

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY
SENE RDC FILE CODEBOOK

QUESTION NUMBER	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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NOTICE TO DATA USERS: The Variable "SENEDATA" on page 51 is an indicator for the SENE dummy data records. When running tabulations, exclude "SENEDATA = 0. When calculating variances using SUDAAN, include "SENEDATA = 0. For more details refer to the sample SUDAAN program for SENES. All the frequencies in this code book exclude the dummy data records.

CASEID	1-8		<u>ID</u>
SENERESP	9		<u>TYPE OF NEHIS/SENE RESPONDENT</u>
		715	1 SUBJECT (NAME)
		172	2 SPOUSE AS PROXY
		32	3 OTHER PROXY
A1	10		<u>AS OF DECEMBER 31, 1993, DID (YOU/NAME) WORK AT A JOB OR BUSINESS, NOT COUNTING WORK AROUND THE HOUSE?</u>
		853	1 YES
		64	2 NO
		1	7 REFUSED
		1	9 NOT ASCERTAINED
A2	11		<u>EVEN THOUGH YOU DID NOT WORK AT THAT TIME, DID YOU HAVE A JOB OR BUSINESS ON DECEMBER 31, 1993?</u>
		60	1 YES
		1	7 REFUSED
		5	9 NOT ASCERTAINED
		853	BLANK NOT APPLICABLE NOT APPLICABLE: WORKED AT JOB OR BUSINESS, AS OF DECEMBER 31, 1993
A3	12		<u>AS OF DECEMBER 31, 1993, WERE YOU</u>
		918	1 SELF-EMPLOYED IN YOUR OWN BUSINESS, PROFESSIONAL PRACTICE, OR FARM?
		1	7 REFUSED

A4	13		<u>AS OF DECEMBER 31, DID (YOUR/NAME'S) BUSINESS HAVE ANY PAID EMPLOYEES BESIDES (YOURSELF/HIM/HER)?</u>
		919	2 NO
A6	14		<u>AS OF DECEMBER 31, 1993, (WERE YOU/WAS NAME) COVERED BY MEDICARE?</u>
		95	1 YES
		822	2 NO
		2	9 NOT ASCERTAINED
A7	15		<u>(WERE YOU/WAS NAME) COVERED AT THAT TIME BY (MEDICAID/MEDICAL), A FUNDED BY THE STATE AND FEDERAL GOVERNMENT?</u>
		20	1 YES
		894	2 NO
		5	9 NOT ASCERTAINED
A8	16		<u>AT THAT TIME, (WERE YOU/WAS NAME) COVERED BY ANY OTHER GOVERNMENT PROGRAM THAT PAYS FOR HEALTH CARE, SUCH AS CHAMPUS OR CHAMP-VA?</u>
		23	1 YES
		890	2 NO
		2	8 DON'T KNOW
		4	9 NOT ASCERTAINED
A9	17		<u>ON DECEMBER 31, 1993, DID (YOU/NAME) HAVE ANY OTHER KIND OF HEALTH INSURANCE PLAN BESIDES THOSE WE HAVE ALREADY DISCUSSED?</u>
		630	1 YES
		283	2 NO
		6	8 DON'T KNOW
A10B	18		<u>AS OF DECEMBER 31, 1993, DID (YOU/NAME) HAVE ANY OTHER KIND OF HEALTH INSURANCE, LIKE A PLAN THAT COVERS ONLY DENTAL, VISION OR PRESCRIPTIONS?</u>
		79	1 YES
		551	2 NO
		289	BLANK NOT APPLICABLE
			NOT APPLICABLE: HAS NO PRIVATE HEALTH INSURANCE PLAN OR DK IF HAS PRIVATE HEALTH INSURANCE PLAN)

<u>IS (PLAN) A BLUE CROSS/BLUE SHIELD PLAN?</u>		
181	1	YES
402	2	NO
5	8	DON'T KNOW
18	9	NOT ASCERTAINED
313	BLANK	NOT APPLICABLE

NOT APPLICABLE: HAS NO MAJOR PRIVATE HEALTH INSURANCE PLAN

A22

20

<u>WAS THIS PLAN A RETIREMENT BENEFIT?</u>		
22	1	YES
13	2	NO
4	9	NOT ASCERTAINED
880	BLANK	NOT APPLICABLE

NOT APPLICABLE: HAS NO MAJOR PRIVATE HEALTH INSURANCE PLAN, OR PLAN NOT OBTAINED THROUGH SENE FORMER EMPLOYER

C6

21

<u>DID AN EMPLOYER CONTRIBUTE TO THE COST OF THIS PLAN?</u>		
225	1	YES
25	2	NO
12	8	DON'T KNOW
15	9	NOT ASCERTAINED
642	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR PLAN OR PLAN NOT OBTAINED THROUGH SPOUSES EMPLOYER OR SENE IS PRIMARY INSURED FOR THE PLAN

C9

22

<u>DID THIS PLAN COVER BOTH INPATIENT HOSPITAL CARE AND OUTPATIENT MEDICAL SERVICES?</u>		
495	1	YES, BOTH INPATIENT AND OUTPATIENT
31	2	NO, COVERS INPATIENT ONLY
4	3	NO, COVERS OUTPATIENT ONLY
2	4	NO, COVERS NEITHER
13	8	DON'T KNOW
2	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C37	23		<u>IN 1993, DID THIS PLAN REFUSE TO COVER ANY FAMILY MEMBER AT ALL BECAUSE OF A PARTICULAR HEALTH PROBLEM OR CONDITION?</u>	
		24	1	YES
		500	2	NO
		11	3	NO FAMILY MEMBERS
		8	8	DON'T KNOW
		4	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER	
C38A	24		<u>THE NEXT QUESTIONS ARE ABOUT SERVICES THAT MAY HAVE BEEN COVERED UNDER THIS PLAN IN 1993. DID THIS PLAN COVER.. A. ROUTINE MAMMOGRAPHY?</u>	
		307	1	YES
		115	2	NO
		121	8	DON'T KNOW
		4	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE
			NOT APPLICABLE :NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER	
C38B	25		<u>DID THIS PLAN COVER ... B. ADULT ROUTINE PHYSICAL EXAMINATIONS?</u>	
		331	1	YES
		154	2	NO
		59	8	DON'T KNOW
		3	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER	
C38C	26		<u>DID THIS PLAN COVER ... C. ROUTINE PAP SMEARS?</u>	
		326	1	YES

133	2	NO
85	8	DON'T KNOW
3	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C39D

27

DID THIS PLAN COVER WELL CHILD CARE SUCH AS ... D. CHILDHOOD IMMUNIZATIONS?

204	1	YES
151	2	NO
186	8	DON'T KNOW
6	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C39E

28

DID THIS PLAN COVER WELL CHILD CARE SUCH AS ... E. OTHER WELL BABY CARE (ROUTINE CHILD CARE FOR CHILDREN UNDER 1 YEAR OF AGE?)

192	1	YES
135	2	NO
213	8	DON'T KNOW
7	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C39F

29

DID THIS PLAN COVER WELL CHILD CARE SUCH AS ... F. OTHER WELL CHILD CARE FOR CHILDREN 1-4 YEARS OF AGE?

199	1	YES
127	2	NO
214	8	DON'T KNOW
7	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C39G	30		<u>DID THIS PLAN COVER WELL CHILD CARE SUCH AS ... G. OTHER WELL CHILD CARE FOR CHILDREN 5-13 YEARS OF AGE?</u>	
		207	1	YES
		123	2	NO
		213	8	DON'T KNOW
		4	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C40	31		<u>IN 1993, DID THIS PLAN COVER OUTPATIENT PRESCRIPTION DRUGS?</u>	
		353	1	YES
		165	2	NO
		24	8	DON'T KNOW
		5	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C41	32		<u>WAS THERE A LIMIT ON HOW MUCH THE PLAN WOULD PAY IN A YEAR FOR OUTPATIENT PRESCRIPTION DRUGS?</u>	
		31	1	YES
		231	2	NO
		90	8	DON'T KNOW
		1	9	NOT ASCERTAINED
		566	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER, PLAN DID NOT COVER OUTPATIENT DRUGS, OR DK OR NOT ASCERTAINED IF PLAN COVERED OUTPATIENT DRUGS

C43	33		<u>DID THIS PLAN REQUIRE THAT GENERIC DRUGS BE PURCHASED IF AVAILABLE?</u>	
		73	1	YES
		224	2	NO

27	3	NO REQUIREMENT, BUT PAID LESS FOR GENERIC
28	8	DON'T KNOW
1	9	NOT ASCERTAINED
566	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER, PLAN DID NOT COVER OUTPATIENT DRUGS, OR DK OR NOT ASCERTAINED IF PLAN COVERED OUTPATIENT DRUGS

C44 34

IN 1993, DID THIS PLAN COVER ROUTINE DENTAL CARE?

171	1	YES [INCLUDE "LIMITED"]
367	2	NO
6	8	DON'T KNOW
3	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE :NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C45 35

IN 1993, DID THIS PLAN COVER ORTHODONTIC CARE OTHER THAN THAT REQUIRED BY ACCIDENT OR INJURY?

105	1	YES [INCLUDE "LIMITED"]
361	2	NO
49	8	DON'T KNOW
32	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE :NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C46 36

IN 1993, DID THIS PLAN COVER ROUTINE EYE EXAMS?

157	1	YES
357	2	NO
30	8	DON'T KNOW
3	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE :NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C47 37 WERE EYEGLASSES AND CONTACT LENSES COVERED?

