

DELAWARE

New Castle County, DE

2007 County Data Report



CENTERS FOR DISEASE CONTROL AND PREVENTION



				'H: Would yo	ou say	that	in genera	al you	r heal	lth i					
RESPONDEN	T NUMBER		Excellent	Very	/ good		Go	od			Fai	r		Po	or
TOTAL	WEIGHTED	Ν	% C.I. (95%)) N %	C.I. (95%)	N %	C.I. (95	5%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1398	402,235	253	21.3 18.0-24.6	549 40.0	36.7	43.3	408 27.2	24.3-3	0.1	145	8.7	6.90-10.5	43	2.8	1.80-3.80
				_RFHLTH: Ac	lults	with	good or be	etter ł	nealth	ı					
			RESPONDE	INT NUMBER	Goo	d or Be	tter Health	Fa	ir or Po	or He	alth				
			TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I.	(95%)				
			1398	402,235	1210	88.5	86.5-90.5	188	11.5	9.5	0-13.5				
				AN: Do you		-					5,				
			includ	ing health						s HM	0s,				
				-	nment	-	s such as	Medica							
			RESPONDE	INT NUMBER		Ye	S		N	0					
			TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I.	(95%)				
			1398	402,140	1325	93.8	92.0-95.6	73	6.2	4.4	0-8.00				
								_		_	_				
			_HCVU	65: Respond		5			any i	orm	oÍ				
					healt		e coverage	9							
				NT NUMBER		Ye			N	0					
			TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I.	(95%)				
			1066	336,941	996	92.7	90.5-94.9	70	7.3	5.1	0-9.50				
				DA: Adults		-	51	-		-		,			
				during the	past :	-		nan th		5	ar jo	a			
				NT NUMBER		Ye			N	-					
			TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I.	(95%)				
			1399	402,466	1073	79.0	76.3-81.7	326	21.0	18.	3-23.7				

DIABETE2: Have you ever been told by a doctor that you have diabetes

					Yes, b	out fem	ale told only				No	pre-di	abetes or
RESPONDENT NUMBER			Yes during pregnancy				No			boarderline diabetes			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1398	402,158	126	7.5	6.10-8.90	3	0.2	0.00-0.40	1247	91.0	89.4-92.6	22	1.3	0.50-2.10

_RFHYPE5: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional

RESPONDE	NT NUMBER		No	D	Yes			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1397	402,197	936	73.5	71.0-76.0	461	26.5	24.0-29.0	

NOTE:

BLOODCHO: Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? RESPONDENT NUMBER Yes No

				NO					
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1386	398,260	1243	83.0	79.7-86.3	143	17.0	13.7-20.3		

_RFCHOL: Adults who have had their cholesterol checked and have been told by a doctor, nurse, or other health professional that it was high

RESPONDE	NT NUMBER		No	D	Yes				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1234	328,608	758	65.8	62.7-68.9	476	34.2	31.1-37.3		

 LTASTHM:
 Adults who have ever been told they have asthma

 RESPONDENT NUMBER
 No
 Yes

 TOTAL
 WEIGHTED
 N
 %
 C.I. (95%)
 N
 %
 C.I. (95%)

 1399
 402,466
 1240
 88.9
 86.7-91.1
 159
 11.1
 8.90-13.3

_CASTHMA: Adults who have been told they currently have asthma

RESPONDE	NT NUMBER		No	5	Yes				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1398	402,355	1288	92.8	91.0-94.6	110	7.2	5.40-9.00		

_RFSMOK3: Adults who are current smokers

RESPONDE	NT NUMBER		N	D	Yes				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1393	399,327	1163	82.8	80.3-85.3	230	17.2	14.7-19.7		

_SMOKER3: Four-level smoker status: Everyday smoker, Someday smoker, Former smoker, Non-smoker

RESPONDENT NUMBER		Smoke everyday		Smoke some days		Former smoker			Never smoked				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1393	399,327	178	13.8	11.4-16.2	52	3.5	2.50-4.50	389	24.1	21.6-26.6	774	58.6	55.3-61.9

_BMI4CAT: Three-categories of Body Mass Index (BMI)

RESPONDENT NUMBER Not Over			rweight	ht Overweight					Obese			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1343	388,236	499	37.2	33.9-40.5	475	37.1	33.6-40.6	369	25.8	22.9-28.7		

