0 limitations	465	149,755
		1	1 limitation	164	51,215
		2	2 limitations	94	24,005
		3	3 limitations	49	15,144
		4	4 limitations	37	8,189
		5	5 limitations	14	4,395

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	13	3,664
		7	7 limitations	7	1,615
		8	8 limitations	1	125
				864	265,177
IADL7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	475	152,759
		1	1 limitation	169	53,041
		2	2 limitations	99	26,357
		3	3 limitations	49	15,032
		4	4 limitations	37	8,189
		5	5 limitations	14	4,395
		6	6 limitations	15	3,900
		7	7 limitations	6	1,504
				864	265,177
IADL8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	70	18,943
		0	0 limitations	190	60,653
		1	1 limitation	193	63,348
		2	2 limitations	139	46,105
		3	3 limitations	104	28,874
		4	4 limitations	80	25,292
		5	5 limitations	48	10,549
		6	6 limitations	16	5,329
		7	7 limitations	16	4,344
		8	8 limitations	7	1,615
		9	9	1	125
				864	265,177
IADL8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	215	67,044
		1	1 limitation	209	67,851
		2	2 limitations	154	50,211
		3	3 limitations	110	30,487
		4	4 limitations	83	25,860
		5	5 limitations	50	11,541
		6	6 limitations	19	6,101
		7	7 limitations	18	4,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 limitations	6	1,504
				864	265,177
IADL8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	29	8,893
		0	0 limitations	292	92,999
		1	1 limitation	217	72,913
		2	2 limitations	123	38,744
		3	3 limitations	84	19,524
		4	4 limitations	49	14,332
		5	5 limitations	35	7,973
		6	6 limitations	15	4,575
		7	7 limitations	12	3,483
		8	8 limitations	7	1,615
		9	9	1	125
				864	265,177
IADL8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	304	94,746
		1	1 limitation	227	77,396
		2	2 limitations	127	40,197
		3	3 limitations	87	20,846
		4	4 limitations	49	14,221
		5	5 limitations	35	7,973
		6	6 limitations	15	4,575
		7	7 limitations	14	3,719
		8	8 limitations	6	1,504
				864	265,177
AGEC	AGE CATEGORY	2	60-64 years	81	27,440
		3	65-74 years	300	90,062
		4	75-84 years	307	90,258
		5	85+ years	176	57,417
				864	265,177
GENDER	WHAT IS YOUR GENDER?	-1	Not Collected	18	7,900
		1	Male	175	58,575
		2	Female	671	198,702
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	5	1,332
		-7	Refused	2	225
		1	Less Than High School Diploma	195	58,234
		2	High School Diploma Or GED	295	83,313
		3	Some College(Business/ Vocational/Techni)	266	82,663
		4	Bachelor's Degree	45	18,522
		5	Some Post-Graduate Work/Advanced Degree	56	20,887
				864	265,177
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	9	3,477
		-7	Refused	10	1,892
		1	Yes	49	18,622
		2	No	796	241,186
				864	265,177
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	8	3,767
		-7	Refused	9	2,416
		1	Yes	577	178,632
		2	No	270	80,363
				864	265,177
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	8	3,767
		-7	Refused	9	2,416
		1	Yes	215	63,024
		2	No	632	195,970
				864	265,177
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	8	3,767
		-7	Refused	9	2,416
		1	Yes	9	5,163
		2	No	838	253,831
				864	265,177
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	8	3,767
		-7	Refused	9	2,416
		1	Yes	35	9,629
		2	No	812	249,366
				864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	8	3,767
		-7	Refused	9	2,416
		1	Yes	3	685
		2	No	844	258,309
				864	265,177
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	8	3,767
		-7	Refused	9	2,416
		1	Yes	40	14,486
		2	No	807	244,508
				864	265,177
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-7	Refused	1	18
		1	Yes	75	27,311
		2	No	788	237,848
				864	265,177
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	48	14,303
		-7	Refused	5	765
		1	The City	401	138,713
		2	The Suburbs	144	42,001
		3	A Rural Area	266	69,396
				864	265,177
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	1,068
		-7	Refused	10	2,962
		1	Yes	564	176,048
		2	No	289	85,099
				864	265,177
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	252
		-7	Refused	5	1,054
		-1	Not Collected	564	176,048
		1	Yes	117	40,799
		2	No	177	47,025
				864	265,177
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	252
		-7	Refused	6	1,545
		-1	Not Collected	564	176,048