93	1	YES [INCLUDE "LIMITED"]
54	2	NO
10	8	DON'T KNOW
0	9	NOT ASCERTAINED
762	BLANK	NOT APPLICABLE

NOT APPLICABLE :NOT A MAJOR HEALTH INSURANCE PLAN, OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER, PLAN DID NOT COVER ROUTINE EYE EXAMS, OR DK OR NOT ASCERTAINED IF PLAN COVERED ROUTINE EYE EXAMS

C48 38 IN 1993, WAS CARE IN A NURSING HOME COVERED UNDER THIS PLAN?

75	1	YES
184	2	NO
282	8	DON'T KNOW
6	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C49 39 WAS THERE A LIMIT ON THE NUMBER OF DAYS OR TOTAL DOLLAR AMOUNT THAT WOULD BE COVERED FOR CARE RECEIVED IN A NURSING HOME?

32	1	YES
8	2	NO
34	8	DON'T KNOW
1	9	NOT ASCERTAINED
844	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN, OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER, PLAN DID NOT COVER NURSING HOME CARE, OR DK OR NOT ASCERTAINED IF PLAN COVERED NURSING HOME CARE

C51 40 IN 1993, WERE PERSONAL CARE SERVICES IN THE HOME COVERED UNDER THIS PLAN?

139	1	YES
179	2	NO
223	8	DON'T KNOW
6	9	NOT ASCERTAINED

		372	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER	
C52	41		<u>IN 1993, WAS HOME HEALTH CARE COVERED UNDER THIS PLAN?</u>	
		138	1	YES
		143	2	NO
		263	8	DON'T KNOW
		3	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER	
C53	42		<u>WAS THERE A LIMIT ON THE NUMBER OF VISITS OR TOTAL DOLLAR AMOUNT THAT WOULD BE COVERED FOR HOME HEALTH CARE?</u>	
		54	1	YES
		28	2	NO
		56	8	DON'T KNOW
		781	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER, PLAN DID NOT COVER HOME HEATH CARE, OR DK OR NOT ASCERTAINED IF PLAN COVERED HEALTH CARE	
C55	43		<u>IN 1993, DID THIS PLAN COVER INPATIENT MENTAL HEALTH SERVICES?</u>	
		277	1	YES [INCLUDE "LIMITED"]
		87	2	NO
		179	8	DON'T KNOW
		4	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER	
C56	44		<u>WAS THERE A LIMIT ON THE NUMBER OF DAYS OR THE TOTAL DOLLAR AMOUNT THAT WOULD BE COVERED FOR INPATIENT MENTAL HEALTH SERVICES?</u>	
		127	1	YES
		29	2	NO

118	8	DON'T KNOW
3	9	NOT ASCERTAINED
642	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER, OR PLAN DID NOT COVER INPATIENT MENTAL HEALTH, OR NOT ASCERTAINED IF PLAN COVERED INPATIENT MENTAL HEALTH

C57STAY

45

WAS THE LIMIT...PER STAY?

24	1	YES
50	2	NO
52	8	DON'T KNOW
1	9	NOT ASCERTAINED
792	BLANK	NOT APPLICABLE (NOT A MAJOR HEALTH INSURANCE PLAN,

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN, IF DAY OR DOLLAR LIMIT ON SERVICE)

C59

46

IN 1993, DID THIS PLAN COVER OUTPATIENT MENTAL HEALTH SERVICES?

210	1	YES [INCLUDE "LIMITED"]
119	2	NO
213	8	DON'T KNOW
5	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

C60

47

WAS THERE A LIMIT ON THE NUMBER OF VISITS OR THE TOTAL DOLLAR AMOUNT THAT WOULD BE COVERED FOR OUTPATIENT MENTAL HEALTH SERVICES IN A YEAR?

96	1	YES
4	2	INCLUDED WITH INPATIENT LIMIT
29	3	NO
80	8	DON'T KNOW
1	9	NOT ASCERTAINED
709	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN

C62	48		<u>IN 1993, DID THIS PLAN COVER SUBSTANCE ABUSE TREATMENT?</u>	
		193	1	YES
		125	2	NO
		225	8	DON'T KNOW
		4	9	NOT ASCERTAINED
		372	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER	
C63	49		<u>WAS INPATIENT TREATMENT FOR SUBSTANCE ABUSE COVERED?</u>	
		165	1	YES
		1	2	NO
		27	8	DON'T KNOW
		726	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN, PLAN OBTAINED THROUGH SENE'S CURRENT/ FORMER EMPLOYER, PLAN DID NOT COVER SUBSTANCE ABUSE TREATMENT, DK OR NOT ASCERTAINED IF PLAN COVERED SUBSTANCE ABUSE TREATMENT	
C64	50		<u>WAS THERE A LIMIT ON THE NUMBER OF DAYS OR THE TOTAL DOLLAR AMOUNT THAT WOULD BE COVERED FOR INPATIENT SUBSTANCE TREATMENT?</u>	
		68	1	YES
		8	2	INCLUDED WITH MENTAL HEALTH LIMITS
		20	3	NO
		69	8	DON'T KNOW
		754	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN, PLAN OBTAINED THROUGH SENE'S CURRENT/ FORMER EMPLOYER, PLAN DID NOT COVER SUBSTANCE ABUSE TREATMENT, DK OR NOT ASCERTAINED IF PLAN COVERED SUBSTANCE ABUSE TREATMENT, OR PLAN COVERED SUBSTANCE TREATMENT BUT NOT INPATIENT, OR DK OR NOT ASCERTAINED IF PLAN COVERED INPATIENT SUBSTANCE ABUSE TREATMENT	
C66	51		<u>WAS OUTPATIENT SUBSTANCE ABUSE TREATMENT COVERED?</u>	
		123	1	YES
		14	2	NO

53	8	DON'T KNOW
3	9	NOT ASCERTAINED
726	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN, PLAN OBTAINED THROUGH SENE'S CURRENT/ FORMER EMPLOYER, PLAN DID NOT COVER SUBSTANCE ABUSE TREATMENT, DK OR NOT ASCERTAINED IF PLAN COVERED SUBSTANCE ABUSE TREATMENT

C67 52 WAS THERE A LIMIT ON THE NUMBER OF VISITS OR THE TOTAL DOLLAR AMOUNT THAT WOULD BE COVERED FOR OUTPATIENT SUBSTANCE ABUSE TREATMENT?

48	1	YES
7	2	INCLUDED WITH PREVIOUSLY REPORTED LIMITS
12	3	NO
56	8	DON'T KNOW
796	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN, PLAN OBTAINED THROUGH SENE'S CURRENT/ FORMER EMPLOYER, PLAN DID NOT COVER SUBSTANCE ABUSE TREATMENT, DK OR NOT ASCERTAINED IF PLAN COVERED SUBSTANCE ABUSE TREATMENT, OR PLAN COVERED SUBSTANCE TREATMENT BUT NOT OUTPATIENT, OR DK OR NOT ASCERTAINED IF PLAN COVERED OUTPATIENT SUBSTANCE ABUSE TREATMENT

C69 53 DID RESPONDENT USE A BROCHURE OR PAMPHLET TO ANSWER QUESTIONS ABOUT COVERED SERVICES IN THIS SECTION?

46	1	YES
467	2	NO
16	8	DON'T KNOW
18	9	NOT ASCERTAINED
372	BLANK	NOT APPLICABLE

NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER

D1 54-55 HOW LONG (HAVE YOU/HAS NAME) BEEN PRIMARILY SELF-EMPLOYED?

907	00-96	NUMBER OF YEARS
6	97	REFUSED
1	98	DON'T KNOW
5	99	NOT ASCERTAINED

D2	56		<u>IS (YOUR/NAME'S) BUSINESS INCORPORATED?</u>
		111	1 YES
		791	2 NO
		7	7 REFUSED
		6	8 DON'T KNOW
		4	9 NOT ASCERTAINED
D3	57		<u>IS (YOUR/NAME'S) BUSINESS FOR PROFIT OR NON-PROFIT?</u>
		877	1 FOR PROFIT
		27	2 NON - PROFIT
		8	7 REFUSED
		3	8 DON'T KNOW
		4	9 NOT ASCERTAINED
D4A	58		<u>IN FILING FEDERAL INCOME TAX FOR 1993, DID (YOU/NAME) FILE A SCHEDULE C?</u>
		542	1 YES
		144	2 NO
		14	7 REFUSED
		192	8 DON'T KNOW
		27	9 NOT ASCERTAINED
D4B	59		<u>IN FILING FEDERAL INCOME TAX FOR 1993, DID (YOU/NAME) FILE A SCHEDULE F?</u>
		106	1 YES
		548	2 NO
		15	7 REFUSED
		204	8 DON'T KNOW
		46	9 NOT ASCERTAINED
D6SIC	60-63	919	<u>WHAT KIND OF BUSINESS OR INDUSTRY IS THIS? WHAT DO (YOU/NAME) MAKE OR DO?</u>
D8EARNED	64-71		<u>DURING 1993, HOW MUCH MONEY DID (YOUR/NAME'S) BUSINESS EARN AFTER EXPENSES?</u>
		82	BLANK NOT ASCERTAINED
		423	00000000-99999996 AMOUNT
		169	99999997 REFUSED
		241	99999998 DON'T KNOW

		86	99999999	NOT ASCERTAINED
D8LOST	72-79		<u>DURING 1993, HOW MUCH MONEY DID (YOUR/NAME'S) BUSINESS LOSE?</u>	
		488	BLANK	NOT ASCERTAINED
		36	00000000-99999996	AMOUNT
		161	99999997	REFUSED
		228	99999998	DON'T KNOW
		4	99999999	NOT ASCERTAINED
CNTLNUM	80-93		<u>CONTROL NUMBER FROM SENE WEIGHT FILE</u>	
			YEAR	NHIS YEAR
			QTR	NHIS QUARTER
			PSU	NHIS PSU
			WEEKSEG	NHIS WEEK/SEGMENT
			HHNUM	NHIS HOUSEHOLD NUMBER
			PERNUM	NHIS PERSON NUMBER
NRWT1	94-100		<u>WESTAT: NR ADJUSTMENT FULL SAMPLE WEIGHT</u>	
SENE CONSTRUCTED VARIABLES				
PLANTYP2	101-102		<u>TYPE OF MAJOR HEALTH PLAN (RECODE)</u>	
		103	01	HMO
		152	02	PPO
		310	03	CONVENTIONAL/INDEMNITY/FEE-FOR-SERVICE
		41	04	POS
		313	BLANK	NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN	
PRIVINSU	103		<u>DOES SENE HAVE A MAJOR PRIVATE HEALTH INSURANCE PLAN</u>	
		606	1	HAS MAJOR PRIVATE HEALTH INSURANCE PLAN
		313	2	DOES NOT HAVE A MAJOR PRIVATE HEALTH INSURANCE PLAN
INSURESN	104		<u>TYPE OF HEALTH INSURANCE COVERAGE FOR SENE</u>	
		56	1	PUBLIC INSURANCE ONLY
		542	2	PRIVATE INSURANCE ONLY

		64	3	BOTH PUBLIC AND PRIVATE INSURANCE
		257	4	NOT INSURED
TOTPLANS	105			<u>TOTAL NUMBER OF PRIVATE HEALTH INSURANCE PLANS SENE HOLDS</u>
		289	0	NO PRIVATE HEALTH INSURANCE PLANS
		551	1	ONLY ONE MAJOR PLAN
		66	2	TWO PLANS
		13	3	MORE THAN TWO PLANS
TYPRICOV	106			<u>TYPE OF PRIVATE HEALTH INSURANCE COVERAGE SENE CARRIES</u>
		289	0	NO PRIVATE HEALTH INSURANCE PLANS
		530	1	ONLY ONE MAJOR PLAN
		64	2	AT LEAST ONE MAJOR PLAN AND SINGLE SERVICE PLAN(S)
		12	3	AT LEAST ONE MAJOR PLAN AND SOME PLAN(S) OTHER THAN HEALTH INSURANCE
		20	4	SINGLE SERVICE PLAN ONLY
		4	5	OTHER COVERAGE ARRANGEMENT
INSOURCE	107			<u>SOURCE OF HEALTH INSURANCE COVERAGE (RECODE)</u>
		195	1	DIRECT PURCHASE
		277	2	SPOUSE'S EMPLOYMENT
		59	3	SENE'S CURRENT/FORMER EMPLOYMENT
		13	4	SENE'S BUSINESS
		44	5	UNION/PROFESSIONAL ASSOCIATION
		18	6	OTHER
		313	BLANK	NOT APPLICABLE
				NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN
PRIMEINS	108			<u>PRIMARY INSURED PERSON FOR THE PLAN</u>
		283	1	SELF
		315	2	SPOUSE
		6	3	OTHER
		1	8	DON'T KNOW
		1	9	NOT ASCERTAINED
		313	BLANK	NOT APPLICABLE
				NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN

WHOCOVER	109		<u>WHO'S COVERED UNDER THIS PLAN?</u>
		108	1 SELF ONLY
		139	2 SPOUSE AND SELF ONLY
		275	3 SELF, SPOUSE, AND DEPENDENT CHILDREN ONLY
		16	4 SELF AND DEPENDENT CHILDREN ONLY
		9	9 NOT ASCERTAINED
		372	BLANK NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN
TOTALCOV	110		<u>TOTAL NUMBER OF FAMILY MEMBERS (INCLUDING SELF) COVERED BY MAJOR HEALTH INSURANCE PLAN</u>
		109	1 SELF ONLY
		158	2 TWO MEMBERS
		96	3 THREE MEMBERS
		116	4 FOUR MEMBERS
		67	5 FIVE OR MORE MEMBERS
		1	9 NOT ASCERTAINED
		372	BLANK NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER
PREMAMT	111-115		<u>MONTHLY PREMIUM AMOUNT PAID BY SENE</u>
		206	00000-99996 MONTHLY SENE AMOUNT
		341	99999 NOT ASCERTAINED
		372	BLANK NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER
EMPLCONT	116-120		<u>MONTHLY CONTRIBUTION TO PREMIUM BY EMPLOYER</u>
		74	00000-99996 MONTHLY EMPLOYER AMOUNT
		203	99999 NOT ASCERTAINED
		642	BLANK NOT APPLICABLE
			NOT APPLICABLE :NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN NOT OBTAINED THROUGH SENE'S CURRENT/ FORMER EMPLOYER

TOTPREM	121-125		<u>TOTAL MONTHLY PREMIUM</u>
		147	00000-99996 TOTAL MONTHLY AMOUNT
		400	99999 NOT ASCERTAINED
		372	BLANK NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER
LIFEMAX	126-127		<u>MAXIMUM LIFETIME BENEFIT</u>
		119	00 NO LIFETIME LIMIT
		5	01 LESS THAN \$100,000
		12	02 \$100,000 - \$999,999
		126	03 \$1,000,000
		19	04 \$2,000,000
		6	05 MORE THAN \$2,000,000
		254	98 DON'T KNOW
		6	99 NOT ASCERTAINED
		372	BLANK NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER
WAITPER	128-131		<u>WAITING PERIOD IN DAYS FOR PRE-EXISTING CONDITIONS</u>
		238	0000 NO WAITING PERIOD
		116	0001-1095 NUMBER OF DAYS WAITING PERIOD
		8	9996 NEVER COVERED
		173	9998 DON'T KNOW
		12	9999 NOT ASCERTAINED
		372	BLANK NOT APPLICABLE
			NOT APPLICABLE: NOT A MAJOR HEALTH INSURANCE PLAN OR PLAN OBTAINED THROUGH SENE'S CURRENT/FORMER EMPLOYER
NHIS VARIABLES			
NHISRESP	132		<u>RESPONDENT FOR NHIS CORE</u>

		583	1	SELF - ENTIRELY
		55	2	SELF - PARTLY
		276	3	PROXY
		5	4	UNKNOWN
SEX	133		<u>SEX</u>	
		595	1	MALE
		324	2	FEMALE
AGEYR	134-135		<u>AGE</u>	
		919	01-98	NUMBER OF YEARS
AGE	136		<u>AGE RECODE 1</u>	
		14	3	18-24 YEARS
		445	4	25-44 YEARS
		375	5	45-64 YEARS
		41	6	65-69 YEARS
		27	7	70-74 YEARS
		17	8	75 YEARS AND OVER
RACE	137		<u>RACE RECODE 1</u>	
		856	1	WHITE
		43	2	BLACK
		20	3	OTHER
HISPOG	138-139		<u>HISPANIC ORIGIN</u>	
		4	01	PUERTO RICAN
		2	02	CUBAN
		6	03	MEXICAN-MEXICANO
		13	04	MEXICAN-AMERICAN
		7	06	OTHER LATIN AMERICAN
		1	07	OTHER SPANISH
		5	09	UNKNOWN IF SPANISH ORIGIN
		881	10	NOT SPANISH ORIGIN
MARSTAT	140		<u>MARITAL STATUS</u>	
		725	1	MARRIED, SPOUSE IN HOUSEHOLD

7	2	MARRIED, SPOUSE NOT IN HOUSEHOLD
26	3	WIDOWED
77	4	DIVORCED
9	5	SEPARATED
75	6	NEVER MARRIED

EDUC	141-142		<u>EDUCATION OF INDIVIDUAL - COMPLETED YEARS</u>
		446	01-12 GRADES 1-12
		82	13 1 YEAR COLLEGE
		108	14 2 YEARS COLLEGE
		33	15 3 YEARS COLLEGE
		141	16 4 YEARS COLLEGE
		27	17 5 YEARS COLLEGE
		79	18 6 YEARS COLLEGE OR MORE
		3	19 UNKNOWN

EDUCRE	143		<u>EDUCATION OF INDIVIDUAL RECODE</u>
		42	1 1-8 YEARS (ELEMENTARY)
		66	2 9-11 YEARS (HIGH SCHOOL)
		338	3 12 YEARS (HIGH SCHOOL GRADUATE)
		223	4 1-3 YEARS (COLLEGE)
		141	5 4 YEARS (COLLEGE GRADUATE)
		106	6 5+ YEARS (POST-COLLEGE)
		3	7 UNKNOWN

FAMINC	144-145		<u>FAMILY INCOME</u>
		3	00 LESS THAN \$1,000
		2	02 \$2,000 - \$2,999
		3	03 \$3,000 - \$3,999
		1	04 \$4,000 - \$4,999
		3	05 \$5,000 - \$5,999
		1	06 \$6,000 - \$6,999
		7	07 \$7,000 - \$7,999
		3	08 \$8,000 - \$8,999
		7	09 \$9,000 - \$9,999
		7	10 \$10,000 - \$10,999
		9	11 \$11,000 - \$11,999
		16	12 \$12,000 - \$12,999

