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Positional Listing of Variables

Name	Type	Description
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?

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Name	Type	Description
TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
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?

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Name	Type	Description
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
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?

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

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

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Name	Type	Description
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, 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

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Name	Type	Description
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?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?
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

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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
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

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Positional Listing of Variables

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

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Alphabetical Listing of Variables

Name	Type	Description
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
AROUND	NUM	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	WHAT IS YOUR GENDER?

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Alphabetical Listing of Variables

Name	Type	Description
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?
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 2017?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
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?

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Alphabetical Listing of Variables

Name	Type	Description
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
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?
PFCNF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
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?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
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?

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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

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Alphabetical Listing of Variables

Name	Type	Description
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
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?

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

Name	Type	Description
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?
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?

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	832	210,821
				832	210,821
HOWLONG	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?				
		-8	Don't Know	13	2,134
		1	6 Months Or Less	99	24,103
		2	More Than 6 Months But Less Than 1 Year	117	31,242
		3	At Least 1 Year But Less Than 2 Years	141	34,928
		4	2 To 5 Years	281	70,510
		5	More Than 5 Years	181	47,904
				832	210,821
TRDAYS	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?				
		1	Today Or Yesterday	193	52,778
		2	More Than 1 Day To 1 Week Ago	223	48,423
		3	More Than 1 Week To 1 Month Ago	157	45,066
		4	More Than 1 Month Ago	259	64,554
				832	210,821
TROFTEN	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?				
		-8	Don't Know	43	11,673
		-7	Refused	2	291
		1	5 Or More Times Per Week	98	24,904
		2	2 To 4 Times Per Week	261	62,640
		3	Once Per Week	159	39,913
		4	Less Than Once Per Month	269	71,400
				832	210,821
TRMONTH	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE				
		.	Missing	1	164
		-8	Don't Know	94	21,069
		-7	Refused	4	963
		1	0 Trips	61	15,051
		2	1 - 2 Trips	208	57,926
		3	3 - 4 Trips	112	27,196
		4	5 - 6 Trips	52	14,476
		5	7 - 8 Trips	82	20,089
		6	9 - 12 Trips	66	15,281
		7	13 - 16 Trips	36	8,601

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	17 - 20 Trips	17	2,982
		9	21 - 40 Trips	93	26,215
		10	41 - 60 Trips	5	644
		11	61 - 80 Trips	1	164
				832	210,821
TRMONTHC	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?	.	Missing	98	22,032
		1	<= 2 trips	269	72,977
		2	> 2 <= 6 trips	164	41,672
		3	> 6 <= 12 trips	148	35,370
		4	> 12 trips	153	38,769
				832	210,821
TRPROP	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?	-8	Don't Know	60	12,731
		-7	Refused	2	680
		1	Just A Few Of All Local Trips	206	52,420
		2	About 1/4 Of All Local Trips	68	18,646
		3	About 1/2 Of All Local Trips	87	22,569
		4	About 3/4 Of All Local Trips	64	14,026
		5	Nearly All Local Trips	311	82,283
		91	Other	34	7,465
				832	210,821
TRGTSON	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?	-8	Don't Know	12	3,882
		1	The Driver Comes To The Door	259	66,639
		2	Vehicle Stops In Front Of House	498	123,965
		3	The Vehicle Stops Down The Block	22	7,434
		4	Have To Walk Several Blocks For Vehicle	12	3,652
		5	Gets On At Senior Center	29	5,249
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRFRE08	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?	-8	Don't Know	6	2,034
		1	Always	600	146,952
		2	Usually	162	42,799
		3	Sometimes	51	14,468
		4	Seldom	10	4,115
		5	Never	3	452
					832
TRFRE12	HOW OFTEN ARE THE DRIVERS POLITE?	-8	Don't Know	2	659
		-7	Refused	1	900
		1	Always	735	187,268
		2	Usually	69	15,100
		3	Sometimes	19	4,527
		4	Seldom	3	1,588
		5	Never	3	779
			832	210,821	
TRFRE06	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?	-8	Don't Know	11	3,216
		-7	Refused	1	531
		1	Always	643	162,567
		2	Usually	99	23,257
		3	Sometimes	58	14,976
		4	Seldom	7	2,871
		5	Never	13	3,404
			832	210,821	
TRFRE05	HOW OFTEN ARE THE VEHICLES COMFORTABLE?	-8	Don't Know	5	1,083
		-7	Refused	2	573
		1	Always	654	163,613
		2	Usually	104	26,764
		3	Sometimes	50	13,505
		4	Seldom	7	2,396
		5	Never	10	2,887
			832	210,821	
TRFRE07	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?	-8	Don't Know	7	1,936
		1	Always	618	152,212
		2	Usually	137	36,049