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	113	33,978
		2	No	180	53,355
				864	265,177
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	2	275
		-7	Refused	9	1,991
		-1	Not Collected	564	176,048
		1	Yes	94	25,592
		2	No	195	61,271
				864	265,177
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	834
		-7	Refused	8	1,619
		-1	Not Collected	564	176,048
		1	Yes	24	6,767
		2	No	266	79,909
				864	265,177
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	252
		-7	Refused	4	1,036
		1	Alone	564	176,048
		2	With spouse only	96	31,008
		3	With children only	62	17,665
		4	With spouse and children	11	5,834
		5	With others	126	33,334
				864	265,177
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	502
		-7	Refused	5	1,221
		1	1 Person	572	177,915
		2	2 People	187	55,764
		3	3 People	58	17,413
		4	4 People	22	7,421
		5	5 People	8	3,240
		6	6 People	8	829
		7	7 People	1	233
		9	9 People	1	637
				864	265,177
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	6	2,119
		-7	Refused	6	1,438
		1	Married	127	44,351

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Widowed	403	118,480
		3	Divorced	216	63,210
		4	Separated	21	6,540
		5	Never Married	85	29,038
				864	265,177
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 2016 ABOVE OR BELOW \$20,000?				
		-8	Don't Know	79	24,369
		-7	Refused	60	17,363
		1	Below \$20,000 [1666 Per Month Or Less]	518	153,837
		2	Above \$20,000 [1667 Per Month Or More]	207	69,608
				864	265,177
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?				
		.	Missing	139	41,732
		-8	Don't Know	54	16,831
		-7	Refused	26	6,448
		1	\$5,000 or less	66	23,242
		2	\$5,001-\$10,000	101	29,295
		3	\$10,001-\$15,000	176	48,149
		4	\$15,001-\$20,000	118	36,288
		5	\$20,001-\$25,000	65	20,550
		6	\$25,001-\$30,000	45	15,303
		7	\$30,001-\$35,000	25	7,500
		8	\$35,001-\$40,000	16	7,169
		9	\$40,001-\$50,000	10	6,233
		10	ABOVE \$50,000	23	6,435
				864	265,177
MOB_IMP	MOBILITY IMPAIRED				
		.	Missing	4	1,269
		1	Mobility Impaired	439	126,188
		2	Not Mobility Impaired	421	137,719
				864	265,177
URBAN	URBAN				
		-9	Invalid Zip Code, or Foreign Zip Code	57	15,257
		0	Rural (Not in Urbanized Area or Urban Cluster)	134	29,259
		1	In Urbanized Area	411	140,783
		2	In Urban Cluster	262	79,878

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	864	265,177
				864	265,177
VARUNIT	VARIANCE UNIT	1	Variance unit 1	459	135,444
		2	Variance unit 2	398	128,753
		3	Variance unit 3	7	980
				864	265,177
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	9.17 - 1744.77	Weight range	864	265,177
				864	265,177
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	2.67 - 2653.85	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.60 - 2189.97	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	2.43 - 2846.66	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	2.73 - 2846.89	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	2.57 - 2901.17	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	2.76 - 3988.98	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	2.56 - 3756.58	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	2.11 - 2704.77	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	2.95 - 3677.57	Replicate weight range	864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	2.31 - 3009.74	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	2.70 - 3104.08	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	2.90 - 3578.28	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	2.73 - 2645.26	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	2.81 - 2659.41	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	2.54 - 2552.05	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.24 - 3810.98	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	2.62 - 2984.83	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	2.60 - 4456.40	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	2.86 - 4092.90	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	2.96 - 3080.77	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	2.38 - 3052.53	Replicate weight range	864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	2.47 - 3432.58	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	2.18 - 3347.71	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	2.29 - 3635.81	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	3.77 - 3135.14	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	3.32 - 2800.90	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	2.61 - 2866.63	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	2.75 - 3835.45	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	2.38 - 4343.23	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	2.74 - 3056.48	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	2.58 - 2753.50	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	2.38 - 4282.56	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	3.15 - 2912.80	Replicate weight range	864	265,177

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				864	265,177
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	2.72 - 3225.41	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	2.39 - 3131.99	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	2.64 - 2755.97	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	2.54 - 2971.42	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	2.73 - 4376.01	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	2.42 - 4008.95	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	1.97 - 3111.42	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	3.07 - 4037.70	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	2.23 - 2901.60	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	2.80 - 2745.33	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	3.14 - 4009.24	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	2.73 - 3152.30	Replicate weight range	864	265,177