4	13	\$13,000 - \$13,999
4	14	\$14,000 - \$14,999
13	15	\$15,000 - \$15,999
14	16	\$16,000 - \$16,999
6	17	\$17,000 - \$17,999
26	18	\$18,000 - \$18,999
15	19	\$19,000 - \$19,999
73	20	\$20,000 - \$24,999
74	21	\$25,000 - \$29,999
69	22	\$30,000 - \$34,999
59	23	\$35,000 - \$39,999
62	24	\$40,000 - \$44,999
54	25	\$45,000 - \$49,999
244	26	\$50,000 AND OVER
140	27	UNKNOWN

FAMINCR 146

FAMILY INCOME RECODE

9	0	UNDER \$5,000
4	1	\$5,000 - \$6,999
17	2	\$7,000 - \$9,999
40	3	\$10,000 - \$14,999
74	4	\$15,000 - \$19,999
73	5	\$20,000 - \$24,999
143	6	\$25,000 - \$34,999
175	7	\$35,000 - \$49,999
244	8	\$50,000 OR MORE
140	9	UNKNOWN

POVINDX 147

NHIS POVERTY INDEX

820	1	AT OR ABOVE POVERTY THRESHOLD
44	2	BELOW POVERTY THRESHOLD
55	3	UNKNOWN

FAMREL 148

FAMILY RELATIONSHIP RECODE

107	1	LIVING ALONE
10	2	LIVING ONLY WITH NON-RELATIVE
725	3	LIVING WITH SPOUSE

		77	4	LIVING WITH RELATIVE - OTHER
FAMSIZE	149			<u>SIZE OF FAMILY RECODE</u>
		118	1	ONE MEMBER
		314	2	TWO MEMBERS
		194	3	THREE MEMBERS
		180	4	FOUR MEMBERS
		82	5	FIVE MEMBERS
		23	6	SIX MEMBERS
		5	7	SEVEN MEMBERS
		2	8	EIGHT MEMBERS
		1	9	9+ MEMBERS
SICRE1	150-151	919		<u>INDUSTRY RECODE 1 (APPENDIX B - NHIS)</u>
SICRE2	152-153			<u>INDUSTRY RECODE 2</u>
		119	01	AGRICULTURE, FORESTRY, FISHERIES
			2	02 MINING
		127	03	CONSTRUCTION
		43	04	MANUFACTURING
		40	05	TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES
		27	06	WHOLESALE TRADE
		85	07	RETAIL TRADE
		77	08	FINANCE, INSURANCE, AND REAL ESTATE
		121	09	BUSINESS AND REPAIR SERVICES
		74	10	PERSONAL SERVICES
		17	11	ENTERTAINMENT AND RECREATION SERVICES
		184	12	PROFESSIONAL AND RELATED SERVICES
		3	14	UNKNOWN (INCLUDES NEVER WORKED, REFUSED, CLASSIFIED, ETC.)
MAJORACT	154			<u>MAJOR ACTIVITY</u>
		833	1	WORKING
		52	2	KEEPING HOUSE
		6	3	GOING TO SCHOOL
		26	4	SOMETHING ELSE
		2	5	UNKNOWN

HLTHSTAT	155		<u>HEALTH STATUS</u>	
		374	1	EXCELLENT
		294	2	VERY GOOD
		197	3	GOOD
		44	4	FAIR
		10	5	POOR
ACTIVLIM	156		<u>ACTIVITY LIMITATION STATUS</u>	
		23	1	UNABLE TO PERFORM MAJOR ACTIVITY
		57	2	LIMITED IN KIND/AMOUNT MAJOR ACTIVITY
		40	3	LIMITED IN OTHER ACTIVITIES
		799	4	NOT LIMITED (INCLUDES UNKNOWNNS)
WORKLIM	157		<u>LIMITATION OF "WORK ACTIVITY" STATUS</u>	
		23	1	UNABLE TO WORK
		53	2	LIMITED IN KIND/AMOUNT OF WORK
		37	3	LIMITED IN OTHER ACTIVITIES
		762	4	NOT LIMITED (INCLUDES UNKNOWNNS)
		44	BLANK	NOT APPLICABLE
				NOT APPLICABLE: AGE 70 OR OLDER
EMPLSTAT	158		<u>CURRENT EMPLOYMENT STATUS (PAST 2 WEEKS)</u>	
				CURRENTLY EMPLOYED:
		883	1	DID NOT WORK, HAS JOB; ON LAYOFF
		20	2	DID NOT WORK, HAS JOB; ON LAYOFF AND NOT LOOKING FOR WORK
		1	3	DID NOT WORK, HAS JOB; LOOKING FOR WORK
				UNEMPLOYED:
		1	4	DID NOT WORK, HAS JOB; ON LAYOFF
		12	6	DID NOT WORK, HAS JOB; UNKNOWN IF LOOKING OR ON LAYOFF
		2	7	DID NOT WORK, HAS NO JOB; LOOKING FOR WORK OR ON LAYOFF
				NOT IN LABOR FORCE (18+ YEARS)
WORKCLSS	159		<u>CLASS OF WORKER</u>	
		95	5	INCORPORATED BUSINESS
		824	6	SELF-EMPLOYED

OCCRE	160-161	<u>OCCUPATION RECODE</u>	
		MANAGERIAL AND PROFESIONAL SPECIALITY OCCUPATIONS:	
		164	01 EXECUTIVE, ADMINISTRATIVE AND MANAGERIAL OCCUPATIONS
		127	02 PROFESSIONAL SPECIALITY OCCUPATIONS; TECHNICAL, SALES, AND ADMINISTRATIVE SUPPORT OCCUPATIONS
		13	03 TECHNICIANS AND RELATED SUPPORT OCCUPATIONS
		159	04 SALES OCCUPATIONS
		21	05 ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL SERVICE OCCUPATIONS:
		14	06 PRIVATE HOUSEHOLD OCCUPATIONS
		2	07 PROTECTIVE SERVICE OCCUPATIONS
		107	08 SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD
		114	09 FARMING, FORESTRY AND FISHING OCCUPATIONS
		144	10 PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS OPERATORS, FABRICATORS AND LABORERS
		11	11 MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS
		33	12 TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS
		8	13 HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS
		2	14 UNKNOWN OCCUPATION (INCLUDES NEVER WORKED, REFUSED, CLASSIFIED, ETC.)
YRSINUS	162	<u>YEARS LIVED IN UNITED STATES</u>	
		5	2 1 YEAR, LESS THAN 5 YEARS
		12	3 5 YEARS, LESS THAN 10 YEARS
		14	4 10 YEARS, LESS THAN 15 YEARS
		47	5 15 YEARS OR MORE
		841	BLANK NOT APPLICABLE
			NOT APPLICABLE: BORN IN USA
BD12MO	163-165	<u>BED DAYS IN PAST 12 MONTHS</u>	
		559	000 NONE
		359	001-365 1-365 DAYS
		1	366 UNKNOWN
BD12MOR	166	<u>BED DAYS IN PAST 12 MONTHS (RECODE)</u>	
		559	0 NONE
		297	1 1-7 DAYS

		45	2	8-30 DAYS
		16	3	31-180 DAYS
		1	4	181-365 DAYS
		1	5	UNKNOWN
DRV12MO	167-169			<u>DOCTOR VISITS IN PAST 12 MONTHS</u>
		278	000	NONE
		914	001-996	VISITS
		5	998	UNKNOWN
LASTDRV	170			<u>INTERVAL SINCE LAST DOCTOR VISIT</u>
		1	0	NEVER
		644	1	LESS THAN 1 YEAR
		103	2	1 TO LESS THAN 2 YEARS
		105	3	2 TO LESS THAN 5 YEARS
		62	4	5 YEARS OR MORE
		4	5	UNKNOWN
HOSP12MO	171-172			<u>NUMBER OF SHORT STAY HOSPITAL VISITS IN PAST 12 MONTHS GENERATED</u>
		863	0	NONE
		919	01-21	NUMBER OF VISITS
BASEQTWT	173-181	919		<u>QUARTER BASIC WEIGHT BEFORE AGE, SEX, RACE ADJUSTMENT (HAS ONE IMPLIED DECIMAL)</u>
SUBSTR	182			<u>TYPE OF SUBSTRATUM</u>
		137	0	PERMIT
		27	1	AREA, OVERSAMPLED FOR BLACKS
		755	2	AREA, NOT OVERSAMPLED FOR BLACKS
FULLSTR	183-185	919		<u>FULL SAMPLE STRATUM IDENTIFIER</u>
GEOREG	186			<u>GEOGRAPHIC REGION</u>
		171	1	NORTHEAST
		242	2	MIDWEST
		280	3	SOUTH
		226	4	WEST

MSASIZE	187		<u>GEOGRAPHIC DISTRIBUTION - MSA SIZE</u>	
		341	1	1,000,000 OR MORE
		202	2	250,000 - 999,999
		63	3	100,000 - 249,999
		11	4	UNDER 100,000
		302	BLANK	NON-MSA
PSU	188-190	919	<u>PSU - ORIGINAL CODE</u>	
MSA	191		<u>MSA - NON-MSA RESIDENCE</u>	
		200	1	MSA - CENTRAL CITY
		417	2	MSA - NOT CENTRAL CITY
		233	3	NON-MSA - NONFARM
		69	4	NON-MSA - FARM
PSEUDPSU	192-194	919	<u>PSUEDO PSU CODES</u>	
FINLWGT	195-203	919	<u>FINAL BASIC WEIGHT</u>	

1993 NHIS FINAL HEALTH INSURANCE FILE VARIABLES

MCARE	204		<u>COVERED BY MEDICARE LAST MONTH</u>	
		88	1	YES
		787	2	NO
		44	8	NOT ASCERTAINED
MCARETYP	205		<u>TYPE OF MEDICARE COVERAGE</u>	
		2	1	PART A - HOSPITAL ONLY
		1	2	PART B - MEDICAL ONLY
		40	3	BOTH PART A AND PART B
		41	4	CARD NOT SEEN
		4	8	NOT ASCERTAINED
		831	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF COVERED BY MEDICARE

MCARETIM	206		<u>LENGTH OF TIME WITH MEDICARE COVERAGE</u>
		6	1 LESS THAN 6 MONTHS
		3	2 6 MONTHS BUT LESS THAN 1 YEAR
		7	3 1 YEAR BUT LESS THAN 2 YEARS
		2	4 2 YEARS OR MORE
		3	8 NOT ASCERTAINED
		898	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF COVERED BY MEDICARE, COVERED BUT AGE 67 OR OLDER
MCAID	207		<u>COVERED BY MEDICAID LAST MONTH</u>
		3	1 YES
		871	2 NO
		45	8 NOT ASCERTAINED
MCAIDTIM	208		<u>LENGTH OF TIME WITH MEDICAID COVERAGE</u>
		2	1 6 MONTHS BUT LESS THAN 1 YEAR
		1	3 2 YEARS BUT LESS THAN 5 YEARS
		916	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF COVERED BY MEDICAID, COVERED BUT AGE 67 OR OLDER
MCAID12M	209		<u>RECEIVED MEDICAID CARE IN PAST 12 MONTHS</u>
		3	1 YES
		870	2 NO
		46	8 NOT ASCERTAINED
PUBASST	210		<u>COVERED BY OTHER PUBLIC ASSISTANCE LAST MONTH</u>
		1	1 YES
		871	2 NO
		47	8 NOT ASCERTAINED
CHAMP	211		<u>COVERED BY CHAMPUS OR CHAMP-VA LAST MONTH</u>
		16	1 YES
		857	2 NO

		46	8	NOT ASCERTAINED
MILITOTH	212			<u>COVERED BY OTHER MILITARY HEALTH CARE LAST MONTH</u>
		13	1	YES
		860	2	NO
		46	8	NOT ASCERTAINED
INDHLTH	213			<u>COVERED BY INDIAN HEALTH SERVICE</u>
		1	1	YES
		870	2	NO
		48	8	NOT ASCERTAINED
PLN1NAME	214-215			<u>NAME OF NHIS PLAN 1</u>
		514	01,02,04-20,	
		195	55,77,88	REFER TO APPENDIX I ON PAGE 57 FOR THE HEALTH INSURANCE PLAN LISTING.
		210	BLANK	NOT APPLICABLE
				NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL
WHOCOV1	216			<u>COVERAGE STATUS FOR PLAN 1</u>
		51	0	NOT KNOWN TO BE COVERED BY THIS PLAN
		640	1	COVERED BY THIS GENERAL PURPOSE PLAN
		15	2	COVERED BY THIS SINGLE SERVICE PLAN
		3	8	UNKNOWN WHICH FAMILY MEMBER IS COVERED BY THIS PLAN
		210	BLANK	NOT APPLICABLE
				NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL
P1HELDBY	217			<u>PLAN 1 IN WHOSE NAME</u>
		325	1	IN OWN NAME
		10	2	PERSON NOT IN HOUSEHOLD
		374	3	SOMEONE ELSE IN FAMILY OR UNKNOWN
		210	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

WORK1PLN	218		<u>PLAN 1 ORIGINALLY OBTAINED THROUGH WORKPLACE OR UNION</u>
		432	1 EMPLOYER
		11	2 UNION
		3	3 THROUGH WORKPLACE BUT DK IF EMPLOYER OR UNION
		259	4 NO
		1	8 NOT ASCERTAINED
		3	9 DK OR REFUSED
		210	BLANK NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

EMPLPAY1	219		<u>EMPLOYER/UNION CURRENTLY PAY FOR PREMIUMS FOR PLAN 1</u>
		124	1 ALL
		248	2 SOME
		56	3 NONE
		1	8 NOT ASCERTAINED
		17	9 DK OR REFUSED
		473	BLANK NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; COVERAGE NOT OBTAINED THROUGH WORKPLACE

FAMPREM1	220		<u>LAST MONTH'S FAMILY PREMIUM FOR PLAN 1</u>
		11	0 ZERO
		9	1 \$1-9
		14	2 \$10-19
		53	3 \$20-49
		115	4 \$50-99
		163	5 \$100-199
		141	6 \$200-499
		19	7 \$500 OR MORE
		4	8 NOT ASCERTAINED
		56	9 DK OR REFUSED
		334	BLANK NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; ENTIRE PREMIUM PAYED BY EMPLOYER/ UNION

VARISING1	221		<u>VARIETY OR SINGLE SERVICE FOR PLAN 1</u>
		683	1 VARIETY OF SERVICE
		17	2 SINGLE SERVICE
		6	8 NOT ASCERTAINED
		3	9 DK OR REFUSED
		210	BLANK NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

SING1TYP	222-223		<u>TYPE OF SINGLE SERVICE FOR PLAN 1</u>
		3	01 ACCIDENTS
		3	04 CATASTROPHIC CARE
		8	08 HOSPITALIZATION ONLY
		1	12 OTHER
		2	99 DK OR REFUSED
		902	BLANK NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; NOT SINGLE SERVICE PLAN

HMOTHER1	224		<u>HMO, IPA OR OTHER TYPE OF PLAN 1</u>
		173	1 HMO/IPA
		471	2 OTHER
		4	8 NOT ASCERTAINED
		44	9 DK OR REFUSED
		227	BLANK NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; SINGLE SERVICE PLAN

DRCHOIC1	225		<u>CHOICE OF DOCTOR FOR PLAN 1</u>
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485	1	CAN CHOOSE ANY DOCTOR
191	2	SELECT FROM GROUP/LIST
5	8	NOT ASCERTAINED
11	9	DK OR REFUSED
227	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; SINGLE SERVICE PLAN

PPOPT1	226		<u>IF CHOICE OF ANY DOCTOR, PREFERRED PROVIDER OPTION FOR PLAN 1</u>
		127	1 YES
		267	2 NO
		16	8 NOT ASCERTAINED
		75	9 DK OR REFUSED
		434	BLANK NOT APPLICABLE
OUTP1USE	227		<u>IF SPECIFIC GROUP/LIST OF DOCTORS, PLAN 1 PAYS FOR OUT OF PLAN USE</u>
		82	1 YES
		68	2 NO
		7	8 NOT ASCERTAINED
		34	9 DK OR REFUSED
		728	BLANK NOT APPLICABLE
WELLCHD1	228		<u>PLAN 1 PAYS FOR WELL CHILD CARE</u>
		151	1 YES
		105	2 NO
		12	8 NOT ASCERTAINED
		31	9 DK OR REFUSED
		620	BLANK NOT APPLICABLE
MAMMOG1	229		<u>PLAN 1 PAYS FOR MAMMOGRAMS</u>
		233	1 YES
		53	2 NO
		31	8 NOT ASCERTAINED
		108	9 DK OR REFUSED
		494	BLANK NOT APPLICABLE

PLAN1TYP	230-231		<u>TYPE OF PLAN 1 RECODE</u>
		15	00 SINGLE SERVICE PLAN
		165	01 BLUE CROSS AND/OR BLUE SHIELD
		154	02 OTHER MAJOR FEE-FOR-SERVICE PLAN
		32	03 GROUP HMO
		11	04 STAFF HMO
		44	05 IPA
		12	06 NETWORK
		13	07 MIXED HMO
		48	08 OTHER HMO
		35	09 PPO
		27	77 HAS INSURANCE, DK NAME
		153	88 OTHER INSURANCE
		210	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; INSURANCE BUT NO FAMILY PLAN
PLN2NAME	232-233		<u>NAME OF NHIS PLAN 2</u>
		91	01,02,04-20,
		72	55,77,88 REFER TO APPENDIX I ON PAGE 57 FOR THE HEALTH INSURANCE PLAN LISTING.
		756	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL
WHOCOV2	234		<u>COVERAGE STATUS FOR PLAN 2</u>
		95	0 NOT KNOWN TO BE COVERED BY THIS PLAN
		48	1 COVERED BY THIS GENERAL PURPOSE PLAN
		19	2 COVERED BY THIS SINGLE SERVICE PLAN
		1	8 UNKNOWN WHICH FAMILY MEMBER IS COVERED BY THIS PLAN
		756	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL
P2HELDBY	235		<u>PLAN 2 IN WHOSE NAME</u>
		49	1 IN OWN NAME

6	2	PERSON NOT IN HOUSEHOLD
108	3	SOMEONE ELSE IN FAMILY OR UNKNOWN
756	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

WORK2PLN 236

		<u>PLAN 2 ORIGINALLY OBTAINED THROUGH WORKPLACE OR UNION</u>
81	1	EMPLOYER
3	2	UNION
1	3	THROUGH WORKPLACE BUT DK IF EMPLOYER OR UNION
71	4	NO
7	9	DK OR REFUSED
756	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

EMPLPAY2 237

		<u>EMPLOYER/UNION CURRENTLY PAY FOR PREMIUMS FOR PLAN 2</u>
26	1	ALL
35	2	SOME
11	3	NONE
13	9	DK OR REFUSED
834	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; COVERAGE NOT OBTAINED THROUGH WORKPLACE

FAMPREM2 238

		<u>LAST MONTH'S FAMILY PREMIUM FOR PLAN 2</u>
7	0	ZERO
3	1	\$1-9
6	2	\$10-19
21	3	\$20-49
28	4	\$50-99
24	5	\$100-199
11	6	\$200-499
2	7	\$500 OR MORE

2	8	NOT ASCERTAINED
33	9	DK OR REFUSED
782	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; ENTIRE PREMIUM PAYED BY EMPLOYER/ UNION

VARISING2 239

		<u>VARIETY OR SINGLE SERVICE FOR PLAN 2</u>
129	1	VARIETY OF SERVICE
23	2	SINGLE SERVICE
3	8	NOT ASCERTAINED
8	9	DK OR REFUSED
756	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

SING2TYP 240-241

		<u>TYPE OF SINGLE SERVICE FOR PLAN 2</u>
3	01	ACCIDENTS
4	03	CANCER TREATMENT
1	04	CATASTROPHIC CARE
9	05	DENTAL
1	06	DISABILITY INSURANCE
2	08	HOSPITALIZATION ONLY
1	09	LONG TERM CARE
1	10	PRESCRIPTION DRUGS
1	98	NOT ASCERTAINED
896	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; NOT SINGLE SERVICE PLAN

HMOTHER2 242

		<u>HMO, IPA OR OTHER TYPE OF PLAN 2</u>
16	1	HMO/IPA
100	2	OTHER
2	8	NOT ASCERTAINED
22	9	DK OR REFUSED

		779	BLANK	NOT APPLICABLE
				NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; SINGLE SERVICE PLAN
DRCHOIC2	243			<u>CHOICE OF DOCTOR FOR PLAN 2</u>
		101	1	CAN CHOOSE ANY DOCTOR
		22	2	SELECT FROM GROUP/LIST
		1	8	NOT ASCERTAINED
		16	9	DK OR REFUSED
		779	BLANK	NOT APPLICABLE
				NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; SINGLE SERVICE PLAN
PPOPT2	244			<u>IF CHOICE OF ANY DOCTOR, PREFERRED PROVIDER OPTION FOR PLAN 2</u>
		19	1	YES
		65	2	NO
		2	8	NOT ASCERTAINED
		15	9	DK OR REFUSED
		818	BLANK	NOT APPLICABLE
OUTP2USE	245			<u>IF SPECIFIC GROUP/LIST OF DOCTORS, PLAN 2 PAYS FOR OUT OF PLAN USE</u>
		10	1	YES
		8	2	NO
		1	8	NOT ASCERTAINED
		3	9	DK OR REFUSED
		897	BLANK	NOT APPLICABLE
WELLCHD2	246			<u>PLAN 2 PAYS FOR WELL CHILD CARE</u>
		14	1	YES
		16	2	NO
		5	8	NOT ASCERTAINED
		15	9	DK OR REFUSED
		869	BLANK	NOT APPLICABLE
MAMMOG2	247			<u>PLAN 2 PAYS FOR MAMMOGRAMS</u>

28	1	YES
16	2	NO
27	8	NOT ASCERTAINED
41	9	DK OR REFUSED
807	BLANK	NOT APPLICABLE

PLAN2TYP 248-249

TYPE OF PLAN 2 RECODE

19	00	SINGLE SERVICE PLAN
39	01	BLUE CROSS AND/OR BLUE SHIELD
31	02	OTHER MAJOR FEE-FOR-SERVICE PLAN
5	03	GROUP HMO
3	05	IPA
3	07	MIXED HMO
4	08	OTHER HMO
6	09	PPO
16	77	HAS INSURANCE, DK NAME
37	88	OTHER INSURANCE
756	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; INSURANCE BUT NO FAMILY PLAN

PLN3NAME 250-251

NAME OF THIS PLAN 3

16	01,02,04-20,	
11	55,77,88	REFER TO APPENDIX I ON PAGE 57 FOR THE HEALTH INSURANCE PLAN LISTING.
892	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

WHOCOVP3 252

COVERAGE STATUS FOR PLAN 3

15	0	NOT KNOWN TO BE COVERED BY THIS PLAN
9	1	COVERED BY THIS GENERAL PURPOSE PLAN
3	2	COVERED BY THIS SINGLE SERVICE PLAN
892	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

P3HELDBY 253

PLAN 3 IN WHOSE NAME

8	1	IN OWN NAME
4	2	PERSON NOT IN HOUSEHOLD
15	3	SOMEONE ELSE IN FAMILY OR UNKNOWN
892	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

WORK3PLN 254

PLAN 3 ORIGINALLY OBTAINED THROUGH WORKPLACE OR UNION

14	1	EMPLOYER
1	2	UNION
12	4	NO
892	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

EMPLPAY3 255

EMPLOYER/UNION CURRENTLY PAY FOR PREMIUMS FOR PLAN 3

6	1	ALL
2	2	SOME
3	3	NONE
1	8	NOT ASCERTAINED
3	9	DK OR REFUSED
904	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

FAMPREM3 256

LAST MONTH'S FAMILY PREMIUM FOR PLAN 3

1	0	ZERO
1	1	\$1-9

1	2	\$10-19
1	3	\$20-49
5	4	\$50-99
2	5	\$100-199
5	6	\$200-499
1	8	NOT ASCERTAINED
4	9	DK OR REFUSED
898	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; ENTIRE PREMIUM PAYED BY EMPLOYER/UNION

VAR3SING 257

VARIETY OR SINGLE SERVICE FOR PLAN 3

21	1	VARIETY OF SERVICE
6	2	SINGLE SERVICE
892	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

SING3TYP 258-259

TYPE OF SINGLE SERVICE FOR PLAN 3

1	01	ACCIDENTS
1	05	DENTAL
4	11	VISION CARE
913	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; NOT SINGLE COVERAGE PLAN

HMO3THER 260

HMO, IPA OR OTHER TYPE OF PLAN 3

4	1	HMO/IPA
16	2	OTHER
1	9	DK OR REFUSED
898	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/ INDIVIDUAL

DRCHOIC3	261		<u>CHOICE OF DOCTOR FOR PLAN 3</u>
		16	1 CAN CHOOSE ANY DOCTOR
		4	2 SELECT FROM GROUP/LIST
		1	9 DK OR REFUSED
		898	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/ INDIVIDUAL
PPOPT3	262		<u>IF CHOICE OF ANY DOCTOR, PREFERRED PROVIDER OPTION FOR PLAN 3</u>
		1	1 YES
		12	2 NO
		3	9 DK OR REFUSED
		903	BLANK NOT APPLICABLE
OUTP3USE	263		<u>IF SPECIFIC GROUP/LIST OF DOCTORS, PLAN 3 PAYS FOR OUT OF PLAN USE</u>
		1	1 YES
		3	2 NO
		915	BLANK NOT APPLICABLE
WELLCHD3	264		<u>PLAN 3 PAYS FOR WELL CHILD CARE</u>
		4	1 YES
		5	2 NO
		2	9 DK OR REFUSED
		908	BLANK NOT APPLICABLE
MAMMOG3	265		<u>PLAN 3 PAYS FOR MAMMOGRAMS</u>
		5	1 YES
		1	2 NO
		7	8 NOT ASCERTAINED
		4	9 DK OR REFUSED
		902	BLANK NOT APPLICABLE
PLAN3TYP	266-267		<u>TYPE OF PLAN 3 RECODE</u>
		3	00 SINGLE SERVICE PLAN
		4	01 BLUE CROSS AND/OR BLUE SHIELD
		9	02 OTHER MAJOR FEE-FOR-SERVICE PLAN

2	03	GROUP HMO
1	08	OTHER HMO
5	77	HAS INSURANCE, DK NAME
3	88	OTHER INSURANCE
892	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; INSURANCE BUT NO FAMILY PLAN

PLN4NAME 268-269

		<u>NAME OF NHIS PLAN 4</u>
1	01,02,04-20,	
1	55,77,88	REFER TO APPENDIX I ON PAGE 57 FOR THE HEALTH INSURANCE PLAN LISTING.
917	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/ INDIVIDUAL

WHOCOVP4 270

		<u>COVERAGE STATUS FOR PLAN 4</u>
2	0	NOT KNOWN TO BE COVERED BY THIS PLAN
917	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

P4HELDBY 271

		<u>PLAN 4 IN WHOSE NAME</u>
2	3	SOMEONE ELSE IN FAMILY OR UNKNOWN
917	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

WORK4PLN 272

		<u>PLAN 4 ORIGINALLY OBTAINED THROUGH WORKPLACE OR UNION</u>
1	1	EMPLOYER
1	4	NO
917	BLANK	NOT APPLICABLE

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL

EMPLPAY4	273		<u>EMPLOYER/UNION CURRENTLY PAY FOR PREMIUMS FOR PLAN 4</u>
		1	2 SOME
		918	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; COVERAGE NOT OBTAINED THROUGH WORKPLACE
FAMPREM4	274		<u>LAST MONTH'S FAMILY PREMIUM FOR PLAN 4</u>
		1	0 ZERO
		1	4 \$50-99
		917	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; ENTIRE PREMIUM PAYED BY EMPLOYER/ UNION
VARSING4	275		<u>VARIETY OR SINGLE SERVICE FOR PLAN 4</u>
		1	1 VARIETY OF SERVICE
		1	2 SINGLE SERVICE
		917	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL
SING4TYP	276-277		<u>TYPE OF SINGLE SERVICE FOR PLAN 4</u>
		1	12 OTHER
		918	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; NOT SINGLE SERVICE PLAN
HMOTHER4	278		<u>HMO, IPA OR OTHER TYPE OF PLAN 4</u>
		1	1 HMO/IPA
		918	BLANK

NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; NOT SINGLE SERVICE PLAN

DRCHOIC4	279		<u>CHOICE OF DOCTOR FOR PLAN 4</u>
		1	2 SELECT FROM GROUP/LIST
		918	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE; THIS PLAN NOT MENTIONED FOR THIS FAMILY/INDIVIDUAL; SINGLE SERVICE PLAN
PPOPT4	280		<u>IF CHOICE OF ANY DOCTOR, PREFERRED PROVIDER OPTION FOR PLAN 4</u>
		919	BLANK NOT APPLICABLE
OUTP4USE	281		<u>IF SPECIFIC GROUP/LIST OF DOCTORS, PLAN 4 PAYS FOR OUT OF PLAN USE</u>
		1	2 NO
		918	BLANK NOT APPLICABLE
WELLCHD4	282		<u>PLAN 4 PAYS FOR WELL CHILD CARE</u>
		919	BLANK NOT APPLICABLE
MAMMOG4	283		<u>PLAN 4 PAYS FOR MAMMOGRAMS</u>
		1	8 NOT ASCERTAINED
		918	BLANK NOT APPLICABLE
PLAN4TYP	284-285		<u>TYPE OF PLAN 4 RECODE</u>
		1	08 OTHER HMO
		1	88 OTHER INSURANCE
		917	BLANK NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF ANYONE IN FAMILY HAS PRIVATE HEALTH INSURANCE
DENYCOV	286		<u>DENIED/RESTRICTED COVERAGE IN PAST TWO YEARS DUE TO PRE-EXISTING CONDITION</u>
		29	1 YES
		844	2 NO
		46	8 NOT ASCERTAINED

DENYAPLY	287		<u>TURNED DOWN WHEN APPLIED IN PAST TWO YEARS</u>
		36	1 YES
		827	2 NO
		56	8 NOT ASCERTAINED
RECODE	(288-292)		<u>REASONS UNABLE TO GET HEALTH INSURANCE</u>
PREXCOND	288		<u>PRE-EXISTING CONDITION(S)</u>
		14	1 MENTIONED
		17	2 NOT MENTIONED
		3	8 NOT ASCERTAINED (ANY REASON)
		2	9 DK ANY REASON
		883	BLANK. NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF UNABLE TO GET HI
HLTHRISK	289		<u>HEALTH RISK (SMOKING/OVERWEIGHT)</u>
		4	1 MENTIONED
		27	2 NOT MENTIONED
		3	8 NOT ASCERTAINED BUT TURNED DOWN (ENTIRE QUESTION)
		2	9 DK ANY REASON
		883	BLANK. NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF UNABLE TO GET HI
WORKOCC	290		<u>WORK OCCUPATION (CONSTRUCTION, BEAUTICIAN, FARM WORKER, ETC.)</u>
		1	1 MENTIONED
		30	2 NOT MENTIONED
		3	8 NOT ASCERTAINED (ANY REASON)
		2	9 DK ANY REASON
		883	BLANK. NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF UNABLE TO GET HI
HIGHPREM	291		<u>PREMIUMS WERE TOO HIGH</u>
		3	1 MENTIONED
		28	2 NOT MENTIONED
		3	8 NOT ASCERTAINED (ANY REASON)
		2	9 DK ANY REASON

		883	BLANK. NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF UNABLE TO GET HI
OTHREAS1	292		<u>OTHER REASONS</u>
		12	1 MENTIONED
		19	2 NOT MENTIONED
		3	8 NOT ASCERTAINED (ANY REASON)
		2	9 DK ANY REASON
		883	BLANK. NOT APPLICABLE
			NOT APPLICABLE: NO OR UNKNOWN IF UNABLE TO GET HI
STAYJOB	293		<u>STAYED IN JOB IN PAST 2 YEARS BECAUSE OF HEALTH INSURANCE</u>
		9	1 YES
		861	2 NO
		49	8 NOT ASCERTAINED
EMPOFFHI	294		<u>HEALTH INSURANCE OFFERED BY EMPLOYER</u>
		299	0 NOT ASKED, PERSON HAS JOB AND INSURANCE IN OWN NAME
		9	1 YES
		474	2 NO
		90	8 NOT ASCERTAINED
		1	9 DK OR REFUSED
		46	BLANK. NOT APPLICABLE
			NOT APPLICABLE: 70 OR OVER, NOT EMPLOYED IN PAST 2 WEEKS
PRIVCOV	295		<u>PRIVATE HEALTH INSURANCE COVERAGE (RECODE)</u>
		15	0 ONLY KNOWN COVERAGE IS A SINGLE SERVICE PLAN
		644	1 COVERED BY AT LEAST ONE MAJOR MEDICAL HEALTH PLAN
		213	2 NOT COVERED BY ANY PLAN
		3	6 UNKNOWN IF COVERED BY AT LEAST ONE PLAN, EITHER SINGLE SERVICE OR MAJOR MEDICAL
		43	8 NOT ASCERTAINED (WHOLE QUESTION)
		1	9 UNKNOWN IF COVERED (WHOLE QUESTION)
GENPLNP	296		<u>NUMBER OF GENERAL PURPOSE HEALTH INSURANCE PLANS PER PERSON</u>
		275	0 NO KNOWN PLANS

		644	1-4	NUMBER OF PLANS
GENPLNF	297			<u>NUMBER OF GENERAL PURPOSE HEALTH INSURANCE PLANS PER FAMILY</u>
		228	0	NO KNOWN PLANS
		691	1-4	NUMBER OF PLANS
SINGPLNP	298			<u>NUMBER OF SINGLE PURPOSE HEALTH INSURANCE PLANS PER PERSON</u>
		886	0	NO KNOWN PLANS
		33	1-4	NUMBER OF PLANS
SINGPLNF	299			<u>NUMBER OF SINGLE PURPOSE HEALTH INSURANCE PLANS PER FAMILY</u>
		879	0	NO KNOWN PLANS
		40	1-4	NUMBER OF PLANS
MCARPRI	300			<u>MEDICARE AND/OR PRIVATE HEALTH INSURANCE</u>
		657	1	COVERED BY ONE OR BOTH
		200	2	NOT COVERED BY EITHER
		62	9	UNKNOWN IF COVERED
MCAIDPA	301			<u>MEDICAID OR OTHER PUBLIC ASSISTANCE</u>
		4	2	NOT COVERED BY ONE
		866	3	NOT COVERED BY EITHER
		49	9	UNKNOWN IF COVERED
MILITCOV	302			<u>MILITARY COVERAGE</u>
		14	0	COVERED BY CHAMPUS/CHAMP-VA ONLY
		11	1	COVERED BY OTHER MILITARY CARE ONLY
		2	2	COVERED BY BOTH CHAMPUS AND OTHER MILITARY HEALTH CARE
		844	3	NOT COVERED BY ANY MILITARY HEALTH CARE
		2	6	NOT COVERED BY CHAMPUS/CHAMP-VA, UNKNOWN IF COVERED BY OTHER MILITARY HEALTH CARE
		2	7	NOT COVERED BY OTHER MILITARY HEALTH CARE, UNKNOWN IF COVERED BY CHAMPUS/CHAMP-VA
		44	8	NOT ASCERTAINED
COVSTAT	303			<u>COVERAGE STATUS</u>
		672	1	YES, COVERED

		179	2	NOT KNOWN TO BE COVERED, SOME RESPONSE TO NON-COVERAGE REASONS
		68	3	NOT KNOWN TO BE COVERED, NO RESPONSE TO NON-COVERAGE REASONS
RECODE	(304-317)			<u>WHY NOT COVERED BY HEALTH INSURANCE</u>
UNEMPLYD	304			<u>JOB LAYOFF/LOSS/UNEMPLOYED</u>
		8	1	MENTIONED
		170	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
NOEMPOFF	305			<u>WASN'T OFFERED BY EMPLOYER</u>
		9	1	MENTIONED
		169	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
NOTELIGB	306			<u>NOT ELIGIBLE - PART TIME WORKER</u>
		178	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
NOFAMCOV	307			<u>FAMILY COVERAGE NOT OFFERED BY EMPLOYER</u>
		3	1	MENTIONED
		175	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE

NOT APPLICABLE: NO RESPONSE TO NON-COVERAGE ITEMS

BENEXPI	308		<u>BENEFITS RAN OUT</u>
		10	1 MENTIONED
		168	2 NOT MENTIONED
		1	9 DK ANY REASON
		740	BLANK. NOT APPLICABLE
			NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
POORHLTH	309		<u>CAN'T OBTAIN BECAUSE OF POOR HEALTH, ILLNESS, OR AGE</u>
		7	1 MENTIONED
		171	2 NOT MENTIONED
		1	9 DK ANY REASON
		740	BLANK. NOT APPLICABLE
EXPENSIV	310		<u>TOO EXPENSIVE/CAN'T AFFORD</u>
		150	1 MENTIONED
		28	2 NOT MENTIONED
		1	9 DK ANY REASON
		740	BLANK. NOT APPLICABLE
			NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
DISSAT	311		<u>DISSATISFIED WITH PREVIOUS INSURANCE</u>
		5	1 MENTIONED
		173	2 NOT MENTIONED
		1	9 DK ANY REASON
		740	BLANK. NOT APPLICABLE
			NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
DONTBELV	312		<u>DON'T BELIEVE IN INSURANCE</u>
		3	1 MENTIONED
		175	2 NOT MENTIONED