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Sometimes	63	18,762
		4	Seldom	4	1,602
		5	Never	3	261
				832	210,821
TRFRE10	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?	-8	Don't Know	9	2,612
		1	Always	667	163,707
		2	Usually	91	27,209
		3	Sometimes	47	12,821
		4	Seldom	8	1,889
		5	Never	10	2,583
				832	210,821
TRFRE16	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?	-8	Don't Know	10	2,874
		-7	Refused	1	43
		1	Always	597	144,404
		2	Usually	138	40,736
		3	Sometimes	68	18,510
		4	Seldom	10	2,755
		5	Never	8	1,499
				832	210,821
NEEDHLP	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?	-8	Don't Know	1	139
		1	Yes	116	33,637
		2	No	715	177,045
				832	210,821
GETHELP	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?	-8	Don't Know	1	541
		-1	Not Collected	716	177,184
		1	Yes	74	18,887
		2	No	41	14,209
				832	210,821
NEEDBHLP	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	7	1,145
		1	Yes	280	74,389
		2	No	545	135,287
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
GETBHLP	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	3	957
		-1	Not Collected	552	136,432
		1	Yes	257	66,653
		2	No	20	6,779
				832	210,821
TRACTA	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?	-8	Don't Know	2	535
		1	Yes	592	158,449
		2	No	238	51,838
				832	210,821
TRACTB	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?	-8	Don't Know	1	447
		-7	Refused	1	42
		1	Yes	337	86,704
		2	No	493	123,629
				832	210,821
TRACTC	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?	-8	Don't Know	4	1,159
		-7	Refused	1	42
		1	Yes	151	35,350
		2	No	676	174,270
				832	210,821
TRACTD	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?	-8	Don't Know	1	539
		-7	Refused	1	126
		1	Yes	343	77,702
		2	No	487	132,454
				832	210,821
TRACTE	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?	-8	Don't Know	5	938
		-7	Refused	1	126
		1	Yes	238	46,983
		2	No	588	162,774
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRACTF	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?	-8	Don't Know	2	347
		-7	Refused	2	1,477
		1	Yes	91	23,797
		2	No	737	185,200
				832	210,821
TRACTG	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?	-8	Don't Know	2	847
		-7	Refused	1	126
		1	Yes	201	49,530
		2	No	628	160,318
				832	210,821
TRACTH	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?	-8	Don't Know	2	941
		-7	Refused	1	126
		1	Yes	72	19,473
		2	No	757	190,281
				832	210,821
TRACTI	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?	-8	Don't Know	2	583
		-7	Refused	1	126
		1	Yes	46	9,843
		2	No	783	200,269
				832	210,821
TRACTJ	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?	-7	Refused	1	126
		1	Yes	17	4,592
		2	No	814	206,103
		832	210,821		
TRACTK	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?	-8	Don't Know	1	247
		-7	Refused	1	126
		1	Yes	24	7,481
		2	No	806	202,967
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRRATE	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?	-8	Don't Know	2	850
		1	Excellent	440	104,701
		2	Very Good	247	66,255
		3	Good	99	27,086
		4	Fair	31	9,031
		5	Poor	13	2,898
				832	210,821
TRRATE2	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT	.	Missing	2	850
		1	Rating of Good to Excellent	786	198,042
		2	Rating of Fair or Poor	44	11,929
				832	210,821
AROUND	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?	-8	Don't Know	23	6,055
		-7	Refused	3	613
		1	Yes	494	124,532
		2	No	312	79,622
				832	210,821
TRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	5	1,544
		1	Yes	801	203,014
		2	No	26	6,263
				832	210,821
TRSTAY	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	14	3,053
		-7	Refused	4	295
		1	Yes	716	184,400
		2	No	98	23,073
				832	210,821
TRISCAR	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?	-8	Don't Know	5	577
		-7	Refused	2	130
		1	Yes	321	80,377
		2	No	504	129,737
				832	210,821
TRDRIVE	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?	-1	Not Collected	511	130,444

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	193	46,228
		2	No	128	34,149
				832	210,821
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	3	404
		1	Yes	340	75,025
		2	No	489	135,392
				832	210,821
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	250
		1	Yes	162	38,301
		2	No	669	172,270
				832	210,821
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	4	1,330
		1	Yes	139	30,885
		2	No	689	178,607
				832	210,821
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	6	1,624
		-7	Refused	1	133
		1	Yes	139	33,656
		2	No	686	175,408
				832	210,821
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	1,003
		1	Yes	41	10,020
		2	No	789	199,799
				832	210,821
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	1	Yes	77	17,541
		2	No	755	193,280
				832	210,821
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	2	1,087
		1	Yes	62	14,076
		2	No	768	195,658
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	193
		1	Yes	33	7,033
		2	No	797	203,595
				832	210,821
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	11	3,916
		1	Yes	181	44,686
		2	No	640	162,220
				832	210,821
SVCCOUNT	SERVICE COMBINATIONS	1	Transportation only	270	79,079
		2	Transportation and 1 additional service	264	66,179
		3	Transportation and 2 additional services	134	30,410
		4	Transportation and 3 additional services	78	13,719
		5	Transportation and 4 additional services	47	12,215
		6	Transportation and 5 additional services	22	3,397
		7	Transportation and 6 additional services	13	4,715
		8	Transportation and 7 additional services	1	108
		9	Transportation and 8 additional services	2	808
		10	Transportation and 9 additional services	1	190
			832	210,821	
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	10	3,535
		-7	Refused	1	84
		1	Yes	133	35,326
		2	No	688	171,876
				832	210,821
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	9	2,969

