

2018 NSLTCP: Adult Day Services Center Participant Public Use File (PUF) Codebook

QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	FREQUENCY/RANGE	WEIGHTED PERCENTAGE	SUs ASKED	ADDITIONAL NOTES
	BACKGROUND INFORMATION						
1	SEX	What is [SAMPLED PERSON'S INITIALS]'s gender?	1 = MALE 2 = FEMALE	527 728	43.50 56.50	All	IMPUTED
2	AGE2 [DERIVED FROM AGE]	What is [SAMPLED PERSON'S INITIALS]'s age in years?	RANGE	49-91	100.00	All	IMPUTED
3 & 4	RACEETH2 [DERIVED FROM HISPAN, BLACK, WHITE, AIAN, NHOPI, ASIAN ,AND MULTI]	Is [SAMPLED PERSON'S INITIALS] of Hispanic, Latino, or Spanish origin or descent? 1. YES 2. NO 3. DON'T KNOW Please look at the show card titled "Race" to answer this question. Which one or more of the following would you say is [SAMPLED PERSON'S INITIALS]'s race? Please tell me the numbers that apply from the show card. Any others? 1. AMERICAN INDIAN OR ALASKA NATIVE 2. ASIAN 3. BLACK 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 5. WHITE	1 = HISPANIC 2 = BLACK 3 = WHITE 4 = OTHER	204 222 693 136	22.16 16.81 44.77 16.27	All	
6	LOSRC2 [RECODED]	Please look at the show card titled "Enrolled at this Center" to answer this question. Approximately how long? Please tell me the number that applies from the show card. 1. 0 TO 3 MONTHS 2. MORE THAN 3 MONTHS TO 6 MONTHS 3. MORE THAN 6 MONTHS TO 1 YEAR 4. MORE THAN 1 YEAR TO 3 YEARS 5. MORE THAN 3 YEARS TO 5 YEARS 6. MORE THAN 5 YEARS	1 = LESS THAN 1 YEAR 2 = 1 - 3 YEARS 3 = MORE THAN 3 YEARS -9 = MISSING	315 349 581 10	23.28 27.74 48.35 0.63	All	Length of stay (LOS) variable collapsed
7	LIVENOW2 [DERIVED FROM LIVENOW]	Please look at the show card titled "Now Live" to answer this question. Where does [SAMPLED PERSON'S INITIALS] now live? Please tell me the number that applies from the show card. 1. PRIVATE RESIDENCE (HOUSE, APARTMENT, ROOM) 2. RETIREMENT OR INDEPENDENT LIVING COMMUNITY 3. ASSISTED LIVING, RESIDENTIAL CARE COMMUNITY, OR GROUP HOME 4. NURSING HOME OR OTHER INSTITUTIONAL SETTING (> 100 DAYS) 5. INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES 6. OTHER	1 = PRIVATE RESIDENCE, RETIREMENT COMMUNITY 2 = ASSISTED LIVING, RESIDENTIAL CARE COMMUNITY, OR GROUP HOME 3 = OTHER -9 = MISSING	953 207 87 8	77.58 15.31 6.52 0.59	All	Categories 1 & 2 were collapsed to 1, and 4, 5, 6 were collapsed to 3 (as 'OTHER') in PUF.