NOTE:

DRNKANY4: During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

RESPONDE	NT NUMBER		Ye	s	No				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1397	402,138	858	61.8	58.5-65.1	539	38.2	34.9-41.5		

_RFBING4: Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

RESPONDE	NT NUMBER		N	D	Yes				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1389	400,087	1160	80.1	77.0-83.2	229	19.9	16.8-23.0		

_RFDRHV3: Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)

RESPONDE	NT NUMBER		No	0	Yes				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1376	395,899	1277	92.0	89.5-94.5	99	8.0	5.50-10.5		

_FLSHOT3: Adults aged 65+ who have had a flu shot within the past year

RESPONDE	NT NUMBER		Ye	s	No			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
321	62,470	232	70.8	65.3-76.3	89	29.2	23.7-34.7	

_PNEUMO2: Adults aged 65+ who have ever had a pneumonia vaccination

RESPONDENT NUMBER			Ye	s	No		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
314	61,539	222	68.9	63.0-74.8	92	31.1	25.2-37.0

QLACTLM2: Are you limited in any way in any activities because of physical, mental, or emotional problems? RESPONDENT NUMBER

RESPONDENT NUMBER			Ye	S	NO			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1392	401,441	307	20.4	17.3-23.5	1085	79.6	76.5-82.7	

NOTE:

USEEQUIP: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

RESPONDENT NUMBER			Ye	s	No			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1396	402,094	112	7.3	4.90-9.70	1284	92.7	90.3-95.1	

_DRDXART: Respondents that have had a doctor diagnose them as having some form of arthritis

RESPONDE	NT NUMBER		Ye	S	No		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1386	399,840	482	28.7	26.0-31.4	904	71.3	68.6-74.0

_FV5SRV: Consumed five or more servings of fruits or vegetables per day

RESPONDENT NUMBER			No	D	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1393	401,703	1078	77.7	74.6-80.8	315	22.3	19.2-25.4

_RFPAMOD: Adults that have reported participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days RESPONDENT NUMBER Yes No TOTAL WEIGHTED % C.I. (95%) Ν % C.I. (95%) Ν 1322 380,758 583 47.5 44.0-51.0 739 52.5 49.0-56.0

NOTE:



DELAWARE

Kent County, DE

2007 County Data Report



CENTERS FOR DISEASE CONTROL AND PREVENTION



			: Would y	-	that	-	-	r heal					
RESPONDENT NUMBE		ellent		y good			ood		Fai			Po	
TOTAL WEIGHT	EDN%	C.I. (95%)	N %		(95%)	N %	C.I. (9		N %	C.I. (95%)	N	%	C.I. (95%)
1352 109,7	99 200 16.5	5 13.8-19.2	465 33.9	30.8	-37.0	456 35.8	32.3-3	9.3	171 10.4	8.60-12.2	60	3.4	2.40-4.40
				d]+ a	t+b	read on h	o++om 1	hool+k	2				
		RESPONDEN	RFHLTH: A			good or b tter Health							
			-						or Health				
		TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)				
		1352	109,799	1121	86.3	84.3-88.3	231	13.7	11.7-15.7				
		HLTHPLA	N: Do you	have	any k	ind of he	alth ca	are co	overage,				
		includir	ng health	insura	ance,	prepaid p	lans s	uch a	s HMOs,				
			or gover	rnment	plans	s such as	Medica	re?					
		RESPONDEN	T NUMBER		Ye	S		N	o				
		TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)				
		1352	109,679	1235	87.9	85.2-90.6	117	12.1	9.40-14.8				
			,										
		исулта	5: Respon	denta	bane	18-64 +ba	t have	any f	Form of				
		_110/00	5. Kespon		-	e coverag		any i					
		RESPONDEN		neure	Ye	-	C	N	0				
		TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)				
		1028	91,359	920	86.0	82.9-89.1	108	70 14.0	10.9-17.1				
		1020	91,359	920	00.0	02.9-09.1	100	14.0	10.9-17.1				
		_TOTIND	A: Adults	that	repor	t doing p	hysica	l acti	ivity or				
	e	exercise du	aring the	past	30 day	vs other t	han th	leir r	egular jo	b			
		RESPONDEN	T NUMBER		Ye	S		N	o				
		TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)				
		1354	110,008	990	75.3	72.4-78.2	364	24.7	21.8-27.6				
	DIAB	ETE2: Have	you ever			-	or that	t you	have dial				
				,		ale told only		•.			-diabetes		
	DENT NUMBER	-	es			egnancy		No			line diabe		
TOTAL	WEIGHTED	N %	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)	N %		(95%)	
135	3 109,936	154 9.4	7.60-11.2	13	0.9	0.30-1.50	1172	88.8	87.0-90.6	14 0.	9 0.30	-1.50	