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	262	65,931
		2	No	561	141,921
				832	210,821
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	4	934
		1	Yes	184	46,221
		2	No	644	163,666
				832	210,821
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	5	1,472
		1	Yes	229	58,350
		2	No	598	150,998
				832	210,821
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	5	1,463
		1	Yes	56	12,433
		2	No	771	196,925
				832	210,821
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	8	2,606
		-7	Refused	1	26
		1	Yes	185	43,383
		2	No	638	164,807
				832	210,821
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	3	1,170
		-7	Refused	3	1,330
		-1	Not Collected	155	47,276
		1	Excellent	283	64,863
		2	Very Good	215	56,991
		3	Good	137	32,322
		4	Fair	28	5,217
		5	Poor	8	1,653
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	10	3,155
		-7	Refused	3	636
		1	Yes	731	182,123
		2	No	88	24,907
				832	210,821
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	16	2,871
		-7	Refused	1	88
		1	Yes	742	188,427
		2	No	73	19,435
				832	210,821
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	32	9,251
		-7	Refused	1	84
		1	Yes	475	117,320
		2	No	324	84,166
				832	210,821
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	12	4,530
		-7	Refused	3	467
		1	Agree	802	203,700
		2	Disagree	15	2,124
				832	210,821
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	14	4,185
		-7	Refused	6	1,469
		1	Agree	780	199,637
		2	Disagree	32	5,529
				832	210,821
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?	-7	Refused	1	26
		1	Yes	239	56,670
		2	No	592	154,125
		832	210,821		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?	-8	Don't Know	9	1,783
		1	Yes	157	36,576
		2	No	666	172,461
				832	210,821
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?	-8	Don't Know	15	5,329
		1	Yes	317	79,102
		2	No	500	126,390
				832	210,821
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?	-8	Don't Know	10	4,597
		1	Yes	165	44,185
		2	No	657	162,039
				832	210,821
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	5	1,553
		-7	Refused	3	177
		1	Yes	247	64,429
		2	No	577	144,662
				832	210,821
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	5	1,074
		-7	Refused	2	531
		1	Yes	408	104,349
		2	No	417	104,866
				832	210,821
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	7	1,579
		-7	Refused	2	93
		1	Excellent	47	10,285
		2	Very Good	155	34,970
		3	Good	289	79,262
		4	Fair	228	56,449
		5	Poor	104	28,182
		832	210,821		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	1,735
		-7	Refused	4	811
		1	Yes, Limited A Lot	304	75,947
		2	Yes, Limited A Little	284	77,097
		3	No, Not Limited At All	229	55,230
				832	210,821
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	13	3,236
		-7	Refused	4	1,116
		1	Yes, Limited A Lot	403	98,143
		2	Yes, Limited A Little	242	66,146
		3	No, Not Limited At All	170	42,181
				832	210,821
SFACCOMP	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?	-8	Don't Know	14	3,882
		-7	Refused	1	84
		1	All Of The Time	130	30,676
		2	Most Of The Time	211	58,071
		3	Some Of The Time	253	65,588
		4	A Little Of The Time	137	31,292
		5	None Of The Time	86	21,228
				832	210,821
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	9	2,629
		-7	Refused	1	84
		1	All Of The Time	129	30,704
		2	Most Of The Time	182	51,833
		3	Some Of The Time	258	62,360
		4	A Little Of The Time	152	36,668
		5	None Of The Time	101	26,543

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				832	210,821
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	9	2,492
		-7	Refused	6	2,447
		1	All Of The Time	46	12,635
		2	Most Of The Time	107	27,658
		3	Some Of The Time	175	47,926
		4	A Little Of The Time	161	35,025
		5	None Of The Time	328	82,638
				832	210,821
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	14	2,346
		-7	Refused	10	2,205
		1	All Of The Time	42	12,195
		2	Most Of The Time	71	16,030
		3	Some Of The Time	138	39,483
		4	A Little Of The Time	164	37,456
		5	None Of The Time	393	101,107
				832	210,821
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	5,182
		-7	Refused	6	639
		1	All Of The Time	190	44,951
		2	Most Of The Time	195	50,204
		3	Some Of The Time	165	46,143
		4	A Little Of The Time	157	41,583
		5	None Of The Time	104	22,120
				832	210,821
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	3	1,146
		-7	Refused	1	300

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	All Of The Time	147	35,446
		2	Most Of The Time	365	88,753
		3	Some Of The Time	211	56,892
		4	A Little Of The Time	82	20,022
		5	None Of The Time	23	8,262
				832	210,821
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	2	166
		-7	Refused	1	84
		1	All Of The Time	56	13,402
		2	Most Of The Time	190	47,210
		3	Some Of The Time	299	76,237
		4	A Little Of The Time	195	48,906
		5	None Of The Time	89	24,817
				832	210,821
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	7	1,797
		1	All Of The Time	23	5,676
		2	Most Of The Time	59	14,516
		3	Some Of The Time	190	54,637
		4	A Little Of The Time	230	55,627
		5	None Of The Time	323	78,569
				832	210,821
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	14	3,560
		-7	Refused	6	1,017
		1	All Of The Time	63	14,261
		2	Most Of The Time	109	27,983
		3	Some Of The Time	173	48,739
		4	A Little Of The Time	140	34,692
		5	None Of The Time	327	80,568
				832	210,821
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	5	1,803
		-7	Refused	1	531