8	LIVEWITH [RECODED]	Who does [SAMPLED PERSON'S INITIALS] live with? Do they live ... SELECT ALL THAT APPLY 1. ALONE 2. WITH A RELATIVE SUCH AS A SPOUSE, PARTNER, ADULT CHILD INCLUDING IN-LAW, PARENT, OR OTHER RELATIVE 3. WITH A NON-RELATIVE	1 = ALONE 2 = WITH A RELATIVE/NON-RELATIVE -1 = INAPPLICABLE -9 = MISSING	165 786 302 2	15.33 61.73 22.42 0.52	If LIVENOW=1 or 2	Asked if resident lived in a private residence or retirement or independent community. Categories collapsed in PUF. (LIVENOW is original variable not provided in PUF; LIVENOW2 provided in PUF)
9	NUMDAYS2 [DERIVED FROM NUMDAYS]	In a typical week, how many days does [SAMPLED PERSON'S INITIALS] attend the adult day services center? 1 . DAY 2. DAYS 3. DAYS 4. DAYS 5. DAYS 6. DAYS 7. DAYS	1 = 1-2 DAYS 2 = 3-4 DAYS 3 = 5-7 DAYS -9 = MISSING	231 301 708 15	16.42 23.43 59.02 1.13	All	
10	NUMHOURS	On the day(s) when [SAMPLED PERSON'S INITIALS] attends the adult day services center, does "he"/"she" typically attend 5 hours or more, or less than 5 hours? 1. 5 HOURS OR MORE 2. LESS THAN 5 HOURS	1 = 5 HOURS OR MORE 2 = LESS THAN 5 HOURS -9 = MISSING	1098 148 9	84.70 14.70 0.60	All	
11	CHARGES2 [DERIVED FROM CHARGES]	During the last complete month, what was the typical daily charge for [SAMPLED PERSON'S INITIALS] to attend this adult day services center? Include the basic daily charge and charges for any additional services.	1 = \$50 OR LESS 2 = \$51 - \$100 3 = MORE THAN \$100 -9 = MISSING	241 382 472 160	22.58 27.47 36.44 13.50	All	
12	PAYSOURCE2 [DERIVED USING PAYSOURCE]	Please look at the show card titled "Primary Payment Source" to answer this question. During the last complete month, what was the one primary payment source for [SAMPLED PERSON'S INITIALS]'s adult day services charges? Please tell me the number that applies from the show card. SELECT ONLY ONE 1. MEDICAID (INCLUDE MEDICAID STATE PLAN, MEDICAID WAIVER, MEDICAID MANAGED CARE, OR CALIFORNIA REGIONAL CENTER) 2. MEDICARE (INCLUDE MEDICARE ADVANTAGE MANAGED CARE PLAN) 3. OLDER AMERICANS ACT/TITLE III 4. VETERANS ADMINISTRATION 5. PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) 6. OTHER FEDERAL, STATE, OR LOCAL GOVERNMENT 7. OUT-OF-POCKET PAYMENT BY THE PARTICIPANT OR FAMILY 8. PRIVATE INSURANCE 9. OTHER SOURCE	1 = MEDICAID 2 = OTHER GOVERNMENT 3 = OUT OF POCKET, PRIVATE INSURANCE AND OTHER SOURCES -9 = MISSING	736 206 234 79	63.58 15.73 15.10 5.58	All	
13	MEDPAID2 [DERIVED USING MEDPAID]	During the last complete month, did Medicaid pay for any of the services that [SAMPLED PERSON'S INITIALS] received at this center? Please include any funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center. 1. YES 2. NO 3. DON'T KNOW	1 = YES 2 = NO 3 = DON'T KNOW -9 = MISSING	806 357 92	70.94 22.48 6.58	All	Category "DON'T KNOW" was not selected
14	ALZ	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 2. Alzheimer's Disease or Other Dementia	1 = SELECTED 2 = NOT SELECTED -9 = MISSING	412 831 12	27.60 71.60 0.80	All	
14	ANEMIA	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	82	6.20	All	

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		3. Anemia	2 = NOT SELECTED	1161	93.00		
			-9 = MISSING	12	0.80		
14	ANXIETY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	214	17.00	All	
		4. Anxiety Disorder	2 = NOT SELECTED	1029	82.20		
			-9 = MISSING	12	0.80		
14	ARTH	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	210	18.40	All	
		5. Arthritis or Rheumatoid Arthritis	2 = NOT SELECTED	1033	80.80		
			-9 = MISSING	12	0.80		
14	ASTHMA	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	67	5.60	All	
		6. Asthma	2 = NOT SELECTED	1176	93.60		
			-9 = MISSING	12	0.80		
14	CANCER	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	66	5.30	All	
		7. Cancer or Malignant Neoplasm of any kind	2 = NOT SELECTED	1177	93.90		
			-9 = MISSING	12	0.80		
14	CPALSY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	85	6.70	All	
		8. Cerebral palsy	2 = NOT SELECTED	1158	92.50		
			-9 = MISSING	12	0.80		
14	CHF	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	69	5.60	All	
		9. Congestive heart failure	2 = NOT SELECTED	1174	93.60		
			-9 = MISSING	12	0.80		
14	COPD	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	84	6.70	All	
		10. COPD (Chronic Bronchitis or Emphysema)	2 = NOT SELECTED	1159	92.50		
			-9 = MISSING	12	0.80		
14	DEPRESS	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	264	21.70	All	
		11. Depression	2 = NOT SELECTED	979	77.50		
			-9 = MISSING	12	0.80		
14	DIABETES	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	316	29.40	All	
		12. Diabetes	2 = NOT SELECTED	927	69.80		
			-9 = MISSING	12	0.80		
14	EPILEPSY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	100	7.40	All	
		13. Epilepsy	2 = NOT SELECTED	1143	91.70		
			-9 = MISSING	12	0.80		
14	GLAUCOMA	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	39	4.00	All	
		14. Glaucoma	2 = NOT SELECTED	1204	95.20		
			-9 = MISSING	12	0.80		
14	GOUT	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	23	2.20	All	
		15. Gout, Lupus, or Fibromyalgia	2 = NOT SELECTED	1220	97.00		
			-9 = MISSING	12	0.80		
14	HEARTATK	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	30	2.30	All	
		16. Heart Attack (Myocardial Infarction)	2 = NOT SELECTED	1213	96.90		
			-9 = MISSING	12	0.80		
14	HEARTDISE	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	151	13.20	All	
		17. Heart Disease (Coronary or Ischemic)	2 = NOT SELECTED	1092	86.00		
			-9 = MISSING	12	0.80		
14	HBP	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	566	50.70	All	
		18. High Blood Pressure or Hypertension	2 = NOT SELECTED	677	48.50		
			-9 = MISSING	12	0.80		
14	MRDD	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	378	26.80	All	
		21. Intellectual or Developmental Disabilities	2 = NOT SELECTED	865	72.40		
			-9 = MISSING	12	0.80		
14	KIDNEY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	61	5.60	All	

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		22. Kidney Disease	2 = NOT SELECTED	1182	93.55		
			-9 = MISSING	12	0.80		
14	MACULAR	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	26	2.40	All	
		23. Macular Degeneration	2 = NOT SELECTED	1217	96.80		
			-9 = MISSING	12	0.80		
14	OBESITY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	108	9.70	All	
		26. Obesity	2 = NOT SELECTED	1135	89.50		
			-9 = MISSING	12	0.80		
14	OSTEO	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	115	12.60	All	
		27. Osteoporosis	2 = NOT SELECTED	1128	86.60		
			-9 = MISSING	12	0.80		
14	PARKINSON	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	29	1.90	All	
		28. Parkinson's Disease	2 = NOT SELECTED	1214	97.30		
			-9 = MISSING	12	0.80		
14	PARALY	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	47	2.90	All	
		29. Partial or Total Paralysis	2 = NOT SELECTED	1196	96.30		
			-9 = MISSING	12	0.80		
14	PRESWOUND	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	23	2.10	All	
		30. Pressure wound/Injury	2 = NOT SELECTED	1220	97.10		
			-9 = MISSING	12	0.80		
14	SMI	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	160	11.00	All	
		31. Severe Mental Illness such as Schizophrenia or Psychosis or Bipolar Disorder (Excludes Depression or Anxiety Disorder)	2 = NOT SELECTED	1083	88.10		
			-9 = MISSING	12	0.80		
14	STROKE	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	95	6.40	All	
		33. Stroke	2 = NOT SELECTED	1148	92.70		
			-9 = MISSING	12	0.80		
14	TBI	Please look at the show card titled "Conditions" to answer this question. As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the following conditions? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others?	1 = SELECTED	40	3.50	All	
		34. Traumatic Brain Injury	2 = NOT SELECTED	1203	95.70		
			-9 = MISSING	12	0.80		
15	NUMMED	The next question asks about prescription medications [SAMPLED PERSON'S INITIALS] may take. Include standing and PRN or as needed medications, but exclude over-the-counter medications or supplements, unless they have been prescribed by a health care provider. About how many prescription medications does [SAMPLED PERSON'S INITIALS] currently take on a typical day? Would you say...	1 = 0	131	9.70	All	
		1. 0	2 = 1-2	147	11.30		
		2. 1-2	3 = 3-4	187	13.80		
		3. 3-4	4 = 5-6	187	15.10		
		4. 5-6	5 = 7-8	152	13.80		
		5. 7-8	6 = 9-10	120	10.90		
		6. 9-10, or	7 = More than 10	282	22.70		
		7. more than 10	-9 = MISSING	49	2.80		
16	ANTIPSY [DERIVED FROM ABILIFY, CLOZARIL, FANAPT, GEODON, HALDOL, INVEGA, LOXITANE, NAVANE, ORAP, RISPERDAL, SAPHRIS, SEROQUEL, ZYPREXA, & NAMED]	Please look at the show card titled "Antipsychotic Medications" to answer this question. The following is a list of the generic and brand names of antipsychotic medications. In the past 7 days, which if any, of these medications did [SAMPLED PERSON'S INITIALS] receive, either on an as needed basis or on a routine basis? Please tell me the number that apply from the show card. Any others?	1 = YES	77	4.91	If ALZ = 1 & NUMMED > 1	Asked if participant diagnosed with Alzheimer's Disease and taking at least 1 prescription medication. Recoded to indicate taking or not taking any of the medications listed ("YES" if taking at least one of the listed medications).
		1. ABILIFY (ARIPRAZOLE)	0 = NO	287	20.02		
		2. CLOZARIL OR FAZACLO (CLOZAPINE)	-1 = INAPPLICABLE	890	75.00		
		3. FANAPT (LOPERIDON)	-9 = MISSING	1	0.07		
		4. GEODON (ZIPRASIDONE)					
		5. HALDOL (HALOPERIDOL)					
		6. INVEGA (PALIPERIDONE)					
		7. LOXITANE (LOXAPINE)					
		8. NAVANE (THIOTHIXENE)					
		9. ORAP (PIMOZIDE)					
		10. RISPERDAL (RISPERIDONE)					
		11. SAPHRIS (ASENAPINE)					
		12. SEROQUEL (QUETIAPINE)					
		13. ZYPREXA (OLANZAPINE)					
		14. NONE OF THE ABOVE					
17	MEMORY2 [DERIVED FROM MEMORY]	The next questions ask about difficulties [SAMPLED PERSON'S INITIALS] may have doing certain activities because of a health problem. How much difficulty does [SAMPLED PERSON'S INITIALS] have remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all?	1 = NO DIFFICULTY	170	14.96	All	Categories "A LOT OF DIFFICULTY" and "CANNOT DO AT ALL" collapsed
		1. NO DIFFICULTY	2 = SOME DIFFICULTY	651	53.40		
		2. SOME DIFFICULTY	3 = A LOT OF DIFFICULTY/CANNOT DO AT ALL	421	30.68		
		3. A LOT OF DIFFICULTY	-9 = MISSING	13	0.96		
		4. CANNOT DO AT ALL					
18	SIGHT2 [DERIVED FROM SIGHT]	How much difficulty does [SAMPLED PERSON'S INITIALS] have seeing, even if wearing glasses? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all?	1 = NO DIFFICULTY	618	44.19	All	Categories "A LOT OF DIFFICULTY" and "CANNOT DO AT ALL" collapsed
		1. NO DIFFICULTY	2 = SOME DIFFICULTY	491	44.24		
		2. SOME DIFFICULTY	3 = A LOT OF DIFFICULTY/CANNOT DO AT ALL	133	10.55		
		3. A LOT OF DIFFICULTY					

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		4. CANNOT DO AT ALL		-9 = MISSING 13	1.03		
19	HEARING2 [DERIVED FROM HEARING]	How much difficulty does (SAMPLED PERSON'S INITIALS) have hearing, even if using a hearing aid? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all? 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL	1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY/CANNOT DO AT ALL -9 = MISSING	806 335 100 14	61.82 28.65 8.54 0.99	All	Categories "A LOT OF DIFFICULTY" and "CANNOT DO AT ALL" collapsed
20	STAIRS2 [DERIVED FROM STAIRS]	How much difficulty does (SAMPLED PERSON'S INITIALS) have walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all? 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL	1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY/CANNOT DO AT ALL -9 = MISSING	334 512 398 11	26.28 44.15 28.77 0.80	All	Categories "A LOT OF DIFFICULTY" and "CANNOT DO AT ALL" collapsed
21	SELFCARE2 [DERIVED FROM SELFCARE]	How much difficulty does (SAMPLED PERSON'S INITIALS) have with self-care such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all? 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL	1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY/CANNOT DO AT ALL -9 = MISSING	244 526 466 19	19.90 44.65 33.94 1.51	All	Categories "A LOT OF DIFFICULTY" and "CANNOT DO AT ALL" collapsed