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				864	265,177
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	2.66 - 2667.94	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	2.34 - 2703.50	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.11 - 3921.50	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	2.73 - 3031.13	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	2.78 - 4357.62	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	2.81 - 3878.78	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	2.77 - 2803.83	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	2.36 - 2733.80	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	2.55 - 2504.52	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	2.24 - 3446.34	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	2.61 - 3532.87	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	3.81 - 2721.17	Replicate weight range	864	265,177

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				864	265,177
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	3.02 - 2602.28	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	2.62 - 2835.24	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.52 - 3862.90	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	2.36 - 3727.80	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	3.04 - 3381.71	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	2.59 - 2982.42	Replicate weight range	864	265,177
				864	265,177
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.75 - 3685.51	Replicate weight range	864	265,177
				864	265,177
TRAPLUSB	DO YOU USE THE TRANSPORTATION SERVICE FOR HEALTH CARE AND/OR SHOPPING?	.	Missing	4	2,477
		1	Yes	678	218,258
		2	No	182	44,443
				864	265,177
TRCOND	CLIENT HAS AT LEAST ONE OF STROKE, VISION PROBLEM, ALZHEIMER'S/DEMENTIA, SEIZURES/EPILEPSY, PARKINSON'S, OR MULTIPLE SCLEROSIS	.	Missing	15	5,877
		1	Yes	628	188,549
		2	No	221	70,750
				864	265,177
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	21	5,016
		-7	Refused	4	708

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	6 Months Or Less	285	92,376
		2	More Than 6 Months, Not More Than 1 Yr	101	35,056
		3	More Than 1 Yr, Not More Than 2 Years	86	25,060
		4	More Than 2 Yrs, Not More Than 3 Years	62	16,229
		5	More Than 3 Yrs, Not More Than 5 Years	65	20,230
		6	More Than 5 Years Ago	228	66,040
		7	Never Have Been To Dentist	12	4,461
				864	265,177
OHQ770	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?				
		-8	Don't Know	11	3,112
		-7	Refused	3	605
		1	Yes	189	56,761
		2	No	661	204,699
				864	265,177
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?				
		-8	Don't Know	2	339
		-1	Not Collected	675	208,416
		1	Yes	155	42,479
		2	No	32	13,944
				864	265,177
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?				
		-8	Don't Know	6	992
		-1	Not Collected	675	208,416
		1	Yes	23	7,325
		2	No	160	48,444
				864	265,177
OHQ78003	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?				
		-8	Don't Know	15	3,596
		-7	Refused	1	710
		-1	Not Collected	675	208,416
		1	Yes	102	27,618

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	71	24,837
				864	265,177
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?				
		-8	Don't Know	4	1,059
		-7	Refused	1	521
		-1	Not Collected	675	208,416
		1	Yes	32	9,297
		2	No	152	45,885
				864	265,177
OHQ78005	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?				
		-8	Don't Know	13	3,361
		-1	Not Collected	675	208,416
		1	Yes	23	7,038
		2	No	153	46,362
				864	265,177
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	4	701
		-7	Refused	1	521
		-1	Not Collected	675	208,416
		1	Yes	11	3,630
		2	No	173	51,909
				864	265,177
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?				
		-8	Don't Know	2	122
		-7	Refused	1	51
		-1	Not Collected	675	208,416
		1	Yes	42	13,720
		2	No	144	42,868
				864	265,177
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?				
		-8	Don't Know	2	428
		-7	Refused	1	398

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	675	208,416
		1	Yes	3	1,092
		2	No	183	54,844
				864	265,177
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?				
		-8	Don't Know	2	263
		-7	Refused	1	398
		-1	Not Collected	675	208,416
		1	Yes	12	2,526
		2	No	174	53,574
				864	265,177
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?				
		-8	Don't Know	4	501
		-7	Refused	2	719
		-1	Not Collected	675	208,416
		1	Yes	32	9,136
		2	No	151	46,405
				864	265,177
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?				
		-8	Don't Know	1	56
		-7	Refused	2	484
		-1	Not Collected	675	208,416
		1	Yes	39	12,048
		2	No	147	44,174
				864	265,177
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?				
		-8	Don't Know	2	248
		-7	Refused	2	918
		-1	Not Collected	675	208,416
		1	Yes	26	4,950
		2	No	159	50,645
				864	265,177

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	25	6,505
		-7	Refused	7	1,695
		1	Excellent	93	29,792
		2	Very Good	162	52,276
		3	Good	280	87,356
		4	Fair	162	46,136
		5	Poor	135	41,417
			864	265,177	
PF_WIO	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?	.	Missing	10	3,126
		1	Yes	520	153,717
		2	No	334	108,334
			864	265,177	