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Much Better Than One Year Ago	75	20,256
		2	A Little Better Than One Year Ago	102	25,038
		3	About The Same As One Year Ago	328	85,361
		4	A Little Worse Than One Year Ago	183	44,915
		5	Worse Than One Year Ago	138	32,916
				832	210,821
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING?	-8	Don't Know	18	3,945
		-7	Refused	7	1,773
		1	About Enough	316	80,086
		2	Too Much	13	3,587
		3	Would Like To Be Doing More	478	121,430
				832	210,821
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	33	10,051
		-7	Refused	3	122
		1	Yes	388	89,444
		2	No	408	111,204
				832	210,821
PFDISA	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	2	896
		-7	Refused	2	558
		1	Yes	560	145,347
		2	No	268	64,020
				832	210,821
PFDISB	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	6	1,743
		-7	Refused	3	662
		1	Yes	624	157,459
		2	No	199	50,958
				832	210,821
PFDISC	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	4	1,739
		-7	Refused	3	971

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	324	80,190
		2	No	500	127,817
		3	Does Not Apply	1	104
				832	210,821
PFDISD	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	19	5,417
		-7	Refused	1	300
		1	Yes	418	109,272
		2	No	393	95,693
		3	Does Not Apply	1	139
				832	210,821
PFDISE	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	10	2,172
		-7	Refused	1	300
		1	Yes	333	85,305
		2	No	487	122,967
		3	Does Not Apply	1	77
				832	210,821
PFDISF	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	7	2,545
		-7	Refused	1	300
		1	Yes	379	95,683
		2	No	444	112,137
		3	Does Not Apply	1	157
				832	210,821
PFDISG	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	4	1,202
		-7	Refused	1	300
		1	Yes	145	35,406
		2	No	680	173,167
		3	Does Not Apply	2	747
				832	210,821
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	7	1,880
		-7	Refused	2	558
		1	Yes	119	32,679
		2	No	702	175,378
		3	Does Not Apply	2	328

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				832	210,821
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	11	4,795
		-7	Refused	2	831
		1	Yes	168	41,681
		2	No	651	163,514
				832	210,821
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	20	5,169
		-7	Refused	1	300
		1	Yes	204	46,681
		2	No	607	158,672
				832	210,821
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	7	2,462
		-7	Refused	1	300
		1	Yes	121	34,453
		2	No	702	173,504
		3	Does Not Apply	1	102
				832	210,821
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	10	3,405
		-7	Refused	3	642
		1	Yes	525	130,399
		2	No	294	76,375
				832	210,821
PFDISM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	2	908
		-7	Refused	3	642
		1	Yes	267	69,381
		2	No	560	139,891
				832	210,821
PFDISN	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	7	1,799
		-7	Refused	3	691

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	164	45,415
		2	No	658	162,916
				832	210,821
PFDISO	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	6	1,262
		-7	Refused	2	558
		1	Yes	63	14,757
		2	No	761	194,244
				832	210,821
PFDISP	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	2	869
		-7	Refused	2	558
		1	Yes	36	10,311
		2	No	792	199,083
				832	210,821
PFDISQ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	2	1,429
		-7	Refused	2	558
		1	Yes	14	3,162
		2	No	814	205,672
				832	210,821
PFDISR	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	3	1,609
		-7	Refused	3	648
		1	Yes	440	109,395
		2	No	384	97,959
		3	Does Not Apply	2	1,210
				832	210,821
PFDISS	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	6	1,544
		-7	Refused	2	558
		1	Yes	14	6,068
		2	No	810	202,652
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDIST	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	9	2,307
		-7	Refused	3	642
		1	Yes	184	44,633
		2	No	636	163,240
				832	210,821
PFDISU	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	2	1,458
		-7	Refused	2	558
		1	Yes	78	19,426
		2	No	745	188,400
		3	Does Not Apply	5	979
		832	210,821		
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	8	2,565
		1	1 Medical Condition	25	3,955
		2	2 Medical Conditions	46	11,453
		3	3 Medical Conditions	77	20,706
		4	4 Medical Conditions	81	18,603
		5	5 Medical Conditions	107	29,541
		6	6 Medical Conditions	114	30,841
		7	7 Medical Conditions	110	29,047
		8	8 Medical Conditions	89	18,529
		9	9 Medical Conditions	66	16,434
		10	10 Medical Conditions	42	10,233
		11	11 Medical Conditions	36	11,654
		12	12 Medical Conditions	13	4,193
		13	13 Medical Conditions	13	2,519
		14	14 Medical Conditions	3	320
15	15 Medical Conditions	2	229		
		832	210,821		
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	19	3,734
		-7	Refused	3	481
		-1	Not Collected	8	2,565
		1	Yes	636	160,418

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	166	43,623
				832	210,821
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	2	652
		-7	Refused	2	636
		-1	Not Collected	196	50,403
		1	Yes	570	143,902
		2	No	62	15,228
				832	210,821
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	13	3,408
		-7	Refused	1	531
		-1	Not Collected	196	50,403
		1	Yes	221	58,444
		2	No	401	98,034
				832	210,821
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	1,217
		-7	Refused	1	104
		-1	Not Collected	196	50,403
		1	Yes	171	41,281
		2	No	459	117,816
				832	210,821
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	3	282
		-1	Not Collected	196	50,403
		1	Yes	108	30,009
		2	No	525	130,127

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				832	210,821
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	521
		-1	Not Collected	196	50,403
		1	Yes	63	18,364
		2	No	571	141,533
				832	210,821
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	8	1,154
		-7	Refused	2	1,004
		-1	Not Collected	196	50,403
		1	Yes	59	13,755
		2	No	567	144,505
				832	210,821
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	196	50,403
		1	Yes	27	4,295
		2	No	609	156,123
				832	210,821
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	196	50,403
		1	Yes	21	5,081
		2	No	615	155,337
				832	210,821
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	196	50,403
		1	Yes	53	13,118
		2	No	583	147,300

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				832	210,821
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	18	4,910
		-7	Refused	4	646
		-1	Not Collected	8	2,565
		1	Not At All Confident	49	11,024
		2	A Little Confident	115	23,588
		3	Moderately Confident	265	72,400
		4	Very Confident	373	95,688
				832	210,821
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	8	1,251
		-7	Refused	4	1,325
		1	Yes	258	68,160
		2	No	562	140,085
				832	210,821
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	25	7,794
		-7	Refused	3	1,146
		1	0-2 medications	136	30,193
		2	3-4 medications	189	50,037
		3	5-6 medications	192	50,760
		4	7-8 medications	119	32,349
		5	9+ medications	168	38,543
				832	210,821
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	3	739
		-7	Refused	1	300
		1	Yes	241	59,665
		2	No	587	150,118
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	961
		-7	Refused	1	300
		1	Yes	83	18,895
		2	No	747	190,666
				832	210,821
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	3	389
		-7	Refused	1	300
		1	Yes	176	46,456
		2	No	652	163,676
				832	210,821
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	325
		-1	Not Collected	656	164,365
		1	Yes	74	20,037
		2	No	100	26,094
				832	210,821
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	4	664
		-7	Refused	1	252
		1	Yes	257	67,784
		2	No	570	142,121
				832	210,821
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	1	25
		-1	Not Collected	575	143,037
		1	Yes	177	46,744
		2	No	79	21,015
				832	210,821
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	5	1,026
		-7	Refused	1	300
		1	Yes	177	45,712
		2	No	649	163,784
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	57
		-1	Not Collected	655	165,109
		1	Yes	61	15,705
		2	No	115	29,950
				832	210,821
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	2	539
		1	Yes	203	52,286
		2	No	627	157,996
				832	210,821
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-7	Refused	1	462
		-1	Not Collected	629	158,535
		1	Yes	129	33,172
		2	No	73	18,652
				832	210,821
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-7	Refused	1	300
		1	Yes	131	34,827
		2	No	700	175,695
		832	210,821		
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	701	175,995
		1	Yes	83	23,508
		2	No	48	11,319
		832	210,821		
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	7	1,473
		-7	Refused	4	770
		1	Yes	410	106,414
		2	No	411	102,164
				832	210,821
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	2	320
		-7	Refused	1	23
		-1	Not Collected	422	104,407
		1	Yes	115	33,503
		2	No	292	72,567

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				832	210,821
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	104
		-7	Refused	1	300
		1	Yes	63	15,536
		2	No	767	194,881
				832	210,821
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	406
		-1	Not Collected	769	195,285
		1	Yes	15	3,594
		2	No	47	11,537
				832	210,821
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	1	390
		-7	Refused	1	300
		1	Yes	69	16,013
		2	No	761	194,118
				832	210,821
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	247
		-7	Refused	1	158
		-1	Not Collected	763	194,808
		1	Yes	32	7,545
		2	No	35	8,062
				832	210,821
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	7	4,088
		-7	Refused	1	300
		1	Yes	122	29,327
		2	No	702	177,106
				832	210,821
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-7	Refused	1	133
		-1	Not Collected	710	181,494
		1	Yes	88	21,456
		2	No	33	7,738
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	15	4,670
		-7	Refused	3	1,289
		1	Yes	202	54,171
		2	No	612	150,690
				832	210,821
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	43
		-7	Refused	1	893
		-1	Not Collected	630	156,650
		1	Yes	155	39,980
		2	No	45	13,255
		832	210,821		
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	6	2,722
		-7	Refused	2	705
		1	Yes	245	62,811
		2	No	579	144,583
				832	210,821
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	43
		-1	Not Collected	587	148,010
		1	Yes	203	50,643
		2	No	41	12,125
				832	210,821
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	17	5,706
		-7	Refused	4	1,047
		1	Yes	541	131,318
		2	No	270	72,750
				832	210,821
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	2	413
		-7	Refused	1	43
		-1	Not Collected	291	79,503

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	470	114,531
		2	No	68	16,330
				832	210,821
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	434
		-7	Refused	2	439
		1	Yes	101	23,350
		2	No	727	186,598
				832	210,821
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	731	187,471
		1	Yes	71	16,544
		2	No	30	6,806
				832	210,821
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	33	8,960
		2	No	799	201,861
				832	210,821
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	190
		-1	Not Collected	799	201,861
		1	Yes	29	7,740
		2	No	3	1,030
				832	210,821
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-1	Not Collected	832	210,821
				832	210,821
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	5	932
		-7	Refused	2	388
		-1	Not Collected	511	130,444
		1	Yes	102	27,371
		2	No	212	51,686
				832	210,821
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	64	12,583