		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
HEALTHY	313			<u>HEALTHY/HAVEN'T NEEDED INSURANCE</u>
		19	1	MENTIONED
		159	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
OTHERCOV	314			<u>COVERED BY OTHER PLAN</u>
		178	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
TOOLDFAM	315			<u>TOO OLD FOR COVERAGE UNDER FAMILY PLAN</u>
		178	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
FREECARE	316			<u>FREE/INEXPENSIVE CARE AVAILABLE</u>
		2	1	MENTIONED
		176	2	NOT MENTIONED
		1	9	DK ANY REASON
		740		BLANK. NOT APPLICABLE
				NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS

OTHREAS2	317		<u>OTHER REASONS</u>
		18	1 MENTIONED
		160	2 NOT MENTIONED
		1	9 DK ANY REASON
		740	BLANK. NOT APPLICABLE
			NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
MAINREAS	318-319		<u>MAIN REASON NOT COVERED</u>
		3	01 JOB LAYOFF/LOSS/UNEMPLOYED
		3	02 WASN'T OFFERED BY EMPLOYER
		4	05 BENEFITS RAN OUT
		4	06 CAN'T OBTAIN BECAUSE OF POOR HEALTH, ILLNESS, OR AGE
		142	07 TOO EXPENSIVE/CAN'T AFFORD
		2	08 DISSATISFIED WITH PREVIOUS COVERAGE
		2	09 DON'T BELIEVE IN INSURANCE
		6	10 HEALTHY/HAVEN'T NEEDED INSURANCE
		10	14 OTHER REASONS
		3	98 NOT ASCERTAINED (INCLUDES UNKNOWN ANY REASON)
		740	BLANK. NOT APPLICABLE
			NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS
LASTCOV	320		<u>WHEN LAST HAD COVERAGE</u>
		10	1 LESS THAN 6 MONTHS
		11	2 6 MONTHS BUT LESS THAN 1 YEAR
		35	3 1 YEAR BUT LESS THAN 3 YEARS
		100	4 3 OR MORE YEARS AGO
		16	5 NEVER HAD HEALTH INSURANCE
		2	8 NOT ASCERTAINED
		5	9 DK OR REFUSED
		740	BLANK. NOT APPLICABLE;
			NOT APPLICABLE: COVERED, NOT KNOWN TO BE COVERED BUT NO RESPONSE TO NON-COVERAGE ITEMS

REASTOP	321-322		<u>MAIN REASON STOPPED BEING COVERED (NOT COVERED BUT HAD COVERAGE WITHIN PAST 3 YEARS)</u>
		23	01 LOST JOB/CHANGED EMPLOYERS
		6	02 SPOUSE/PARENT LOST JOB/CHANGED EMPLOYER
		3	04 DIVORCE OR SEPARATION
		1	05 BECAME INELIGIBLE BECAUSE OF AGE
		3	07 CUT BACK TO PART-TIME
		4	08 BENEFITS FROM EMPLOYER/FORMER EMPLOYER RAN OUT
		14	09 OTHER REASON
		2	98 NOT ASCERTAINED
		863	BLANK. NOT APPLICABLE
TRYFIND	323		<u>TRIED TO FIND OTHER HEALTH INSURANCE (NOT COVERED BUT HAD COVERAGE WITHIN THE PAST 3 YEARS OR UNKNOWN WHEN LAST COVERED)</u>
		29	1 YES
		31	2 NO
		2	8 NOT ASCERTAINED
		1	9 DK OR REFUSED
		856	BLANK. NOT APPLICABLE
			NOT APPLICABLE: UNABLE TO FIND HEALTH INSURANCE (NOT COVERED BUT HAD COVERAGE WITHIN PAST 3 YEARS OR UNKNOWN WHEN LAST COVERED BUT TRIED TO GET INSURANCE)
WHYNOTH	324		<u>REASON UNABLE TO FIND HEALTH INSURANCE (NOT COVERED BUT HAD COVERAGE WITHIN PAST YEARS OR UNKNOWN WHEN LAST COVERED BUT TRIED TO GET INSURANCE)</u>
		25	1 COULD NOT AFFORD
		1	2 WAS REJECTED
		3	3 OTHER REASON
		890	BLANK. NOT APPLICABLE
TIMNOCOV	325		<u>ANY TIME WITHOUT COVERAGE</u>
		35	1 YES
		580	2 NO
		56	8 NOT ASCERTAINED
		1	9 DK OR REFUSED

247 BLANK. NOT APPLICABLE;

NOT APPLICABLE: NOT COVERED, NOT KNOWN TO BE COVERED

MOSNOCOV

326

NUMBER OF MONTHS WITHOUT COVERAGE

6	1	1 MONTH OR LESS
13	2	2-3 MONTHS
7	3	4-6 MONTHS
8	4	MORE THAN 6 MONTHS
1	8	NOT ASCERTAINED
884		BLANK. NOT APPLICABLE

NOT APPLICABLE: NOT COVERED, NOT KNOWN TO BE COVERED, COVERED AND NO TIME WITHOUT COVERAGE IN PAST 12 MONTHS

MAINREA2

327-328

MAIN REASON WITHOUT COVERAGE

3	01	LOST JOB/CHANGED EMPLOYERS
5	02	SPOUSE/PARENT LOST JOB/CHANGED EMPLOYER
1	04	DIVORCE OR SEPARATION
2	08	BENEFITS FROM EMPLOYER/FORMER EMPLOYER RAN OUT
20	09	OTHER REASON
3	98	NOT ASCERTAINED
1	99	DK OR REFUSED
884		BLANK. NOT APPLICABLE

NOT APPLICABLE: NOT COVERED, NOT KNOWN TO BE COVERED, COVERED AND NO TIME WITHOUT COVERAGE IN PAST 12 MONTHS

MEDCOSTS

329

AMOUNT FAMILY SPENT FOR MEDICAL CARE

66	1	ZERO
442	2	LESS THAN \$500
238	3	\$500 - \$1,999
35	4	\$2,000 - \$2,999
29	5	\$3,000 - \$4,999
30	6	\$5,000 OR MORE
54	8	NOT ASCERTAINED
25	9	DK OR REFUSED

SUPPRES	330		<u>RESPONSE STATUS FOR HEALTH INSURANCE</u>
		475	1 SELF-ENTIRELY
		362	2 SELF-PARTLY
		11	3 PROXY
		71	4 UNKNOWN RESPONDENT
CSTRATUM	331-332		<u>SUDAAN VARIABLE FOR CALCULATING VARIANCES</u>
		940	RANGE [1-62]
CPSU	333		<u>SUDAAN VARIABLE FOR CALCULATING VARIANCES</u>
		940	RANGE [1-4]
SENE DATA	334		<u>INDICATOR FOR DUMMY DATA RECORDS</u>
		919	1 SENE DATA RECORD
		21	0 DUMMY DATA RECORD

ATTACHMENT 1

HEALTH INSURANCE PLAN LISTING

FEE FOR SERVICE PLANS

- 01 BLUE PLAN
- 02 OTHER MAJOR PLAN

HEALTH MAINTENANCE ORGANIZATIONS (HMO) GROUP

- 04 99,999 OR FEWER ENROLLEES
- 05 100,000 OR MORE ENROLLEES
- 06 UNKNOWN ENROLLMENT

STAFF

- 07 99,999 OR FEWER ENROLLEES
- 08 100,000 OR MORE ENROLLEES
- 09 UNKNOWN ENROLLMENT

IPA

- 10 99,999 OR FEWER ENROLLEES
- 11 100,000 OR MORE ENROLLEES
- 12 UNKNOWN ENROLLMENT

NETWORK

- 13 99,999 OR FEWER ENROLLEES
- 14 100,000 OR MORE ENROLLEES
- 15 UNKNOWN ENROLLMENT
- 16 PREFERRED PROVIDER ORGANIZATION (PPO)
(Not classified as HMO)
- 17 OTHER HMO

MIXED HMO

- 18 99,999 OR FEWER ENROLLEES
- 19 100,000 OR MORE ENROLLEES
- 20 UNKNOWN ENROLLMENT

OTHER

- 55 SINGLE PURPOSE PLAN
- 77 HAS INSURANCE, DON'T KNOW NAME
- 88 OTHER INSURANCE

DEFINITIONS

Group HMO: An HMO that contracts with one independent group practice to provide health services.

Staff HMO: An HMO that delivers health services through a physician group that is controlled by an HMO unit

IPA: An HMO that contracts directly with physicians in independent practices; and/or contracts with one or more associations of physicians in independent practice; and/or contracts with one or more multi-specialty group practices (but the plan is predominately organized around solo/single practices.)

Network: An HMO that contracts with two or more independent group practices, possibly including a staff group, to provide health services. Although a network may contain a few solo practices, it is predominately organized around groups.

Mixed: Any HMO combining a group, staff, or network model and an IPA model. The HMO includes both group and solo practices.