_RFHYPE5: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional

RESPONDE	NT NUMBER		No	5	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1353	109,958	867	70.9	68.0-73.8	486	29.1	26.2-32.0

NOTE:

BLOODCHO: Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? RESPONDENT NUMBER Yes No

KESF UNDE		16	3	NU			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1332	107,459	1177	79.8	76.3-83.3	155	20.2	16.7-23.7

_RFCHOL: Adults who have had their cholesterol checked and have been told by a doctor, nurse, or other health professional that it was high

RESPONDENT NUMBER			No	2	Yes			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1170	85,342	644	59.2	55.9-62.5	526	40.8	37.5-44.1	

 LTASTHM:
 Adults who have ever been told they have asthma

 RESPONDENT NUMBER
 No
 Yes

 TOTAL
 WEIGHTED
 N
 %
 C.I. (95%)
 N
 %
 C.I. (95%)

 1352
 109.712
 1182
 87.8
 85.6-90.0
 170
 12.2
 10.0-14.4

_CASTHMA: Adults who have been told they currently have asthma

RESPONDENT NUMBER			No	5	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1347	109,051	1221	91.6	89.8-93.4	126	8.4	6.60-10.2

_RFSMOK3: Adults who are current smokers

RESPONDENT NUMBER			N	0	Yes			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1349	109,711	1049	75.8	72.7-78.9	300	24.2	21.1-27.3	

_SMOKER3: Four-level smoker status: Everyday smoker, Someday smoker, Former smoker, Non-smoker

RESPONDENT NUMBER		Smoke everyday			Smoke some days			F	ormer	smoker	Never smoked			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1349	109,711	237	18.9	16.0-21.8	63	5.3	3.30-7.30	390	25.7	23.0-28.4	659	50.1	46.6-53.6	

_BMI4CAT: Three-categories of Body Mass Index (BMI)

RESPONDE	NT NUMBER	Not Overweight				Overw	eight	Obese			
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1316	107,367	396	31.8	28.5-35.1	477	35.5	32.4-38.6	443	32.7	29.6-35.8	

NOTE:

DRNKANY4: During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

RESPONDE	NT NUMBER		Ye	S	No					
TOTAL	WEIGHTED	N %		C.I. (95%)	Ν	%	C.I. (95%)			
1350	109,735	658	51.9	48.6-55.2	692	48.1	44.8-51.4			

_RFBING4: Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

RESPONDE	NT NUMBER		No	D	Yes					
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)			
1342	108,574	1173	82.9	79.8-86.0	169	17.1	14.0-20.2			

_RFDRHV3: Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)

RESPONDE	NT NUMBER		N	0	Yes					
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)			
1333	107,573	1274	94.1	92.3-95.9	59	5.9	4.10-7.70			

_FLSHOT3: Adults aged 65+ who have had a flu shot within the past year

RESPONDE	ENT NUMBER		Ye	S	No					
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)			
311	17,733	241	77.9	72.8-83.0	70	22.1	17.0-27.2			

_PNEUMO2: Adults aged 65+ who have ever had a pneumonia vaccination

RESPONDE	NT NUMBER		Ye	s	No					
TOTAL	WEIGHTED	N % C.I. (9		C.I. (95%)	Ν	%	C.I. (95%)			
307	17,447	219	73.5	68.2-78.8	88	26.5	21.2-31.8			

QLACTLM2: Are you limited in any way in any activities because of physical, mental, or emotional problems? RESPONDENT NUMBER

RESPONDE	NT NUMBER		Ye	S	No					
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)			
1348	109,433	295	18.7	16.3-21.1	1053	81.3	78.9-83.7			