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	4	1,203
		1	Yes	330	99,121
		2	No	434	97,914
				832	210,821
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-7	Refused	1	447
		-1	Not Collected	502	111,700
		1	Yes	71	21,409
		2	No	167	52,190
		3	Never Uses Bus	91	25,076
				832	210,821
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	381
		-1	Not Collected	761	189,412
		1	Yes	50	14,602
		2	No	20	6,426
				832	210,821
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	6	1,583
		-7	Refused	1	90
		-1	Not Collected	307	80,889
		1	Family	272	69,263
		2	Someone Else Like Friend/Neighbor/Other	156	36,862
		3	Did Not Receive Help	90	22,134
				832	210,821
WHOHELPS	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	4	569
		-7	Refused	1	38
		-1	Not Collected	560	141,558
		1	Husband	18	7,391
		2	Wife	27	11,020
		3	Son	61	14,694
		4	Son-In-Law	5	798
		5	Daughter	97	22,964
		6	Daughter-In-Law	7	1,221
		8	Mother	3	548

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	Brother	2	225
		10	Sister	18	3,916
		11	Grandson	5	840
		12	Granddaughter	12	2,380
		13	Nephew	1	258
		14	Niece	6	1,362
		91	Other Relative	5	1,038
				832	210,821
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	17	3,418
		0	0 limitations	333	82,124
		1	1 limitation	207	56,316
		2	2 limitations	131	31,337
		3	3 limitations	67	16,770
		4	4 limitations	37	11,089
		5	5 limitations	24	5,136
		6	6 limitations	16	4,632
				832	210,821
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	342	83,956
		1	1 limitation	209	56,900
		2	2 limitations	133	31,512
		3	3 limitations	70	17,349
		4	4 limitations	38	11,336
		5	5 limitations	24	5,136
		6	6 limitations	16	4,632
				832	210,821
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	17	3,418
		1	Yes	144	37,626
		2	No	671	169,777
				832	210,821
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	148	38,453
		2	No	684	172,368
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	8	1,674
		0	0 limitations	624	156,748
		1	1 limitation	96	22,893
		2	2 limitations	47	13,716
		3	3 limitations	25	6,868
		4	4 limitations	13	4,229
		5	5 limitations	13	2,740
		6	6 limitations	6	1,954
					832
ADLAOA6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	626	156,999
		1	1 limitation	98	23,513
		2	2 limitations	48	13,842
		3	3 limitations	26	7,115
		4	4 limitations	13	4,229
		5	5 limitations	15	3,169
		6	6 limitations	6	1,954
			832	210,821	
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	36	11,084
		0	0 limitations	345	84,048
		1	1 limitation	176	42,843
		2	2 limitations	100	26,534
		3	3 limitations	75	20,235
		4	4 limitations	47	12,375
		5	5 limitations	25	7,068
		6	6 limitations	15	3,008
		7	7 limitations	11	3,095
8	8 limitations	2	532		
			832	210,821	

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	361	89,103
		1	1 limitation	190	47,964
		2	2 limitations	102	26,731
		3	3 limitations	85	23,174
		4	4 limitations	44	11,016
		5	5 limitations	23	6,914
		6	6 limitations	14	2,292
		7	7 limitations	13	3,627
				832	210,821
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	13	2,984
		0	0 limitations	471	120,716
		1	1 limitation	134	30,446
		2	2 limitations	72	19,068
		3	3 limitations	64	16,573
		4	4 limitations	35	10,217
		5	5 limitations	17	4,441
		6	6 limitations	14	2,792
		7	7 limitations	10	3,052
		8	8 limitations	2	532
				832	210,821
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	479	123,168
		1	1 limitation	138	31,126
		2	2 limitations	74	19,113
		3	3 limitations	69	18,705
		4	4 limitations	30	8,124
		5	5 limitations	17	4,925
		6	6 limitations	13	2,076
		7	7 limitations	12	3,584
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	50	14,598
		0	0 limitations	192	49,535
		1	1 limitation	191	47,489
		2	2 limitations	141	31,256
		3	3 limitations	87	22,380
		4	4 limitations	74	20,981
		5	5 limitations	45	10,986
		6	6 limitations	25	7,048
		7	7 limitations	14	2,920
		8	8 limitations	11	3,095
		9	9	2	532
				832	210,821
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	212	54,828
		1	1 limitation	205	52,259
		2	2 limitations	149	34,679
		3	3 limitations	91	23,234
		4	4 limitations	83	22,568
		5	5 limitations	43	10,528
		6	6 limitations	23	6,895
		7	7 limitations	13	2,204
		8	8 limitations	13	3,627
				832	210,821
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	16	3,441
		0	0 limitations	296	77,416
		1	1 limitation	218	55,769
		2	2 limitations	97	20,380
		3	3 limitations	67	16,899

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	63	16,974
		5	5 limitations	34	9,276
		6	6 limitations	17	4,422
		7	7 limitations	12	2,661
		8	8 limitations	10	3,052
		9	9	2	532
				832	210,821
IADLAOA8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	302	78,820
		1	1 limitation	221	57,068
		2	2 limitations	102	21,223
		3	3 limitations	70	17,843
		4	4 limitations	66	17,307
		5	5 limitations	30	8,083
		6	6 limitations	18	4,948
		7	7 limitations	11	1,945
		8	8 limitations	12	3,584
				832	210,821
AGEC	AGE CATEGORY	.	Missing	1	252
		2	60-64 years	59	13,914
		3	65-74 years	317	85,691
		4	75-84 years	288	70,308
		5	85+ years	167	40,656
				832	210,821
GENDER	WHAT IS YOUR GENDER?	-1	Not Collected	5	1,286
		1	Male	186	53,300
		2	Female	641	156,235
				832	210,821
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	4	1,609
		-7	Refused	6	1,716
		1	Less Than High School	176	43,289
			Diploma		
		2	High School Diploma Or	275	67,867
			GED		
		3	Some	269	66,805
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	47	12,715

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Some Post-Graduate Work/Advanced Degree	55	16,819
				832	210,821
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	7	2,555
		-7	Refused	10	4,142
		1	Yes	61	15,359
		2	No	754	188,764
				832	210,821
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	7	2,251
		-7	Refused	16	5,908
		1	Yes	571	142,412
		2	No	238	60,250
				832	210,821
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	7	2,251
		-7	Refused	16	5,908
		1	Yes	198	50,142
		2	No	611	152,521
				832	210,821
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	7	2,251
		-7	Refused	16	5,908
		1	Yes	9	3,587
		2	No	800	199,075
				832	210,821
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	7	2,251
		-7	Refused	16	5,908
		1	Yes	33	5,679
		2	No	776	196,983
				832	210,821
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	7	2,251
		-7	Refused	16	5,908
		1	Yes	2	656
		2	No	807	202,007
				832	210,821
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	7	2,251
		-7	Refused	16	5,908

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	20	5,025
		2	No	789	197,638
				832	210,821
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	210
		-7	Refused	5	2,506
		1	Yes	80	26,179
		2	No	746	181,926
				832	210,821
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	33	9,414
		-7	Refused	7	2,874
		1	The City	397	100,871
		2	The Suburbs	144	45,106
		3	A Rural Area	251	52,557
				832	210,821
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	2	385
		-7	Refused	9	2,001
		1	Yes	548	134,424
		2	No	273	74,011
				832	210,821
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	190
		-7	Refused	8	1,959
		-1	Not Collected	548	134,424
		1	Yes	113	36,046
		2	No	162	38,202
				832	210,821
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	8	1,976
		-1	Not Collected	548	134,424
		1	Yes	129	31,339
		2	No	147	43,081
				832	210,821
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	6	1,831
		-1	Not Collected	548	134,424

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	61	15,048
		2	No	217	59,517
				832	210,821
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	7	1,933
		-1	Not Collected	548	134,424
		1	Yes	21	6,170
		2	No	256	68,294
				832	210,821
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	6	1,831
		1	Alone	548	134,424
		2	With spouse only	91	27,202
		3	With children only	85	18,565
		4	With spouse and children	15	7,047
		5	With others	87	21,752
				832	210,821
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	458
		-7	Refused	6	1,634
		1	1 Person	554	135,279
		2	2 People	188	50,108
		3	3 People	49	14,956
		4	4 People	16	4,987
		5	5 People	8	2,042
		6	6 People	7	1,152
		7	7 People	1	139
		8	8 People	1	66
				832	210,821
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	370
		-7	Refused	7	2,213
		1	Married	123	37,311
		2	Widowed	352	83,043
		3	Divorced	230	55,118
		4	Separated	24	4,673
		5	Never Married	94	28,092
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017 ABOVE OR BELOW \$20,000?	-8	Don't Know	70	15,385
		-7	Refused	61	16,767
		1	Below \$20,000 [1666 Per Month Or Less]	501	120,199
		2	Above \$20,000 [1667 Per Month Or More]	200	58,470
				832	210,821
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?	.	Missing	131	32,152
		-8	Don't Know	50	12,193
		-7	Refused	38	10,747
		1	\$5,000 or less	56	13,803
		2	\$5,001-\$10,000	107	22,709
		3	\$10,001-\$15,000	164	37,682
		4	\$15,001-\$20,000	116	28,878
		5	\$20,001-\$25,000	45	14,286
		6	\$25,001-\$30,000	42	10,697
		7	\$30,001-\$35,000	26	9,096
		8	\$35,001-\$40,000	15	4,999
9	\$40,001-\$50,000	16	4,453		
10	ABOVE \$50,000	26	9,126		
		832	210,821		
MOB_IMP	MOBILITY IMPAIRED	.	Missing	1	172
		1	Mobility Impaired	422	103,249
		2	Not Mobility Impaired	409	107,400
		832	210,821		
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	41	10,801
		0	Rural (Not in Urbanized Area or Urban Cluster)	142	24,172
		1	In Urbanized Area	406	115,426
		2	In Urban Cluster	243	60,422
		832	210,821		
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				832	210,821
VARUNIT	VARIANCE UNIT	1	Variance unit 1	424	110,188
		2	Variance unit 2	408	100,633
				832	210,821
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	9.20 - 1500.42	Weight range	832	210,821
				832	210,821
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	2.79 - 2329.45	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.96 - 2248.75	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	2.74 - 2394.53	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	2.95 - 2358.79	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	2.43 - 2723.55	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	2.19 - 2292.26	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	2.20 - 2473.66	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	2.28 - 2636.62	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	2.87 - 2297.94	Replicate weight range	832	210,821
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	4.77 - 2126.59	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	5.58 - 2262.85	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	3.00 - 3135.44	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	2.23 - 2567.68	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	4.19 - 2372.82	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	3.27 - 2768.79	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.57 - 2759.33	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	2.74 - 2469.82	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	2.49 - 2578.09	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	2.30 - 2925.52	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	2.89 - 2814.27	Replicate weight range	832	210,821
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	2.71 - 3056.69	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	2.68 - 2736.67	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	3.04 - 2666.42	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	2.56 - 3068.78	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	2.48 - 2813.77	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	4.10 - 2893.90	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	5.55 - 2439.19	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	2.32 - 2964.11	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	3.12 - 2839.67	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	5.33 - 2806.15	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	4.11 - 2747.48	Replicate weight range	832	210,821
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	3.31 - 2707.56	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	2.45 - 2835.95	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	2.92 - 2665.88	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	2.53 - 2738.21	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	2.50 - 2982.23	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	2.95 - 2512.76	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	2.33 - 2387.34	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	2.43 - 2505.00	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	2.97 - 2798.48	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	3.05 - 2811.60	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	3.85 - 2414.38	Replicate weight range	832	210,821
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	4.60 - 2821.29	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	3.04 - 2768.61	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	2.09 - 2756.92	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	5.08 - 2337.05	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	3.49 - 3445.45	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.53 - 2669.51	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	2.25 - 2746.38	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	2.28 - 2744.15	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	2.18 - 2616.89	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	2.18 - 2508.36	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	2.99 - 3270.91	Replicate weight range	832	210,821
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	3.21 - 2578.86	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	3.32 - 2297.00	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	2.72 - 2440.41	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	2.65 - 2932.42	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	3.50 - 2894.48	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	4.64 - 2330.39	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.54 - 2827.14	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	3.01 - 2609.53	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	5.95 - 2631.30	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	4.87 - 2377.24	Replicate weight range	832	210,821
				832	210,821
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	3.12 - 2020.15	Replicate weight range	832	210,821
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRAPLUSB	DO YOU USE THE TRANSPORTATION SERVICE FOR HEALTH CARE AND/OR SHOPPING?	.	Missing	2	535
		1	Yes	668	179,537
		2	No	162	30,749
				832	210,821
TRCOND	CLIENT HAS AT LEAST ONE OF STROKE, VISION PROBLEM, ALZHEIMER'S/DEMENTIA, SEIZURES/EPILEPSY, PARKINSON'S, OR MULTIPLE SCLEROSIS	.	Missing	14	4,163
		1	Yes	596	149,726
		2	No	222	56,932
				832	210,821
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	15	3,361
		1	6 Months Or Less	281	74,181
		2	More Than 6 Months, Not More Than 1 Yr	119	30,272
		3	More Than 1 Yr, Not More Than 2 Years	98	24,506
		4	More Than 2 Yrs, Not More Than 3 Years	60	13,229
		5	More Than 3 Yrs, Not More Than 5 Years	57	14,609
		6	More Than 5 Years Ago	191	48,004
		7	Never Have Been To Dentist	11	2,660
				832	210,821
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	9	1,543
		-7	Refused	2	393
		1	Yes	188	40,282
		2	No	633	168,602
				832	210,821
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-1	Not Collected	644	170,539
		1	Yes	155	33,438
		2	No	33	6,845

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				832	210,821
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	4	538
		-7	Refused	2	396
		-1	Not Collected	644	170,539
		1	Yes	29	6,782
		2	No	153	32,565
				832	210,821
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	1	45
		-7	Refused	1	140
		-1	Not Collected	644	170,539
		1	Yes	106	23,262
		2	No	80	16,836
				832	210,821
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	1	175
		-1	Not Collected	644	170,539
		1	Yes	33	6,898
		2	No	154	33,209
				832	210,821
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	5	1,838
		-1	Not Collected	644	170,539
		1	Yes	28	5,547
		2	No	155	32,897
				832	210,821
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	1	194
		-1	Not Collected	644	170,539

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	5	2,500
		2	No	182	37,588
				832	210,821
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?	-1	Not Collected	644	170,539
		1	Yes	43	11,558
		2	No	145	28,724
				832	210,821
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?	-8	Don't Know	1	26
		-1	Not Collected	644	170,539
		1	Yes	5	692
		2	No	182	39,564
				832	210,821
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?	-8	Don't Know	1	190
		-7	Refused	1	26
		-1	Not Collected	644	170,539
		1	Yes	12	5,134
		2	No	174	34,932
				832	210,821
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?	-8	Don't Know	2	516
		-7	Refused	1	26
		-1	Not Collected	644	170,539
		1	Yes	34	7,703
		2	No	151	32,038
				832	210,821

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?	-7	Refused	1	26
		-1	Not Collected	644	170,539
		1	Yes	60	13,314
		2	No	127	26,942
				832	210,821
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)?	-7	Refused	2	473
		-1	Not Collected	644	170,539
		1	Yes	23	4,861
		2	No	163	34,948
				832	210,821
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	7	1,650
		1	Excellent	74	18,798
		2	Very Good	165	37,241
		3	Good	260	71,923
		4	Fair	175	43,929
		5	Poor	151	37,281
		832	210,821		
PF_WIO	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?	.	Missing	11	1,859
		1	Yes	467	121,921
		2	No	354	87,041
		832	210,821		