22	COMUNICAT2 [DERIVED FROM COMUNICAT]	Using "his"/"her" usual customary language, how much difficulty does (SAMPLED PERSON'S INITIALS) have communicating, for example understanding or being understood? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all? 1. NO DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. CANNOT DO AT ALL	1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY/CANNOT DO AT ALL -9 = MISSING	530 434 280 11	42.77 35.31 21.18 0.74	All	Categories "A LOT OF DIFFICULTY" and "CANNOT DO AT ALL" collapsed
23	TRANSHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to transfer in and out of a chair at their usual residence or this adult day services center? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance? 1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 = USE OF AN ASSISTIVE DEVICE 3 = BOTH 4 = NEED NO ASSISTANCE -9 = MISSING	307 116 251 571 10	25.90 8.50 18.80 46.00 0.70	All	
24	EATHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to eat, like cutting food at their usual residence or this adult day services center? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance? 1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 = USE OF AN ASSISTIVE DEVICE 3 = BOTH 4 = NEED NO ASSISTANCE -9 = MISSING	488 17 86 651 13	34.70 1.10 5.30 58.00 1.00	All	
25	DRESHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to dress at their usual residence or this adult day services center? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance? 1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 = USE OF AN ASSISTIVE DEVICE 3 = BOTH 4 = NEED NO ASSISTANCE -9 = MISSING	743 5 70 417 20	58.60 0.30 4.20 35.20 1.70	All	
26	BATHHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to bathe or shower at their usual residence or this adult day services center? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance? 1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 = USE OF AN ASSISTIVE DEVICE 3 = BOTH 4 = NEED NO ASSISTANCE -9 = MISSING	740 18 172 269 56	56.30 1.50 13.50 24.10 4.50	All	
27	TOILHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need to use the bathroom or toileting at their usual residence or this adult day services center? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance? 1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 = USE OF AN ASSISTIVE DEVICE 3 = BOTH 4 = NEED NO ASSISTANCE -9 = MISSING	523 37 141 541 13	40.00 3.30 9.00 46.90 0.80	All	
28	WALKHLP	Which types of assistance, if any, does (SAMPLED PERSON'S INITIALS) currently need for locomotion or to walk at their usual residence or this adult day services center? Does (SAMPLED PERSON'S INITIALS) need any help or supervision from another person, use an assistive device, both, or need no assistance? 1. NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2. USE OF AN ASSISTIVE DEVICE 3. BOTH 4. NEED NO ASSISTANCE	1 = NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 = USE OF AN ASSISTIVE DEVICE 3 = BOTH 4 = NEED NO ASSISTANCE -9 = MISSING	237 235 265 503 15	20.70 15.90 20.50 41.90 1.00	All	
29	INCONT2 [DERIVED FROM INCONT]	Please look at the show card titled "Incontinence" to answer this question. As far as you know, has (SAMPLED PERSON'S INITIALS) had any episodes of incontinence during the past seven days either at their usual residence or this adult day services center? Please tell me the number that applies from the show card. 1. YES, BOWEL ONLY 2. YES, URINARY ONLY 3. YES, BOTH BOWEL AND URINARY 4. NO, NEITHER 5. NOT APPLICABLE (COLOSTOMY, ILEOSTOMY) 6. NOT APPLICABLE (INDWELLING CATHETER, UROSTOMY)	1 = YES, BOWEL ONLY 2 = YES, URINARY ONLY 3 = YES, BOTH BOWEL AND URINARY 4 = NO, NEITHER -9 = MISSING	15 272 220 713 35	1.19 23.76 15.45 57.32 2.28	All	
30	HOSPEMER12	During the past 12 months, was (SAMPLED PERSON'S INITIALS) treated in a hospital emergency department? 1. YES 2. NO 3. DON'T KNOW	1 = Yes 2 = No 3 = DON'T KNOW -1 = INAPPLICABLE -9 = MISSING	280 793 55 70 57	19.11 67.04 4.90 4.60 4.30	If LOS >1	Asked if participant has attended ADSC for over 3 months.
31	HOSPEMER3	During the past 90 days, was (SAMPLED PERSON'S INITIALS) treated in a hospital emergency department?	1 = Yes	141	9.70	If HOSPEMER12=1	Asked if participant had emergency department visit in the past 12 months or since enrolled.

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	FREQUENCY/RANGE	WEIGHTED PERCENTAGE	SUs ASKED	ADDITIONAL NOTES
		1. YES 2. NO 3. DON'T KNOW	2 = No 3 = DON'T KNOW -1 = INAPPLICABLE	132 7 975	9.20 0.30 80.90		
32	HOSPNOTE12	During the past 12 months, was [SAMPLED PERSON'S INITIALS] discharged from an overnight hospital stay? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. 1. YES 2. NO 3. DON'T KNOW	1 = YES 2 = NO 3 = DON'T KNOW -1 = INAPPLICABLE -9 = MISSING	176 890 61 70 58	12.90 72.80 5.30 4.60 4.40	If LOS > 1 (original length of stay variable not provided in PUF)	Asked if participant has attended ADSC for over 3 months.
33	HOSPNOTE3	Was [SAMPLED PERSON'S INITIALS] discharged from an overnight hospital stay during the past 90 days? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. 1. YES 2. NO 3. DON'T KNOW	1 = Yes 2 = No 3 = DON'T KNOW -1 = INAPPLICABLE	67 106 3 1079	5.40 7.30 0.20 87.10	If HOSPNOTE12 = 1	Asked if participant had overnight hospital stay in the past 12 months or since enrolled.
36	FALL2 [DERIVED FROM FALLNUM]	The next section asks whether [SAMPLED PERSON'S INITIALS] has had any falls. By falls we mean any fall, slip, or trip in which [SAMPLED PERSON'S INITIALS] lost "his"/"her" balance and landed on the floor or ground or at a lower level. Please include falls that occurred at your adult day services center or off-site, whether or not [SAMPLED PERSON'S INITIALS] was injured, and whether or not anyone saw [SAMPLED PERSON'S INITIALS] fall or caught them. As best you know, in the past 90 days, how many falls has [SAMPLED PERSON'S INITIALS] had? Number of falls _____	1 = YES 0 = NO -9 = MISSING	187 1034 34	14.01 83.33 2.66	All	
38	FALLINJ [DERIVED FROM MINORINJ, MAJORINJ, & NOINJ]	Please look at the show card titled "Fall Injury" to answer this question. Did [SAMPLED PERSON'S INITIALS]'s fall/any of these falls [SAMPLED PERSON'S INITIALS] had result in a minor injury, a major injury, or no injury? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY 1. MINOR INJURY - ABRASION, CUT, HEMATOMA, LACERATION, SCRATCH, SKIN TEAR, SPRAIN, SUPERFICIAL BRUISE 2. MAJOR INJURY - BONE FRACTURE, BROKEN BONE, CLOSED HEAD INJURY WITH ALTERED CONSCIOUSNESS, JOINT DISLOCATION, SUBDURAL HEMATOMA 3. NO INJURY	1 = MAJOR OR MINOR INJURY 0 = NO INJURY -1 = INAPPLICABLE	116 71 1068	8.38 5.62 85.99	If FALL > 0 (original variable not provided in PUF)	Asked if participant had at least 1 fall.
39	ADLSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 1. ASSISTANCE FROM A PERSON WITH AT LEAST ONE ACTIVITY OF DAILY LIVING (BATHING, DRESSING, EATING, TOILETING, TRASFERRING)	1 = YES 2 = NO -9 = MISSING	855 387 13	65.80 33.20 1.00	All	
39	MHSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 2. BEHAVIORAL OR MENTAL HEALTH - TARGET PARTICIPANTS' MENTAL, EMOTIONAL, PSYCHOLOGICAL, OR PSYCHIATRIC WELL-BEING, AND MAY INCLUDE DIAGNOSING, DESCRIBING, EVALUATING, AND TREATING MENTAL CONDITIONS	1 = YES 2 = NO -9 = MISSING	348 894 13	28.50 70.50 1.00	All	
39	INCONTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 3. CONTINENCE MANAGEMENT (E.G., ABSORBENT PADS, BLADDER OR BOWEL RESTRAINING, CATHETER, MEDICATION, TOILETING REGIME)	1 = YES 2 = NO -9 = MISSING	508 734 13	36.90 62.10 1.00	All	
39	DENTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered by adult day services center staff or provided at the community by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 4. DENTAL (ROUTINE OR EMERGENCY BY LICENSED DENTIST)	1 = YES 2 = NO -9 = MISSING	106 1136 13	9.40 89.60 1.00	All	
39	DIETSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 5. DIETARY OR NUTRITIONAL	1 = YES 2 = NO -9 = MISSING	657 585 13	53.60 45.40 1.00	All	
39	MEDSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 7. MANAGE, SUPERVISE, OR STORE MEDICATIONS; ADMINISTER MEDICATIONS; OR PROVIDE ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATIONS	1 = YES 2 = NO -9 = MISSING	489 753 13	40.70 58.40 1.00	All	
39	OTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 8. OCCUPATIONAL THERAPY	1 = YES 2 = NO -9 = MISSING	137 1105 13	18.30 80.80 1.00	All	
39	PAINSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 9. PAIN MANAGEMENT (MEDICATION OR NON-PHARMACOLOGICAL APPROACHES)	1 = YES 2 = NO -9 = MISSING	170 1072 13	18.60 80.40 1.00	All	
39	PHARSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 11. PHARMACY--INCLUDING FILLING OF OR DELIVERY OF PRESCRIPTIONS	1 = YES 2 = NO -9 = MISSING	247 995 13	26.80 72.30 1.00	All	
39	PTSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 12. PHYSICAL THERAPY	1 = YES 2 = NO -9 = MISSING	220 1022 13	24.40 74.60 1.00	All	
39	PODSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 13. PODIATRY	1 = YES 2 = NO -9 = MISSING	148 1094 13	12.00 87.00 1.00	All	

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39	NURSSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 14. SKILLED NURSING--MUST BE PERFORMED BY AN RN OR LPN/LVN AND ARE MEDICAL IN NATURE	1 = YES	344	33.20	All	
			2 = NO	898	65.90		
			-9 = MISSING	13	1.00		
39	WOUNDSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 15. SKIN WOUND/INJURY CARE	1 = YES	93	7.10	All	
			2 = NO	1149	91.90		
			-9 = MISSING	13	1.00		
39	SOCSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 16. SOCIAL WORK--PROVIDED BY LICENSED SOCIAL WORKERS OR PERSONS WITH A BACHELOR'S OR MASTER'S DEGREE IN SOCIAL WORK, AND MAY INCLUDE AN ARRAY OF SERVICES SUCH AS PSYCHOSOCIAL ASSESSMENT, INDIVIDUAL OR GROUP COUNSELING, AND REFERRAL SERVICES	1 = YES	448	42.30	All	
			2 = NO	794	56.70		
			-9 = MISSING	13	1.00		
39	SPEECHSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 17. SPEECH THERAPY	1 = YES	46	4.40	All	
			2 = NO	1196	94.60		
			-9 = MISSING	13	1.00		
39	TRANMSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 18. TRANSPORTATION FOR MEDICAL OR DENTAL APPOINTMENTS	1 = YES	364	36.00	All	
			2 = NO	878	63.00		
			-9 = MISSING	13	1.00		
39	TRANSSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 19. TRANSPORTATION FOR SOCIAL AND RECREATIONAL ACTIVITIES OR SHOPPING	1 = YES	587	49.00	All	
			2 = NO	655	50.00		
			-9 = MISSING	13	1.00		
39	NOSERV	Please look at the show card titled "Services" to answer this question. The following services may be offered adult day services center staff or provided at the center by non-center staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 21. NONE OF THESE	1 = YES	828	73.90	All	
			2 = NO	414	25.10		
			-9 = MISSING	13	1.00		
40	ADVDIR	Please look at the show card titled "Documentation" to answer this question. For which of the following items does this adult day services center have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 1. ADVANCE DIRECTIVE	1 = YES	359	28.90	All	
			2 = NO	876	69.90		
			-9 = MISSING	20	1.20		
40	POA	Please look at the show card titled "Documentation" to answer this question. For which of the following items does this adult day services center have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 2. HEALTH CARE PROXY OR DURABLE MEDICAL POWER OF ATTORNEY	1 = YES	406	24.30	All	
			2 = NO	829	74.50		
			-9 = MISSING	20	1.20		
40	PLE	Please look at the show card titled "Documentation" to answer this question. For which of the following items does this adult day services center have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 3. PHYSICIAN DOCUMENTATION OF CONDITION THAT MAY RESULT IN LIFE EXPECTANCY LESS THAN 6 MONTHS	1 = YES	128	12.60	All	
			2 = NO	1107	86.20		
			-9 = MISSING	20	1.20		
40	POLST	Please look at the show card titled "Documentation" to answer this question. For which of the following items does this adult day services center have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 4. PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)	1 = YES	173	14.60	All	
			2 = NO	1062	84.20		
			-9 = MISSING	20	1.20		
40	NODOC	Please look at the show card titled "Documentation" to answer this question. For which of the following items does this adult day services center have documentation in [SAMPLED PERSON'S INITIALS]'s file? Please tell me the numbers that apply from the show card. SELECT ALL THAT APPLY. Any others? 5. NONE OF THESE	1 = YES	621	52.50	All	
			2 = NO	614	46.30		
			-9 = MISSING	20	1.20		
41	SYMPTOMS2 [DERIVED FROM SYMPTOMS]	Please look at the show card titled "Verbal or Physical Behavioral Symptoms" to answer this question. As far as you know, at any time in the last 7 days has [SAMPLED PERSON'S INITIALS] exhibited any verbal or physical behavioral symptoms directed toward others, for example threatening, screaming, cursing, hitting, kicking, pushing, scratching, grabbing, or abusing others sexually, either at their usual residence or this center? Please tell me the number that applies from the show card. 1 YES, VERBAL ONLY 2 YES, PHYSICAL ONLY 3 YES, BOTH VERBAL AND PHYSICAL 4 NO, NEITHER	1 = YES	171	12.30	All	Categories 1-3 collapsed to indicate "YES".
			0 = NO	1071	86.90		
			-9 = MISSING	13	0.80		
	DESIGN VARIABLES						
Derived using estimation specifications	PUFSTRATA2	Sample design variable (Nest variable)	3 4	578 677			Collapsed in PUF. Does not match restricted file.
Derived using estimation specifications	PUFPOFAC2	Sample design variable (Finite population correction factor)	723.8 - 1358.1	1255			Created for PUF. Does not match restricted file.
Derived using estimation specifications	SUWT	ADSC SU weights	2.6 - 649.1	1255			
Derived using estimation specifications	POPSU		2 - 388	1255			
Derived using estimation specifications	SU_FACID	ADSC ID	5 - 1641	1255			ADSC ID in PUF does not match ADSC ID in restricted data file
Derived using estimation specifications	PARTICIPANTID	Unique participant identifier (Participant ID)	1 - 1255	1255			Created for PUF, not original ID