NOTE:

USEEQUIP: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

RESPONDE		Ye	s	No					
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)		
1347	109,401	121	6.9	5.30-8.50	1226	93.1	91.5-94.7		

_DRDXART: Respondents that have had a doctor diagnose them as having some form of arthritis

RESPONDE		Ye	s	No					
TOTAL	WEIGHTED	N %		C.I. (95%)	Ν	%	C.I. (95%)		
1346	109,332	524	31.6	28.7-34.5	822	68.4	65.5-71.3		

_FV5SRV: Consumed five or more servings of fruits or vegetables per day

RESPONDE	NT NUMBER		N	D	Yes					
TOTAL	WEIGHTED	N %		C.I. (95%)	Ν	%	C.I. (95%)			
1345	109,305	1060	81.1	78.6-83.6	285	18.9	16.4-21.4			

_RFPAMOD: Adults that have reported participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days RESPONDENT NUMBER Yes No TOTAL WEIGHTED % C.I. (95%) Ν % C.I. (95%) Ν 100,987 566 48.5 45.0-52.0 1260 694 51.5 48.0-55.0

NOTE:



DELAWARE

Sussex County, DE

2007 County Data Report



CENTERS FOR DISEASE CONTROL AND PREVENTION



				GENHLTH	: Would ;	you say	/ that	in g	enera	l you:	r hea	lth :	is:					
RESPONDE	NT NUMBER		Excel	lent	Ve	ry good			Goo	bd			Fai	r			Po	or
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	N %	C.I.	(95%)	Ν	%	C.I. (9	5%)	Ν	%	C.I. (95	5%)	Ν	%	C.I. (95%)
1236	151,018	205	19.4	16.5-22.3	405 32	.6 29.3	8-35.9	390	31.5	28.2-3	4.8	173	12.8	10.6-1	5.0	63	3.8	2.80-4.80
				F	RFHLTH: 1	Adults	with (qood	or be	tter l	healt	h						
			F				od or Be	-			ir or Po		alth					
				TOTAL	WEIGHTED	Ν	%	% C.I. (95%) N % C.I. (95%)										
				1236	151,018	1000	83.4	•	-85.8	236	16.6		.2-19.0					
				עג זמטידע	N: Do yo	, have	anu k	ind o	f hoo	1+b a	aro a	011077	200					
				includin	-		-						-					
				Incidain	or gove							(5 111)	105,					
			F				Ye					ю						
					WEIGHTED	N	%	-	95%)	Ν	%		. (95%)					
				1233	150,369			•	-93.7	87	8.3		80-10.3					
					,													
				UCULIE	5: Respo	ndont a	agod	10-61	that	harro		form	of					
				_HCV001	J. Kespoi		th car				ally .		01					
			F	RESPONDEN			Ye				N	lo						
				TOTAL	WEIGHTED	N	%	C.I. (95%)	Ν	%	C.I.	. (95%)					
				806	112,590	726	89.5	•	-92.2	80	10.5		0-13.2					
					,													
											_							
					A: Adult:									h				
				ercise du	-	past	-		ner ti	lan th		-	ar jo	a				
			ŀ	RESPONDEN	-		Ye		050()			lo 0	(050())					
					WEIGHTED		%	•	95%)	N	%		. (95%)					
				1238	151,274	916	76.8	73.9	-79.7	322	23.2	20.	.3-26.1					
		Ľ	IABET	TE2: Have	you eve:	r been	told 1	by a	docto	r that	t you	have	e diak	oetes				
							but fema				-				pre-dia	betes	or	
	RESPONDEN	IT NUME	BER	Ye	es		uring pr				No	•		boar	derline	diabe	tes	
	TOTAL	WEIGH	TED	N %	C.I. (95%)) N	%	C.I. (95%)	Ν	%	C.I. (9	95%)	Ν	%	C.I. (95%)	

_RFHYPE5: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional

6 0.6 0.00-1.20 1031 86.0 83.8-88.2

RESPONDE	NT NUMBER		N	D	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1237	150,680	698	63.1	59.8-66.4	539	36.9	33.6-40.2

NOTE:

1238

151,274 170 11.4 9.40-13.4

Estimates are not presented when the unweighted sample size for the denominator is less than fifty or the confidence interval half width is greater than ten.

31 2.0 1.20-2.80

BLOODCHO: Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? RESPONDENT NUMBER Yes No

		10	.5				
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1221	148,595	1134	88.3	85.6-91.0	87	11.7	9.00-14.4

_RFCHOL: Adults who have had their cholesterol checked and have been told by a doctor, nurse, or other health professional that it was high

RESPONDE	No				Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1128	130,604	546	52.7	49.0-56.4	582	47.3	43.6-51.0

 LTASTHM:
 Adults who have ever been told they have asthma

 RESPONDENT NUMBER
 No
 Yes

 TOTAL
 WEIGHTED
 N
 %
 C.I. (95%)
 N
 %
 C.I. (95%)

 1237
 151,240
 1077
 87.0
 84.6-89.4
 160
 13.0
 10.6-15.4

_CASTHMA: Adults who have been told they currently have asthma

RESPONDE	RESPONDENT NUMBER		No	b	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1232	150,729	1117	90.8	88.8-92.8	115	9.2	7.20-11.2

_RFSMOK3: Adults who are current smokers

RESPONDENT NUMBER			No	D	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1235	151,097	1001	80.2	77.3-83.1	234	19.8	16.9-22.7

_SMOKER3: Four-level smoker status: Everyday smoker, Someday smoker, Former smoker, Non-smoker

RESPONDE	NT NUMBER	Si	moke e	veryday	Sm	oke so	me days	F	ormer s	smoker	1	Vever s	moked
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1235	151,097	187	15.9	13.2-18.6	47	3.9	2.50-5.30	447	31.8	28.7-34.9	554	48.4	44.9-51.9

_BMI4CAT: Three-categories of Body Mass Index (BMI)

RESPONDENT NUMBER Not Overweight			Overw	eight	Obese					
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1197	147,581	368	30.8	27.5-34.1	463	37.2	33.9-40.5	366	32.0	28.5-35.5

NOTE:

DRNKANY4: During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

RESPONDENT NUMBER			Ye	s		No		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1233	150,769	634	54.4	50.9-57.9	599	45.6	42.1-49.1	

_RFBING4: Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

RESPONDENT NUMBER			No	0	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1225	149,664	1091	83.8	80.7-86.9	134	16.2	13.1-19.3

_RFDRHV3: Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)

RESPONDENT NUMBER			No	D	Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1219	147,667	1157	94.5	92.7-96.3	62	5.5	3.70-7.30

_FLSHOT3: Adults aged 65+ who have had a flu shot within the past year

RESPONDE		Yes				No		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
418	37,174	318	76.6	72.1-81.1	100	23.4	18.9-27.9	

_PNEUMO2: Adults aged 65+ who have ever had a pneumonia vaccination

RESPONDENT NUMBER			Ye	S	No		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
410	36,273	315	76.5	72.0-81.0	95	23.5	19.0-28.0

QLACTLM2: Are you limited in any way in any activities because of physical, mental, or emotional problems?

Dectad	the of physic	Lour,	merrea	ii, or chie	JCT OILGT	Prop	remo.	
RESPONDE	ONDENT NUMBER			s		No		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)	
1234	150,893	328	23.0	20.1-25.9	906	77.0	74.1-79.9	

NOTE:

USEEQUIP: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

RESPONDENT NUMBER		Yes			NO		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1233	150,811	143	8.3	6.70-9.90	1090	91.7	90.1-93.3

_DRDXART: Respondents that have had a doctor diagnose them as having some form of arthritis

RESPONDENT NUMBER		Yes			No		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1231	150,699	547	36.2	33.1-39.3	684	63.8	60.7-66.9

_FV5SRV: Consumed five or more servings of fruits or vegetables per day

RESPONDENT NUMBER		No			Yes		
TOTAL	WEIGHTED	Ν	%	C.I. (95%)	Ν	%	C.I. (95%)
1232	150,793	961	79.6	76.9-82.3	271	20.4	17.7-23.1

_RFPAMOD: Adults that have reported participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days RESPONDENT NUMBER Yes No TOTAL WEIGHTED N % C.I. (95%) Ν % C.I. (95%) 141,483 517 49.0 45.3-52.7 1161 644 51.0 47.3-54.7

NOTE: