

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - IDN

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
IDN.000_00.000	<input type="checkbox"/>		RECTYPE	File type identifier	1 - 2	2
IDN.000_02.000	<input type="checkbox"/>		SRVY_YR	Year of National Health Interview Survey	3 - 6	4
IDN.000_04.000	<input type="checkbox"/>		HHX	Household Serial Number	7 - 12	6
IDN.000_35.000	<input type="checkbox"/>		FMX	Family #	13 - 14	2
IDN.000_40.000	<input type="checkbox"/>	FPX	FPX	Person #	15 - 16	2
IDN.000_65.000	<input type="checkbox"/>		WTIA	Weight - Interim Annual	17 - 22	6
IDN.000_70.000	<input type="checkbox"/>		WTFA	Weight - Final Annual	23 - 28	6
UCF.000_00.000	R18	<input checked="" type="checkbox"/>	STRATUM	Stratum for variance estimation	29 - 31	3
UCF.000_00.000	R19	<input checked="" type="checkbox"/>	PSU	PSU for variance estimation	32	1
HHC.110_00.000	<input type="checkbox"/>	SEX	SEX	Sex	33	1
HHC.170_00.000	R01	<input checked="" type="checkbox"/>	ORIGIN_I	Hispanic Ethnicity	34	1
HHC.170_00.000	R02	<input checked="" type="checkbox"/>	ORIGIMPT	Hispanic Origin Imputation Flag	35	1
HHC.170_00.000	R04	<input checked="" type="checkbox"/>	HISPIMPT	Type of Hispanic Origin Imputation Flag	36	1
HHC.180_00.000	R03	<input checked="" type="checkbox"/>	HISPAN_I	Hispanic subgroup detail	37 - 38	2
HHC.200_01.000	R13	<input checked="" type="checkbox"/>	RACERPI2	OMB groups w/multiple race	39 - 40	2
HHC.200_01.000	R18	<input checked="" type="checkbox"/>	RACEIMP2	Race Imputation Flag	41	1
HHC.200_01.000	R21	<input checked="" type="checkbox"/>	MRACRPI2	Race coded to single/multiple race group	42 - 43	2
HHC.200_01.000	R22	<input checked="" type="checkbox"/>	MRACBPI2	Race coded to single/multiple race group	44 - 45	2
HHC.200_01.000	R23	<input checked="" type="checkbox"/>	RACRECI2	Race Recode	46	1
HHC.200_01.000	R24	<input checked="" type="checkbox"/>	HISCODI2	Race/ethnicity recode	47	1
HHC.200_01.000	R25	<input checked="" type="checkbox"/>	ERIMPFLG	Ethnicity/Race Imputation Flag	48	1
HHC.230_03.000	<input type="checkbox"/>	NOWAF2_B1 - NOWAF2_B25	NOWAF	Armed Forces Status	49	1
HHC.260_01.000	<input type="checkbox"/>	RPREL	RRP	Relationship to the HH reference person	50 - 51	2
HHC.260_01.000	R01	<input checked="" type="checkbox"/>	HHREFLG	HH Reference Person Flag	52	1
HHC.405_00.000	<input type="checkbox"/>	DOBMI-DOBM25	DOB_M	Month of Birth	53 - 54	2
HHC.415_00.000	R01	<input checked="" type="checkbox"/>	DOB_Y_P	Year of Birth	55 - 58	4
HHC.420_00.000	R01	<input checked="" type="checkbox"/>	AGE_P	Age	59 - 60	2
FID.060_00.000	<input type="checkbox"/>	RPREL	FRRP	Relationship to family ref. Person	61 - 62	2
FID.060_00.000	R01	<input checked="" type="checkbox"/>	FMRPFLG	Family Respondent Flag	63	1
FID.060_00.000	R02	<input checked="" type="checkbox"/>	FMREFLG	Family Reference Person Flag	64	1
FID.250_00.000	<input type="checkbox"/>	MS1-MS25	R_MARITL	Marital Status	65	1
FID.280_00.000	<input type="checkbox"/>	COHAB1	COHAB1	Cohabiting person ever married	66	1
FID.290_00.000	<input type="checkbox"/>	COHAB2	COHAB2	Cohabiting person's current marital status	67	1
FID.300_00.000	R01	<input checked="" type="checkbox"/>	CDCMSTAT	CDC standard for legal marital status	68	1
FID.300_00.000	R02	<input checked="" type="checkbox"/>	SIB_DEG	Degree of sib rel to HH ref person	69	1
FID.326_00.000	<input type="checkbox"/>	LNMOM1-LNMOM25	FMOTHER	Person # of mother	70 - 71	2
FID.330_01.000	R01	<input checked="" type="checkbox"/>	MOM_DEG	Type of relationship with Mother	72	1
FID.340_00.000	<input type="checkbox"/>	LNDAD1-LNDAD25	FFATHER	Person # of father	73 - 74	2

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FID

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length	
FID.350_01.000	R01	<input checked="" type="checkbox"/>	DAD_DEG	Type of relationship with Father	75	1	
FID.360_01.000	R01	<input checked="" type="checkbox"/>	PARENTS	Parent(s) present in the family	76	1	
FID.360_01.000	R02	<input checked="" type="checkbox"/>	MOM_ED	Education of Mother	77 - 78	2	
FID.360_01.000	R03	<input checked="" type="checkbox"/>	DAD_ED	Education of Father	79 - 80	2	
FID.360_01.000	R04	<input checked="" type="checkbox"/>	ASTATFLG	Sample Adult Flag	81	1	
FID.360_01.000	R05	<input checked="" type="checkbox"/>	CSTATFLG	Sample Child Flag	82	1	
FHS.010_00.000		<input type="checkbox"/>	PLAPLYLM1- PLAPLYLM25	PLAPLYLM	Is - - limited in kind/amt play?	83	1
FHS.020_00.000		<input type="checkbox"/>	PLAPLYUN	PLAPLYUN	Is - - able to play at all?	84	1
FHS.060_00.000		<input type="checkbox"/>	PSPPEDEIS1-PSPPEDEIS25	PSPPEDEIS	Does - - receive Special Ed or EIS	85	1
FHS.065_00.000		<input type="checkbox"/>	PSPPEDEM	PSPPEDEM	Receive Special Ed/EIS due to emotional/behavioral problem	86	1
FHS.080_00.000		<input type="checkbox"/>	PLAADL1-PLAADL25	PLAADL	Does - - need help with personal care?	87	1
FHS.090_01.000		<input type="checkbox"/>	LABATH	LABATH	Does - - need help with bathing/showering?	88	1
FHS.090_02.000		<input type="checkbox"/>	LADRESS	LADRESS	Does - - need help dressing?	89	1
FHS.090_03.000		<input type="checkbox"/>	LAEAT	LAEAT	Does - - need help eating?	90	1
FHS.090_04.000		<input type="checkbox"/>	LABED	LABED	Does - - need help in/out of bed or chairs?	91	1
FHS.090_05.000		<input type="checkbox"/>	LATOILT	LATOILT	Does - - need help using the toilet?	92	1
FHS.090_06.000		<input type="checkbox"/>	LAHOME	LAHOME	Does - - need help to get around in the home?	93	1
FHS.160_00.000		<input type="checkbox"/>	PLAIADL1-PLAIADL25	PLAIADL	Does - - need help with routine needs?	94	1
FHS.180_00.000		<input type="checkbox"/>	PLAWKNOW1- PLAWKNOW25	PLAWKNOW	Is - - unable to work due to health problem?	95	1
FHS.200_00.000		<input type="checkbox"/>	PLAWKLIM1- PLAWKLIM25	PLAWKLIM	Is - - limited kind/amount of work?	96	1
FHS.220_00.000		<input type="checkbox"/>	PLAWALK1-PLAWALK25	PLAWALK	Does - - have difficulty walk w/o equip?	97	1
FHS.240_00.000		<input type="checkbox"/>	PLAREMEM1- PLAREMEM25	PLAREMEM	Is - - limited by difficulty remembering?	98	1
FHS.260_00.000		<input type="checkbox"/>	PLIMANY1-PLIMANY25	PLIMANY	Is - - limited in any (other) way?	99	1
FHS.260_00.000	R01	<input checked="" type="checkbox"/>	LA1AR	LA1AR	Any limitation - all persons, all conds	100	1
FHS.270_01.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC1	Vision problem causes limitation	101	1
FHS.270_02.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC2	Hearing problem causes limitation	102	1
FHS.270_03.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC3	Speech problem causes limitation	103	1
FHS.270_04.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC4	Asthma/breathing problem causes limitation	104	1
FHS.270_05.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC5	Birth defect causes limitation	105	1
FHS.270_06.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC6	Injury causes limitation	106	1
FHS.270_07.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC7	Mental retardation causes limitation	107	1
FHS.270_08.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC8	Other dev problem causes limitation	108	1
FHS.270_09.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC9	Other emot/behav problem causes limitation	109	1
FHS.270_10.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC10	Bone/joint/muscle problem causes limitation	110	1
FHS.270_11.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC11	Epilepsy/seizures causes limitation	111	1
FHS.270_12.000		<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC12	Learning disability causes limitation	112	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.270_13.000	<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC13	ADD/ADHD causes limitation	113	1
FHS.270_90.000	<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC90	Other impair/problem (1) causes limitation	114	1
FHS.270_91.000	<input type="checkbox"/>	LAHCC1-LAHCC15	LAHCC91	Other impair/problem (2) causes limitation	115	1
FHS.280_01.000	<input type="checkbox"/>	LHCL01N	LCTIME1	Duration of vision problem: Number of units	116 - 117	2
FHS.280_02.000	<input type="checkbox"/>	LHCL01T	LCUNIT1	Duration of vision problem: Time unit	118	1
FHS.280_02.000	R01 <input checked="" type="checkbox"/>		LCDURA1	Duration of vision problem (in years)	119 - 120	2
FHS.280_02.000	R02 <input checked="" type="checkbox"/>		LCDURB1	Duration of vision problem recode 2	121	1
FHS.280_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC1	Vision problem condition status	122	1
FHS.282_01.000	<input type="checkbox"/>	LHCL02N	LCTIME2	Duration of hearing problem: Number of units	123 - 124	2
FHS.282_02.000	<input type="checkbox"/>	LHCL02T	LCUNIT2	Duration of hearing problem: Time unit	125	1
FHS.282_02.000	R01 <input checked="" type="checkbox"/>		LCDURA2	Duration of hearing problem (in years)	126 - 127	2
FHS.282_02.000	R02 <input checked="" type="checkbox"/>		LCDURB2	Duration of hearing problem recode 2	128	1
FHS.282_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC2	Hearing problem condition status	129	1
FHS.284_01.000	<input type="checkbox"/>	LHCL03N	LCTIME3	Duration of speech problem: Number of units	130 - 131	2
FHS.284_02.000	<input type="checkbox"/>	LHCL03T	LCUNIT3	Duration of speech problem: Time unit	132	1
FHS.284_02.000	R01 <input checked="" type="checkbox"/>		LCDURA3	Duration of speech problem (in years)	133 - 134	2
FHS.284_02.000	R02 <input checked="" type="checkbox"/>		LCDURB3	Duration of speech problem recode 2	135	1
FHS.284_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC3	Speech problem condition status	136	1
FHS.286_01.000	<input type="checkbox"/>	LHCL04N	LCTIME4	Duration of asthma/breathing problem: Number of units	137 - 138	2
FHS.286_02.000	<input type="checkbox"/>	LHCL04T	LCUNIT4	Duration of asthma/breathing problem: Time unit	139	1
FHS.286_02.000	R01 <input checked="" type="checkbox"/>		LCDURA4	Duration of asthma/breathing problem (in years)	140 - 141	2
FHS.286_02.000	R02 <input checked="" type="checkbox"/>		LCDURB4	Duration of asthma/breathing problem recode 2	142	1
FHS.286_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC4	Asthma/breathing problem condition status	143	1
FHS.287_01.000	<input type="checkbox"/>	LHCL05N	LCTIME5	Duration of birth defect: Number of units	144 - 145	2
FHS.287_02.000	<input type="checkbox"/>	LHCL05T	LCUNIT5	Duration of birth defect: Time unit	146	1
FHS.287_02.000	R01 <input checked="" type="checkbox"/>		LCDURA5	Duration of birth defect (in years)	147 - 148	2
FHS.287_02.000	R02 <input checked="" type="checkbox"/>		LCDURB5	Duration of birth defect recode 2	149	1
FHS.287_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC5	Birth defect condition status	150	1
FHS.288_01.000	<input type="checkbox"/>	LHCL06N	LCTIME6	Duration of injury: Number of units	151 - 152	2
FHS.288_02.000	<input type="checkbox"/>	LHCL06T	LCUNIT6	Duration of injury: Time unit	153	1
FHS.288_02.000	R01 <input checked="" type="checkbox"/>		LCDURA6	Duration of injury (in years)	154 - 155	2
FHS.288_02.000	R02 <input checked="" type="checkbox"/>		LCDURB6	Duration of injury recode 2	156	1
FHS.288_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC6	Injury condition status	157	1
FHS.290_01.000	<input type="checkbox"/>	LHCL07N	LCTIME7	Duration of mental retardation: Number of units	158 - 159	2
FHS.290_02.000	<input type="checkbox"/>	LHCL07T	LCUNIT7	Duration of mental retardation: Time unit	160	1
FHS.290_02.000	R01 <input checked="" type="checkbox"/>		LCDURA7	Duration of mental retardation (in years)	161 - 162	2
FHS.290_02.000	R02 <input checked="" type="checkbox"/>		LCDURB7	Duration of mental retardation recode 2	163	1
FHS.290_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC7	Mental retardation condition status	164	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.292_01.000	<input type="checkbox"/>	LHCL08N	LCTIME8	Duration of other developmental problem: Number of units	165 - 166	2
FHS.292_02.000	<input type="checkbox"/>	LHCL08T	LCUNIT8	Duration of other developmental problem: Time unit	167	1
FHS.292_02.000	R01 <input checked="" type="checkbox"/>		LCDURA8	Duration of other developmental problem (in years)	168 - 169	2
FHS.292_02.000	R02 <input checked="" type="checkbox"/>		LCDURB8	Duration of other developmental problem recode 2	170	1
FHS.292_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC8	Other developmental problem condition status	171	1
FHS.294_01.000	<input type="checkbox"/>	LHCL09N	LCTIME9	Duration of other mental/emot/behav problem: Number of units	172 - 173	2
FHS.294_02.000	<input type="checkbox"/>	LHCL09T	LCUNIT9	Duration of otr ment/emot/behav problem: Number of units	174	1
FHS.294_02.000	R01 <input checked="" type="checkbox"/>		LCDURA9	Duration of other mental/emot/behav problem (in years)	175 - 176	2
FHS.294_02.000	R02 <input checked="" type="checkbox"/>		LCDURB9	Duration of other mental/emotional/behavioral prob recode 2	177	1
FHS.294_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC9	Other mental/emotional/behavioral problem condition status	178	1
FHS.296_01.000	<input type="checkbox"/>	LHCL10N	LCTIME10	Duration of bone/joint/muscle problem: Number of units	179 - 180	2
FHS.296_02.000	<input type="checkbox"/>	LHCL10T	LCUNIT10	Duration of bone/joint/muscle problem: Time unit	181	1
FHS.296_02.000	R01 <input checked="" type="checkbox"/>		LCDURA10	Duration of bone/joint/muscle problem (in years)	182 - 183	2
FHS.296_02.000	R02 <input checked="" type="checkbox"/>		LCDURB10	Duration of bone/joint/muscle problem recode 2	184	1
FHS.296_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC10	Bone/joint/muscle problem condition status	185	1
FHS.298_01.000	<input type="checkbox"/>	LHCL11N	LCTIME11	Duration of epilepsy/seizures: Number of units	186 - 187	2
FHS.298_02.000	<input type="checkbox"/>	LHCL11T	LCUNIT11	Duration of epilepsy/seizures: Time unit	188	1
FHS.298_02.000	R01 <input checked="" type="checkbox"/>		LCDURA11	Duration of epilepsy/seizures (in years)	189 - 190	2
FHS.298_02.000	R02 <input checked="" type="checkbox"/>		LCDURB11	Duration of epilepsy/seizures recode 2	191	1
FHS.298_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC11	Epilepsy/seizures condition status	192	1
FHS.300_01.000	<input type="checkbox"/>	LHCL12N	LCTIME12	Duration of learning disability: Number of units	193 - 194	2
FHS.300_02.000	<input type="checkbox"/>	LHCL12T	LCUNIT12	Duration of learning disability: Time unit	195	1
FHS.300_02.000	R01 <input checked="" type="checkbox"/>		LCDURA12	Duration of learning disability (in years)	196 - 197	2
FHS.300_02.000	R02 <input checked="" type="checkbox"/>		LCDURB12	Duration of learning disability recode 2	198	1
FHS.300_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC12	Learning disability condition status	199	1
FHS.302_01.000	<input type="checkbox"/>	LHCL13N	LCTIME13	Duration of ADD/ADHD: Number of units	200 - 201	2
FHS.302_02.000	<input type="checkbox"/>	LHCL13T	LCUNIT13	Duration of ADD/ADHD: Time unit	202	1
FHS.302_02.000	R01 <input checked="" type="checkbox"/>		LCDURA13	Duration of ADD/ADHD (in years)	203 - 204	2
FHS.302_02.000	R02 <input checked="" type="checkbox"/>		LCDURB13	Duration of ADD/ADHD recode 2	205	1
FHS.302_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC13	ADD/ADHD condition status	206	1
FHS.304_01.000	<input type="checkbox"/>	LHCL90N	LCTIME90	Duration of other impairment problem (1): Number of units	207 - 208	2
FHS.304_02.000	<input type="checkbox"/>	LHCL90T	LCUNIT90	Duration of other impairment/problem (1): Time unit	209	1
FHS.304_02.000	R01 <input checked="" type="checkbox"/>		LCDURA90	Duration of other impairment/problem (1) (in years)	210 - 211	2
FHS.304_02.000	R02 <input checked="" type="checkbox"/>		LCDURB90	Duration of other impairment/problem (1) recode 2	212	1
FHS.304_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC90	Other impairment/problem (1) condition status	213	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.306_01.000	<input type="checkbox"/>	LHCL91N	LCTIME91	Duration of other impairment/problem (2): Number of units	214 - 215	2
FHS.306_02.000	<input type="checkbox"/>	LHCL91T	LCUNIT91	Duration of other impairment/problem (2): Time unit	216	1
FHS.306_02.000	R01 <input checked="" type="checkbox"/>		LCDURA91	Duration of other impairment/problem (2) (in years)	217 - 218	2
FHS.306_02.000	R02 <input checked="" type="checkbox"/>		LCDURB91	Duration of other impairment/problem (2) recode 2	219	1
FHS.306_02.000	R03 <input checked="" type="checkbox"/>		LCCHRC91	Other impairment/problem (2) condition status	220	1
FHS.350_01.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA1	Vision problem causes limitation	221	1
FHS.350_02.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA2	Hearing problem causes limitation	222	1
FHS.350_03.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA3	Arthritis/rheumatism causes limitation	223	1
FHS.350_04.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA4	Back/neck prob causes limitation	224	1
FHS.350_05.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA5	fracture/bone/joint inj causes limitation	225	1
FHS.350_06.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA6	Other injury causes limitation	226	1
FHS.350_07.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA7	Heart problem causes limitation	227	1
FHS.350_08.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA8	Stroke causes limitation	228	1
FHS.350_09.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA9	Hypertension causes limitation	229	1
FHS.350_10.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA10	Diabetes causes limitation	230	1
FHS.350_11.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA11	Lung/breath problem causes limitation	231	1
FHS.350_12.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA12	Cancer causes limitation	232	1
FHS.350_13.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA13	Birth defect causes limitation	233	1
FHS.350_14.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA14	Mental retardation causes limitation	234	1
FHS.350_15.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA15	Otr dev problem causes limitation	235	1
FHS.350_16.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA16	Senility causes limitation	236	1
FHS.350_17.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA17	Dep/anx/emot problem causes limitation	237	1
FHS.350_18.000	<input type="checkbox"/>	LAHCA1-LAHCA37	LAHCA18	Weight problem causes limitation	238	1
FHS.350_18.000	R01 <input checked="" type="checkbox"/>		LAHCA19_	Missing or amputated limb/finger/digit	239	1
FHS.350_18.000	R02 <input checked="" type="checkbox"/>		LAHCA20_	Musculoskeletal/connective tissue problem	240	1
FHS.350_18.000	R03 <input checked="" type="checkbox"/>		LAHCA21_	Circulation problem	241	1
FHS.350_18.000	R04 <input checked="" type="checkbox"/>		LAHCA22_	Endocrine/nutritional/metabolic problem	242	1
FHS.350_18.000	R05 <input checked="" type="checkbox"/>		LAHCA23_	Nervous system/sensory organ condition	243	1
FHS.350_18.000	R06 <input checked="" type="checkbox"/>		LAHCA24_	Digestive system problem	244	1
FHS.350_18.000	R07 <input checked="" type="checkbox"/>		LAHCA25_	Genitourinary system problem	245	1
FHS.350_18.000	R08 <input checked="" type="checkbox"/>		LAHCA26_	Skin/subcutaneous system problem	246	1
FHS.350_18.000	R09 <input checked="" type="checkbox"/>		LAHCA27_	Blood or blood-forming organ problem	247	1
FHS.350_18.000	R10 <input checked="" type="checkbox"/>		LAHCA28_	Benign tumor/cyst	248	1
FHS.350_18.000	R11 <input checked="" type="checkbox"/>		LAHCA29_	Alcohol/drug/substance abuse problem	249	1
FHS.350_18.000	R12 <input checked="" type="checkbox"/>		LAHCA30_	Otr mental problem/ADD/bipolar/schizophrenia	250	1
FHS.350_18.000	R13 <input checked="" type="checkbox"/>		LAHCA31_	Surgical after-effects/medical treatment	251	1
FHS.350_18.000	R14 <input checked="" type="checkbox"/>		LAHCA32_	"Old age"/elderly/aging-related problem	252	1
FHS.350_18.000	R15 <input checked="" type="checkbox"/>		LAHCA33_	Fatigue/tiredness/weakness	253	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.350_18.000	R16	<input checked="" type="checkbox"/>		Pregnancy-related problem	254	1
FHS.350_90.000	R17	<input type="checkbox"/>	LAHCA1-LAHCA37	Other impair/problem(1) causes limitation	255	1
FHS.350_91.000	R18	<input type="checkbox"/>	LAHCA1-LAHCA37	Other impair/problem(2) causes limitation	256	1
FHS.360_01.000		<input type="checkbox"/>	LHAL01N	Duration of vision problem: Number of units	257 - 258	2
FHS.360_02.000		<input type="checkbox"/>	LHAL01T	Duration of vision problem: Time unit	259	1
FHS.360_02.000	R01	<input checked="" type="checkbox"/>		Duration of vision problem (in years)	260 - 261	2
FHS.360_02.000	R02	<input checked="" type="checkbox"/>		Duration of vision problem recode 2	262	1
FHS.360_02.000	R03	<input checked="" type="checkbox"/>		Vision problem condition status	263	1
FHS.362_01.000		<input type="checkbox"/>	LHAL02N	Duration of hearing problem: Number of units	264 - 265	2
FHS.362_02.000		<input type="checkbox"/>	LHAL02T	Duration of hearing problem: Time unit	266	1
FHS.362_02.000	R01	<input checked="" type="checkbox"/>		Duration of hearing problem (in years)	267 - 268	2
FHS.362_02.000	R02	<input checked="" type="checkbox"/>		Duration of hearing problem recode 2	269	1
FHS.362_02.000	R03	<input checked="" type="checkbox"/>		Hearing problem condition status	270	1
FHS.364_01.000		<input type="checkbox"/>	LHAL03N	Duration of arthritis/rheumatism: Number of units	271 - 272	2
FHS.364_02.000		<input type="checkbox"/>	LHAL03T	Duration of arthritis/rheumatism: Time unit	273	1
FHS.364_02.000	R01	<input checked="" type="checkbox"/>		Duration of arthritis/rheumatism (in years)	274 - 275	2
FHS.364_02.000	R02	<input checked="" type="checkbox"/>		Duration of arthritis/rheumatism recode 2	276	1
FHS.364_02.000	R03	<input checked="" type="checkbox"/>		Arthritis/rheumatism condition status	277	1
FHS.366_01.000		<input type="checkbox"/>	LHAL04N	Duration of back/neck problem: Number of units	278 - 279	2
FHS.366_02.000		<input type="checkbox"/>	LHAL04T	Duration of back/neck problem: Time unit	280	1
FHS.366_02.000	R01	<input checked="" type="checkbox"/>		Duration of back/neck problem (in years)	281 - 282	2
FHS.366_02.000	R02	<input checked="" type="checkbox"/>		Duration of back/neck problem recode 2	283	1
FHS.366_02.000	R03	<input checked="" type="checkbox"/>		Back/neck problem condition status	284	1
FHS.368_01.000		<input type="checkbox"/>	LHAL05N	Duration of fracture/bone/joint injury: Number of units	285 - 286	2
FHS.368_02.000		<input type="checkbox"/>	LHAL05T	Duration of fracture/bone/joint injury: Time unit	287	1
FHS.368_02.000	R01	<input checked="" type="checkbox"/>		Duration of fracture/bone/joint injury (in years)	288 - 289	2
FHS.368_02.000	R02	<input checked="" type="checkbox"/>		Duration of fracture/bone/joint injury recode 2	290	1
FHS.368_02.000	R03	<input checked="" type="checkbox"/>		Fracture/bone/joint injury condition status	291	1
FHS.370_01.000		<input type="checkbox"/>	LHAL06N	Duration of other injury: Number of units	292 - 293	2
FHS.370_02.000		<input type="checkbox"/>	LHAL06T	Duration of other injury: Time unit	294	1
FHS.370_02.000	R01	<input checked="" type="checkbox"/>		Duration of other injury (in years)	295 - 296	2
FHS.370_02.000	R02	<input checked="" type="checkbox"/>		Duration of other injury recode 2	297	1
FHS.370_02.000	R03	<input checked="" type="checkbox"/>		Other injury condition status	298	1
FHS.372_01.000		<input type="checkbox"/>	LHAL07N	Duration of heart problem: Number of units	299 - 300	2
FHS.372_02.000		<input type="checkbox"/>	LHAL07T	Duration of heart problem: Time unit	301	1
FHS.372_02.000	R01	<input checked="" type="checkbox"/>		Duration of heart problem (in years)	302 - 303	2
FHS.372_02.000	R02	<input checked="" type="checkbox"/>		Duration of heart problem recode 2	304	1
FHS.372_02.000	R03	<input checked="" type="checkbox"/>		Heart problem condition status	305	1
FHS.374_01.000		<input type="checkbox"/>	LHAL08N	Duration of stroke: Number of units	306 - 307	2

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument	Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.374_02.000	<input type="checkbox"/>	LHAL08T		LAUNIT8	Duration of stroke: Time unit	308	1
FHS.374_02.000	R01	<input checked="" type="checkbox"/>		LADURA8	Duration of stroke (in years)	309 - 310	2
FHS.374_02.000	R02	<input checked="" type="checkbox"/>		LADURB8	Duration of stroke recode 2	311	1
FHS.374_02.000	R03	<input checked="" type="checkbox"/>		LACHRC8	Stroke condition status	312	1
FHS.376_01.000	<input type="checkbox"/>	LHAL09N		LATIME9	Duration of hypertension: Number of units	313 - 314	2
FHS.376_02.000	<input type="checkbox"/>	LHAL09T		LAUNIT9	Duration of hypertension: Time unit	315	1
FHS.376_02.000	R01	<input checked="" type="checkbox"/>		LADURA9	Duration of hypertension (in years)	316 - 317	2
FHS.376_02.000	R02	<input checked="" type="checkbox"/>		LADURB9	Duration of hypertension recode 2	318	1
FHS.376_02.000	R03	<input checked="" type="checkbox"/>		LACHRC9	Hypertension condition status	319	1
FHS.378_01.000	<input type="checkbox"/>	LHAL10N		LATIME10	Duration of diabetes: Number of units	320 - 321	2
FHS.378_02.000	<input type="checkbox"/>	LHAL10T		LAUNIT10	Duration of diabetes: Time unit	322	1
FHS.378_02.000	R01	<input checked="" type="checkbox"/>		LADURA10	Duration of diabetes (in years)	323 - 324	2
FHS.378_02.000	R02	<input checked="" type="checkbox"/>		LADURB10	Duration of diabetes recode 2	325	1
FHS.378_02.000	R03	<input checked="" type="checkbox"/>		LACHRC10	Diabetes condition status	326	1
FHS.380_01.000	<input type="checkbox"/>	LHAL11N		LATIME11	Duration of lung/breathing problem: Number of units	327 - 328	2
FHS.380_02.000	<input type="checkbox"/>	LHAL11T		LAUNIT11	Duration of lung/breath problem: Time unit	329	1
FHS.380_02.000	R01	<input checked="" type="checkbox"/>		LADURA11	Duration of lung/breathing problem (in years)	330 - 331	2
FHS.380_02.000	R02	<input checked="" type="checkbox"/>		LADURB11	Duration of lung/breathing problem recode 2	332	1
FHS.380_02.000	R03	<input checked="" type="checkbox"/>		LACHRC11	Lung/breathing problem condition status	333	1
FHS.382_01.000	<input type="checkbox"/>	LHAL12N		LATIME12	Duration of cancer: Number of units	334 - 335	2
FHS.382_02.000	<input type="checkbox"/>	LHAL12T		LAUNIT12	Duration of cancer: Time unit	336	1
FHS.382_02.000	R01	<input checked="" type="checkbox"/>		LADURA12	Duration of cancer (in years)	337 - 338	2
FHS.382_02.000	R02	<input checked="" type="checkbox"/>		LADURB12	Duration of cancer recode 2	339	1
FHS.382_02.000	R03	<input checked="" type="checkbox"/>		LACHRC12	Cancer condition status	340	1
FHS.383_01.000	<input type="checkbox"/>	LHAL13N		LATIME13	Duration of birth defect: Number of units	341 - 342	2
FHS.383_02.000	<input type="checkbox"/>	LHAL13T		LAUNIT13	Duration of birth defect: Time unit	343	1
FHS.383_02.000	R01	<input checked="" type="checkbox"/>		LADURA13	Duration of birth defect (in years)	344 - 345	2
FHS.383_02.000	R02	<input checked="" type="checkbox"/>		LADURB13	Duration of birth defect recode 2	346	1
FHS.383_02.000	R03	<input checked="" type="checkbox"/>		LACHRC13	Birth defect condition status	347	1
FHS.384_01.000	<input type="checkbox"/>	LHAL14N		LATIME14	Duration of ment retardation: Number of units	348 - 349	2
FHS.384_02.000	<input type="checkbox"/>	LHAL14T		LAUNIT14	Duration of ment retardation: Time unit	350	1
FHS.384_02.000	R01	<input checked="" type="checkbox"/>		LADURA14	Duration of mental retardation (in years)	351 - 352	2
FHS.384_02.000	R02	<input checked="" type="checkbox"/>		LADURB14	Duration of mental retardation recode 2	353	1
FHS.384_02.000	R03	<input checked="" type="checkbox"/>		LACHRC14	Mental retardation condition status	354	1
FHS.386_01.000	<input type="checkbox"/>	LHAL15N		LATIME15	Duration of other developmental problem: Number of units	355 - 356	2
FHS.386_02.000	<input type="checkbox"/>	LHAL15T		LAUNIT15	Duration of otr dev problem: Time unit	357	1
FHS.386_02.000	R01	<input checked="" type="checkbox"/>		LADURA15	Duration of other developmental problem (in years)	358 - 359	2
FHS.386_02.000	R02	<input checked="" type="checkbox"/>		LADURB15	Duration of other developmental problem recode 2	360	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.386_02.000	R03	<input checked="" type="checkbox"/>	LACHRC15	Other developmental problem condition status	361	1
FHS.388_01.000		<input type="checkbox"/> LHAL16N	LATIME16	Duration of senility: Number of units	362 - 363	2
FHS.388_02.000		<input type="checkbox"/> LHAL16T	LAUNIT16	Duration of senility: Time unit	364	1
FHS.388_02.000	R01	<input checked="" type="checkbox"/>	LADURA16	Duration of senility (in years)	365 - 366	2
FHS.388_02.000	R02	<input checked="" type="checkbox"/>	LADURB16	Duration of senility recode 2	367	1
FHS.388_02.000	R03	<input checked="" type="checkbox"/>	LACHRC16	Senility condition status	368	1
FHS.390_01.000		<input type="checkbox"/> LHAL17N	LATIME17	Duration of dep/anx/emot problem: Number of units	369 - 370	2
FHS.390_02.000		<input type="checkbox"/> LHAL17T	LAUNIT17	Duration of dep/anx/emot problem: Time unit	371	1
FHS.390_02.000	R01	<input checked="" type="checkbox"/>	LADURA17	Duration of depression/anxiety/emotional problem (in years)	372 - 373	2
FHS.390_02.000	R02	<input checked="" type="checkbox"/>	LADURB17	Duration of depression/anxiety/emotional problem recode 2	374	1
FHS.390_02.000	R03	<input checked="" type="checkbox"/>	LACHRC17	Depression/anxiety/emotional problem condition status	375	1
FHS.392_01.000		<input type="checkbox"/> LHAL18N	LATIME18	Duration of weight problem: Number of units	376 - 377	2
FHS.392_02.000		<input type="checkbox"/> LHAL18T	LAUNIT18	Duration of weight problem: Time unit	378	1
FHS.392_02.000	R01	<input checked="" type="checkbox"/>	LADURA18	Duration of weight problem (in years)	379 - 380	2
FHS.392_02.000	R02	<input checked="" type="checkbox"/>	LADURB18	Duration of weight problem recode 2	381	1
FHS.392_02.000	R03	<input checked="" type="checkbox"/>	LACHRC18	Weight problem condition status	382	1
FHS.394_01.000		<input type="checkbox"/> LHAL19N	LATIME19	Duration of missing limb/amputation: Number of units	383 - 384	2
FHS.394_02.000		<input type="checkbox"/> LHAL19T	LAUNIT19	Duration of missing limb/amputation: Time unit	385	1
FHS.394_02.000	R01	<input checked="" type="checkbox"/>	LADURA19	Duration of missing limb/amputation (in years)	386 - 387	2
FHS.394_02.000	R02	<input checked="" type="checkbox"/>	LADURB19	Duration of missing limb/amputation recode 2	388	1
FHS.394_02.000	R03	<input checked="" type="checkbox"/>	LACHRC19	Missing limb/amputation condition status	389	1
FHS.396_01.000		<input type="checkbox"/> LHAL20N	LATIME20	Duration of musculoskeletal problem: Number of units	390 - 391	2
FHS.396_02.000		<input type="checkbox"/> LHAL20T	LAUNIT20	Duration of musculoskeletal problem: Time unit	392	1
FHS.396_02.000	R01	<input checked="" type="checkbox"/>	LADURA20	Duration of musculoskeletal problem (in years)	393 - 394	2
FHS.396_02.000	R02	<input checked="" type="checkbox"/>	LADURB20	Duration of musculoskeletal problem recode 2	395	1
FHS.396_02.000	R03	<input checked="" type="checkbox"/>	LACHRC20	Musculoskeletal problem condition status	396	1
FHS.398_01.000		<input type="checkbox"/> LHAL21N	LATIME21	Duration of circulatory problem: Number of units	397 - 398	2
FHS.398_02.000		<input type="checkbox"/> LHAL21T	LAUNIT21	Duration of circulatory problem: Time unit	399	1
FHS.398_02.000	R01	<input checked="" type="checkbox"/>	LADURA21	Duration of circulatory problem (in years)	400 - 401	2
FHS.398_02.000	R02	<input checked="" type="checkbox"/>	LADURB21	Duration of circulatory problem recode 2	402	1
FHS.398_02.000	R03	<input checked="" type="checkbox"/>	LACHRC21	Circulatory problem condition status	403	1
FHS.400_01.000		<input type="checkbox"/> LHAL22N	LATIME22	Duration of endocrine problem: Number of units	404 - 405	2
FHS.400_02.000		<input type="checkbox"/> LHAL22T	LAUNIT22	Duration of endocrine problem: Time unit	406	1
FHS.400_02.000	R01	<input checked="" type="checkbox"/>	LADURA22	Duration of endocrine problem (in years)	407 - 408	2
FHS.400_02.000	R02	<input checked="" type="checkbox"/>	LADURB22	Duration of endocrine problem recode 2	409	1
FHS.400_02.000	R03	<input checked="" type="checkbox"/>	LACHRC22	Endocrine problem condition status	410	1
FHS.402_01.000		<input type="checkbox"/> LHAL23N	LATIME23	Duration of nervous system condition: Number of units	411 - 412	2
FHS.402_02.000		<input type="checkbox"/> LHAL23T	LAUNIT23	Duration of nervous system condition: Time unit	413	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument	Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.402_02.000	R01	<input checked="" type="checkbox"/>		LADURA23	Duration of nervous system condition (in years)	414 - 415	2
FHS.402_02.000	R02	<input checked="" type="checkbox"/>		LADURB23	Duration of nervous system condition recode 2	416	1
FHS.402_02.000	R03	<input checked="" type="checkbox"/>		LACHRC23	Nervous system condition status	417	1
FHS.404_01.000		<input type="checkbox"/>	LHAL24N	LATIME24	Duration of digestive problems: Number of units	418 - 419	2
FHS.404_02.000		<input type="checkbox"/>	LHAL24T	LAUNIT24	Duration of digestive problems: Number of units	420	1
FHS.404_02.000	R01	<input checked="" type="checkbox"/>		LADURA24	Duration of digestive problem (in years)	421 - 422	2
FHS.404_02.000	R02	<input checked="" type="checkbox"/>		LADURB24	Duration of digestive problem recode 2	423	1
FHS.404_02.000	R03	<input checked="" type="checkbox"/>		LACHRC24	Digestive problem condition status	424	1
FHS.406_01.000		<input type="checkbox"/>	LHAL25N	LATIME25	Duration of genitourinary problem: Number of units	425 - 426	2
FHS.406_02.000		<input type="checkbox"/>	LHAL25T	LAUNIT25	Duration of genitourinary problem: Time unit	427	1
FHS.406_02.000	R01	<input checked="" type="checkbox"/>		LADURA25	Duration of genitourinary problem (in years)	428 - 429	2
FHS.406_02.000	R02	<input checked="" type="checkbox"/>		LADURB25	Duration of genitourinary problem recode 2	430	1
FHS.406_02.000	R03	<input checked="" type="checkbox"/>		LACHRC25	Genitourinary problem condition status	431	1
FHS.408_01.000		<input type="checkbox"/>	LHAL26N	LATIME26	Duration of skin problems: Number of units	432 - 433	2
FHS.408_02.000		<input type="checkbox"/>	LHAL26T	LAUNIT26	Duration of skin problems: Time unit	434	1
FHS.408_02.000	R01	<input checked="" type="checkbox"/>		LADURA26	Duration of skin problem (in years)	435 - 436	2
FHS.408_02.000	R02	<input checked="" type="checkbox"/>		LADURB26	Duration of skin problem recode 2	437	1
FHS.408_02.000	R03	<input checked="" type="checkbox"/>		LACHRC26	Skin problems condition status	438	1
FHS.410_01.000		<input type="checkbox"/>	LHAL27N	LATIME27	Duration of blood problem: Number of units	439 - 440	2
FHS.410_02.000		<input type="checkbox"/>	LHAL27T	LAUNIT27	Duration of blood problem: Time unit	441	1
FHS.410_02.000	R01	<input checked="" type="checkbox"/>		LADURA27	Duration of blood problem (in years)	442 - 443	2
FHS.410_02.000	R02	<input checked="" type="checkbox"/>		LADURB27	Duration of blood problem recode 2	444	1
FHS.410_02.000	R03	<input checked="" type="checkbox"/>		LACHRC27	Blood problem condition status	445	1
FHS.412_01.000		<input type="checkbox"/>	LHAL28N	LATIME28	Duration of benign tumor: Number of units	446 - 447	2
FHS.412_02.000		<input type="checkbox"/>	LHAL28T	LAUNIT28	Duration of benign tumor: Time unit	448	1
FHS.412_02.000	R01	<input checked="" type="checkbox"/>		LADURA28	Duration of benign tumor (in years)	449 - 450	2
FHS.412_02.000	R02	<input checked="" type="checkbox"/>		LADURB28	Duration of benign tumor recode 2	451	1
FHS.412_02.000	R03	<input checked="" type="checkbox"/>		LACHRC28	Benign tumor condition status	452	1
FHS.414_01.000		<input type="checkbox"/>	LHAL29N	LATIME29	Duration of alcohol or drug problem: Number of units	453 - 454	2
FHS.414_02.000		<input type="checkbox"/>	LHAL29T	LAUNIT29	Duration of alcohol or drug problem: Time unit	455	1
FHS.414_02.000	R01	<input checked="" type="checkbox"/>		LADURA29	Duration of alcohol or drug problem (in years)	456 - 457	2
FHS.414_02.000	R02	<input checked="" type="checkbox"/>		LADURB29	Duration of alcohol or drug problem recode 2	458	1
FHS.414_02.000	R03	<input checked="" type="checkbox"/>		LACHRC29	Alcohol or drug problem condition status	459	1
FHS.416_01.000		<input type="checkbox"/>	LHAL30N	LATIME30	Duration of other mental problem: Number of units	460 - 461	2
FHS.416_02.000		<input type="checkbox"/>	LHAL30T	LAUNIT30	Duration of other mental problem: Time unit	462	1
FHS.416_02.000	R01	<input checked="" type="checkbox"/>		LADURA30	Duration of other mental problem (in years)	463 - 464	2
FHS.416_02.000	R02	<input checked="" type="checkbox"/>		LADURB30	Duration of other mental problem recode 2	465	1
FHS.416_02.000	R03	<input checked="" type="checkbox"/>		LACHRC30	Other mental problem condition status	466	1
FHS.418_01.000		<input type="checkbox"/>	LHAL31N	LATIME31	Duration of surgical after-effects: Number of units	467 - 468	2

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FHS

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHS.418_02.000	<input type="checkbox"/>	LHAL31T	LAUNIT31	Duration of surgical after-effects: Time unit	469	1
FHS.418_02.000	R01 <input checked="" type="checkbox"/>		LADURA31	Duration of surgical after-effects (in years)	470 - 471	2
FHS.418_02.000	R02 <input checked="" type="checkbox"/>		LADURB31	Duration of surgical after-effects recode 2	472	1
FHS.418_02.000	R03 <input checked="" type="checkbox"/>		LACHRC31	Surgical after-effects condition status	473	1
FHS.420_01.000	<input type="checkbox"/>	LHAL32N	LATIME32	Duration of "old age": Number of units	474 - 475	2
FHS.420_02.000	<input type="checkbox"/>	LHAL32T	LAUNIT32	Duration of "old age": Number of units	476	1
FHS.420_02.000	R01 <input checked="" type="checkbox"/>		LADURA32	Duration of "old age" (in years)	477 - 478	2
FHS.420_02.000	R02 <input checked="" type="checkbox"/>		LADURB32	Duration of "old age" recode 2	479	1
FHS.420_02.000	R03 <input checked="" type="checkbox"/>		LACHRC32	"Old age" condition status	480	1
FHS.422_01.000	<input type="checkbox"/>	LHAL33N	LATIME33	Duration of fatigue problem: Number of units	481 - 482	2
FHS.422_02.000	<input type="checkbox"/>	LHAL33T	LAUNIT33	Duration of fatigue problem: Time unit	483	1
FHS.422_02.000	R01 <input checked="" type="checkbox"/>		LADURA33	Duration of fatigue problem (in years)	484 - 485	2
FHS.422_02.000	R02 <input checked="" type="checkbox"/>		LADURB33	Duration of fatigue problem recode 2	486	1
FHS.422_02.000	R03 <input checked="" type="checkbox"/>		LACHRC33	Fatigue problem condition status	487	1
FHS.424_01.000	<input type="checkbox"/>	LHAL34N	LATIME34	Duration of pregnancy-related problem: Number of units	488 - 489	2
FHS.424_02.000	<input type="checkbox"/>	LHAL34T	LAUNIT34	Duration of pregnancy-related problem: Time unit	490	1
FHS.424_02.000	R01 <input checked="" type="checkbox"/>		LADURA34	Duration of pregnancy-related problem (in years)	491 - 492	2
FHS.424_02.000	R02 <input checked="" type="checkbox"/>		LADURB34	Duration of pregnancy-related problem recode 2	493	1
FHS.424_02.000	R03 <input checked="" type="checkbox"/>		LACHRC34	Pregnancy-related condition status	494	1
FHS.450_01.000	<input type="checkbox"/>	LHAL90N	LATIME90	Duration of other N.E.C. problem (1): Number of units	495 - 496	2
FHS.450_02.000	<input type="checkbox"/>	LHAL90T	LAUNIT90	Duration of other N.E.C. problem (1): Time unit	497	1
FHS.450_02.000	R01 <input checked="" type="checkbox"/>		LADURA90	Duration of other N.E.C. problem (1) (in years)	498 - 499	2
FHS.450_02.000	R02 <input checked="" type="checkbox"/>		LADURB90	Duration of other N.E.C. problem (1) recode 2	500	1
FHS.450_02.000	R03 <input checked="" type="checkbox"/>		LACHRC90	Other N.E.C. problem (1) condition status	501	1
FHS.452_01.000	<input type="checkbox"/>	LHAL91N	LATIME91	Duration of other N.E.C. problem (2): Number of units	502 - 503	2
FHS.452_02.000	<input type="checkbox"/>	LHAL91T	LAUNIT91	Duration of other N.E.C. problem (2): Time unit	504	1
FHS.452_02.000	R01 <input checked="" type="checkbox"/>		LADURA91	Duration of other N.E.C. problem (2) (in years)	505 - 506	2
FHS.452_02.000	R02 <input checked="" type="checkbox"/>		LADURB91	Duration of other N.E.C. problem (2) recode2	507	1
FHS.452_02.000	R03 <input checked="" type="checkbox"/>		LACHRC91	Other N.E.C. problem (2) condition status	508	1
FHS.452_02.000	R04 <input checked="" type="checkbox"/>		LCONDRT	Chronic condition recode for person with LA	509	1
FHS.452_02.000	R05 <input checked="" type="checkbox"/>		LACHRONR	Lim of activ recode by chron cond status	510	1
FHS.500_00.000	<input type="checkbox"/>	PHSTAT	PHSTAT	Reported health status	511	1
FAU.020_00.000	<input type="checkbox"/>	PDMED12M1- PDMED12M25	PDMED12M	Was medical care delayed for - - (cost), 12m	512	1
FAU.040_00.000	<input type="checkbox"/>	PNMED12M1- PNMED12M25	PNMED12M	Did - - need and NOT get medical care (cost), 12m	513	1
FAU.060_00.000	<input type="checkbox"/>	PHOSPYR1-PHOSPYR25	PHOSPYR	Was - - in a hospital OVERNIGHT, 12m	514	1
FAU.070_00.000	<input type="checkbox"/>	HOSPNO	HOSPNO	Number of times in hospital overnight, 12m	515 - 517	3
FAU.110_00.000	<input type="checkbox"/>	HPNITE	HPNITE	Number of nights in hospital, 12m	518 - 520	3
FAU.130_00.000	<input type="checkbox"/>	PHCHM2W1-PHCHM2W25	PHCHM2W	Did - - receive HOME care by health professional, 2 wk	521	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FAU

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FAU.140_00.000	<input type="checkbox"/>	PHCHMN2W	PHCHMN2W	Number of HOME visits by health professional, 2wk	522 - 523	2
FAU.160_00.000	<input type="checkbox"/>	PHCPH2W1-PHCPH2W25	PHCPH2WR	Did--get advice/test results by phone, 2wk	524	1
FAU.170_00.000	<input type="checkbox"/>	PHCPHN2W	PHCPHN2W	Number of PHONE calls to health professional, 2wk	525 - 526	2
FAU.190_00.000	<input type="checkbox"/>	PHCDV2W1-PHCDV2W25	PHCDV2W	Did - - see health professional in office, etc, 2wk	527	1
FAU.200_00.000	<input type="checkbox"/>	PHCDVN2W	PHCDVN2W	Number of times VISITED health professional, 2wk	528 - 529	2
FAU.220_00.000	<input type="checkbox"/>	P10DVYR1-P10DVYR25	P10DVYR	Did - - receive care 10+ times, 12m	530	1
FSD.001_00.000	<input type="checkbox"/>	PLBORN	PLBORN	Born in the United States	659	1
FSD.003_01.000	R01 <input checked="" type="checkbox"/>		REGIONBR	Geographic region of birth recode	660 - 661	2
FSD.003_01.000	R02 <input checked="" type="checkbox"/>		GEOBRTH	Geographic place of birth recode	662	1
FSD.005_00.000	R01 <input checked="" type="checkbox"/>		YRSINUS	Years that - - has been in the U.S.	663	1
FSD.006_00.000	R01 <input checked="" type="checkbox"/>		CITIZENP	U.S. citizenship status	664	1
FSD.007_00.000	<input type="checkbox"/>	HEADST	HEADST	Now attending Head Start	665	1
FSD.008_00.000	<input type="checkbox"/>	HEADSTEV	HEADSTV1	Ever attended Head Start	666	1
FSD.010_00.000	<input type="checkbox"/>		EDUC1	Highest level of school completed	667 - 668	2
FSD.042_00.000	<input type="checkbox"/>	PMILTRY1-PMILTRY25	PMILTRY	Did - - receive honorable discharge	669	1
FSD.050_00.000	<input type="checkbox"/>	DOINGLW	DOINGLWP	What was - - doing last week	670	1
FSD.060_00.000	<input type="checkbox"/>	WHYNOWRK	WHYNOWKP	Main reason for not working last week	671 - 672	2
FSD.070_00.000	R01 <input checked="" type="checkbox"/>		WRKHRS2	Hours worked last week	673 - 674	2
FSD.080_00.000	<input type="checkbox"/>	WRKFTALL	WRKFTALL	Usually work full time	675	1
FSD.100_00.000	<input type="checkbox"/>	WRKLYR	WRKLYR1	Work for pay last year	676	1
FSD.110_00.000	<input type="checkbox"/>	WRKMYR	WRKMYR	Months worked last year	677 - 678	2
FSD.120_00.000	R01 <input checked="" type="checkbox"/>		ERNYR_P	Total earnings last year	679 - 680	2
FSD.130_00.000	<input type="checkbox"/>	HIEMPOF	HIEMPOF	Health insurance offered at workplace	681	1
FIN.040_00.000	<input type="checkbox"/>	PSAL1-PSAL25	PSAL	Receive income from wages/salary (last CY)	682	1
FIN.060_00.000	<input type="checkbox"/>	PSEINC1-PSEINC25	PSEINC	Receive income from self-employment (last CY)	683	1
FIN.080_00.000	<input type="checkbox"/>	PSSRR1-PSSRR25	PSSRR	Receive income from SS or RR (last CY)	684	1
FIN.084_00.000	<input type="checkbox"/>	PSSRRDB1-PSSRRDB25	PSSRRDB	Received SS or RR as a disability benefit	685	1
FIN.086_00.000	<input type="checkbox"/>	PSSRRD	PSSRRD	Received benefit due to disability	686	1
FIN.100_00.000	<input type="checkbox"/>	PPENS1-PPENS25	PPENS	Receive income from other pensions (disability)	687	1
FIN.104_00.000	<input type="checkbox"/>	POPENS1-POPENS25	POPENS	Receive income from any other pension	688	1
FIN.120_00.000	<input type="checkbox"/>	PSSI1-PSSI25	PSSI	Received income from SSI	689	1
FIN.122_00.000	<input type="checkbox"/>	PSSID	PSSID	Received SSI due to disability	690	1
FIN.160_00.000	<input type="checkbox"/>	PTANF1-PTANF25	PTANF	Received income from welfare/TANF	691	1
FIN.166_00.000	<input type="checkbox"/>	POWBEN1-POWBEN25	POWBEN	Received other government assistance	692	1
FIN.180_00.000	<input type="checkbox"/>	PINTRST1-PINTRST25	PINTRSTR	Receive interest income	693	1
FIN.200_00.000	<input type="checkbox"/>	PDIVD1-PDIVD25	PDIVD	Receive dividends from stocks, funds, etc.	694	1
FIN.220_00.000	<input type="checkbox"/>	PCHLDSP1-PCHLDSP25	PCHLDSP	Receive income from child support	695	1
FIN.240_00.000	<input type="checkbox"/>	PINCOT1-PINCOT25	PINCOT	Received income from any other source	696	1

2004 NHIS Public Use Variable Summary

Person

Filename - Section: personsx - FIN

Document Version Date: July 18, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
FIN.310_00.000	<input type="checkbox"/>	PSSAPL1-PSSAPL25	PSSAPL	Ever applied for SSI	697	1
FIN.340_00.000	<input type="checkbox"/>	PSDAPL1-PSDAPL25	PSDAPL	Ever applied for SSDI	698	1
FIN.350_00.000	<input type="checkbox"/>	TANFMYR	TANFMYR	Months received welfare/TANF (last CY)	699 - 700	2
FIN.370_00.000	<input type="checkbox"/>	PFSTP1-PFSTP25	PFSTP	Person authorized to receive food stamps (last CY)	701	1
FIN.380_00.000	<input type="checkbox"/>	FSTPMYR	FSTPMYR	Months received food stamps (last CY)	702 - 703	2
FIN.384_00.000	R01 <input checked="" type="checkbox"/>		ELIGPWIC	Anyone age-eligible for the WIC program?	704	1
FIN.385_00.000	<input type="checkbox"/>	PWIC1-PWIC25	PWIC	Received WIC benefits	705	1
FIN.385_00.000	R01 <input checked="" type="checkbox"/>		WIC_FLAG	WIC recipient age-eligible	706	1

2004 NHIS Public Use Variable Summary

Person

File - Section: personsx - FHI

Document Version Date: July 21, 2005

Question #	Recode	Instrument	Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHI.075_00.000	R001	<input checked="" type="checkbox"/>		NOTCOV	Cov stat as used in Health United States	531	1
FHI.075_00.000	R002	<input checked="" type="checkbox"/>		MEDICARE	Medicare coverage recode	532	1
FHI.090_00.000	R003	<input type="checkbox"/>	MCPART	MCPART	Type of Medicare coverage	533	1
FHI.095_00.000	R004	<input type="checkbox"/>	MCCHOICE	MCCHOICE	Enrolled in Medicare Advantage Plan	534	1
FHI.100_00.000	R005	<input type="checkbox"/>	MCHMO	MCHMO	Is - - signed up with an HMO	535	1
FHI.110_00.000	R006	<input checked="" type="checkbox"/>	MCNAME	MCNAMEN	Medicare HMO name	536 - 537	2
FHI.114_00.000	R007	<input type="checkbox"/>	MCREF	MCREF	Need a referral for special care	538	1
FHI.116_00.000	R008	<input type="checkbox"/>	MCPAYPRE	MCPAYPRE	More comprehensive benefit plan	539	1
FHI.118_00.000	R009	<input type="checkbox"/>	MCRXCARD	MCRXCARD	Medicare prescription drug card	540	1
FHI.118_00.000	R010	<input checked="" type="checkbox"/>		MEDICAID	Medicaid coverage recode	541	1
FHI.120_00.000	R011	<input type="checkbox"/>	MACHMD	MACHMD	Any doc, chooses from a list, doc assigned	542	1
FHI.140_00.000	R012	<input type="checkbox"/>	MAPCMD	MAPCMD	Primary care physician for routine care	543	1
FHI.150_00.000	R013	<input type="checkbox"/>	MAREF	MAREF	Need a referral for special care	544	1
FHI.150_00.000	R014	<input checked="" type="checkbox"/>		SINGLE	Single service plan recode	545	1
FHI.156_01.000	R015	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEA	Accidents	546	1
FHI.156_02.000	R016	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEB	AIDS care	547	1
FHI.156_03.000	R017	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEC	Cancer treatment	548	1
FHI.156_04.000	R018	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPED	Catastrophic care	549	1
FHI.156_05.000	R019	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEE	Dental care	550	1
FHI.156_06.000	R020	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEF	Disability insurance	551	1
FHI.156_07.000	R021	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEG	Hospice care	552	1
FHI.156_08.000	R022	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEH	Hospitalization only	553	1
FHI.156_09.000	R023	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEI	Long-term care	554	1
FHI.156_10.000	R024	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEJ	Prescriptions	555	1
FHI.156_11.000	R025	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEK	Vision care	556	1
FHI.156_12.000	R026	<input type="checkbox"/>	SSTYPE21-SSTYPE29 and SSTYPE210-SSTYPE212	SSTYPEL	Other	557	1
FHI.157_00.000	R027	<input checked="" type="checkbox"/>		PRIVATE	Private health insurance recode	558	1
FHI.160_00.000	R028	<input checked="" type="checkbox"/>		HITYPE1	Name of plan (Plan 1)	559 - 560	2
FHI.200_01.000	R029	<input checked="" type="checkbox"/>		WHONAM1	Plan in whose name (Plan 1)	561	1
FHI.210_01.000	R030	<input checked="" type="checkbox"/>		PLNWRKN1	How plan was originally obtained (plan 1)	562 - 563	2
FHI.220_11.000	R031	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY11	Paid for by self or family (Plan 1)	564	1

2004 NHIS Public Use Variable Summary

Person

File - Section: personsx - FHI

Document Version Date: July 21, 2005

Question #	Recode	Instrument	Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHI.220_12.000	R032	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY21	Paid for by employer or union (Plan 1)	565	1
FHI.220_13.000	R033	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY31	Paid for by someone outside the household (Plan 1)	566	1
FHI.220_14.000	R034	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY41	Paid for by Medicare (Plan 1)	567	1
FHI.220_15.000	R035	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY51	Paid for by Medicaid (Plan 1)	568	1
FHI.220_16.000	R036	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY61	Paid for by SCHIP (Plan 1)	569	1
FHI.220_17.000	R037	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY71	Paid for by government program (Plan 1)	570	1
FHI.230_12.000	R038	<input checked="" type="checkbox"/>		HICOSTR1	Out-of-pocket premium cost (Plan 1)	571 - 575	5
FHI.240_01.000	R039	<input type="checkbox"/>	PLNMGD	PLNMGD1	Type of private plan (Plan 1)	576	1
FHI.242_01.000	R040	<input type="checkbox"/>	MGCHMD	MGCHMD1	Doctor choice (Plan 1)	577	1
FHI.244_01.000	R041	<input type="checkbox"/>	MGPRMD	MGPRMD1	Preferred list (Plan 1)	578	1
FHI.246_01.000	R042	<input type="checkbox"/>	MGPYMD	MGPYMD1	Out of plan use (Plan 1)	579	1
FHI.248_01.000	R043	<input type="checkbox"/>	MGPREF	MGPREF1	Private referral (Plan 1)	580	1
FHI.249_01.000	R044	<input type="checkbox"/>	PRRXCOV	PRRXCOV1	Prescription drug benefit (Plan 1)	581	1
FHI.172_00.000	R045	<input checked="" type="checkbox"/>		HITYPE2	Name of plan (Plan 2)	582 - 583	2
FHI.200_02.000	R046	<input checked="" type="checkbox"/>		WHONAM2	Plan in whose name (Plan 2)	584	1
FHI.210_02.000	R047	<input checked="" type="checkbox"/>		PLNWRKN2	How plan was originally obtained (Plan 2)	585 - 586	2
FHI.220_21.000	R048	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY12	Paid for by self or family (Plan 2)	587	1
FHI.220_22.000	R049	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY22	Paid for by employer or union (Plan 2)	588	1
FHI.220_23.000	R050	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY32	Paid for by someone outside the household (Plan 2)	589	1
FHI.220_24.000	R051	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY42	Paid for by Medicare (Plan 2)	590	1
FHI.220_25.000	R052	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY52	Paid for by Medicaid (Plan 2)	591	1
FHI.220_26.000	R053	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY62	Paid for by SCHIP (Plan 2)	592	1
FHI.220_27.000	R054	<input type="checkbox"/>	PLNPAY1-PLNPAY7	PLNPAY72	Paid for by government program (Plan 2)	593	1
FHI.230_22.000	R055	<input checked="" type="checkbox"/>		HICOSTR2	Out-of-pocket premium cost (Plan 2)	594 - 598	5
FHI.240_02.000	R056	<input type="checkbox"/>	PLNMGD	PLNMGD2	Type of private plan (plan 2)	599	1
FHI.242_02.000	R057	<input type="checkbox"/>	MGCHMD	MGCHMD2	Doctor choice (Plan 2)	600	1
FHI.244_02.000	R058	<input type="checkbox"/>	MGPRMD	MGPRMD2	Preferred list (Plan 2)	601	1
FHI.246_02.000	R059	<input type="checkbox"/>	MGPYMD	MGPYMD2	Out of plan use (Plan 2)	602	1
FHI.248_02.000	R060	<input type="checkbox"/>	MGPREF	MGPREF2	Private referral (Plan 2)	603	1
FHI.249_02.000	R061	<input type="checkbox"/>	PRRXCOV	PRRXCOV2	Prescription drug benefit (Plan 2)	604	1
FHI.249_04.000	R062	<input checked="" type="checkbox"/>		PRPLPLUS	Person has more than two private plans	605	1
FHI.250_00.000	R097	<input checked="" type="checkbox"/>		SCHIP	SCHIP coverage recode	606	1
FHI.251_00.000	R098	<input type="checkbox"/>	STDOC1	STDOC1	Any doc, chooses from a list, doc assigned (SCHIP)	607	1
FHI.252_00.000	R099	<input type="checkbox"/>	STPCMD1	STPCMD1	Primary care physician for routine care (SCHIP)	608	1
FHI.253_00.000	R100	<input type="checkbox"/>	STREF1	STREF1	Need a referral for special care (SCHIP)	609	1
FHI.253_00.000	R101	<input checked="" type="checkbox"/>		OTHERPUB	State-sponsored health plan recode	610	1
FHI.258_00.000	R102	<input type="checkbox"/>	STDOC2	STDOC2	Any doc, chooses from a list, doc assigned (OTHERPUB)	611	1
FHI.259_00.000	R103	<input type="checkbox"/>	STPCMD2	STPCMD2	Primary care physician for routine care (OTHERPUB)	612	1

2004 NHIS Public Use Variable Summary

Person

File - Section: personsx - FHI

Document Version Date: July 21, 2005

Question #	Recode	Instrument	Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHI.260_00.000	R104	<input type="checkbox"/>	STREF2	STREF2	Need a referral for special care (OTHERPUB)	613	1
FHI.260_00.000	R105	<input checked="" type="checkbox"/>		OTHERGOV	Other government program recode	614	1
FHI.265_00.000	R106	<input type="checkbox"/>	STDOC3	STDOC3	Any doc, chooses from a list, doc assigned (OTHERGOV)	615	1
FHI.266_00.000	R107	<input type="checkbox"/>	STPCMD3	STPCMD3	Primary care physician for routine care (OTHERGOV)	616	1
FHI.267_00.000	R108	<input type="checkbox"/>	STREF3	STREF3	Need a referral for special care (OTHERGOV)	617	1
FHI.267_00.000	R109	<input checked="" type="checkbox"/>		MILITARY	Military health care coverage recode	618	1
FHI.270_01.000	R110	<input type="checkbox"/>	MILSPC1-MILSPC4	MILSPC1	TRICARE coverage	619	1
FHI.270_02.000	R111	<input type="checkbox"/>	MILSPC1-MILSPC4	MILSPC2	VA coverage	620	1
FHI.270_03.000	R112	<input type="checkbox"/>	MILSPC1-MILSPC4	MILSPC3	CHAMP-VA coverage	621	1
FHI.270_04.000	R113	<input type="checkbox"/>	MILSPC1-MILSPC4	MILSPC4	Other military coverage	622	1
FHI.275_00.000	R114	<input type="checkbox"/>	MILMAN	MILMAN	Type of TRICARE coverage	623	1
FHI.276_00.000	R115	<input checked="" type="checkbox"/>		IHS	Indian Health Service recode	624	1
FHI.280_00.000	R116	<input type="checkbox"/>	HILAST	HILAST	How long since last had hlth coverage	625	1
FHI.290_01.000	R117	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP1	Lost job or changed employers	626	1
FHI.290_02.000	R118	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP2	Divorced/sep/death of spouse or parent	627	1
FHI.290_03.000	R119	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP3	Ineligible because of age/left school	628	1
FHI.290_04.000	R120	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP4	Employer does not offer/not eligible for cov	629	1
FHI.290_05.000	R121	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP5	Cost is too high	630	1
FHI.290_06.000	R122	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP6	Insurance company refused coverage	631	1
FHI.290_07.000	R123	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP7	Medicaid/medi plan stopped after pregnancy	632	1
FHI.290_08.000	R124	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP8	Lost Medicaid/new job/increase in income	633	1
FHI.290_09.000	R125	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP9	Lost Medicaid (other)	634	1
FHI.290_10.000	R126	<input type="checkbox"/>	HISTOP1-HISTOP5	HISTOP10	Other	635	1
FHI.290_10.000	R127	<input checked="" type="checkbox"/>		HISTOP11	Never had health insurance	636	1
FHI.290_10.000	R128	<input checked="" type="checkbox"/>		HISTOP12	Moved from another county/state/country	637	1
FHI.290_10.000	R129	<input checked="" type="checkbox"/>		HISTOP13	Self-employed	638	1
FHI.290_10.000	R130	<input checked="" type="checkbox"/>		HISTOP14	No need for it/chooses not to have	639	1
FHI.290_10.000	R131	<input checked="" type="checkbox"/>		HISTOP15	Got married	640	1
FHI.300_00.000	R132	<input type="checkbox"/>	HINOTYR	HINOTYR	No hlth coverage during past 12 months	641	1
FHI.310_00.000	R133	<input type="checkbox"/>	HINOTMYR	HINOTMYR	Months without coverage in past 12 months	642 - 643	2
FHI.320_00.000	R134	<input type="checkbox"/>	HCSPFYR	HCSPFYR	Amount family spent for medical care	644	1
FHI.070_01.000	R135	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDA	Private health insurance	645	1
FHI.070_02.000	R136	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDB	Medicare	646	1
FHI.070_03.000	R137	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDC	Medi-Gap	647	1
FHI.070_04.000	R138	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDD	Medicaid	648	1
FHI.070_05.000	R139	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDE	SCHIP	649	1
FHI.070_06.000	R140	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDF	Military health care	650	1
FHI.070_07.000	R141	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDG	Indian Health Service	651	1

2004 NHIS Public Use Variable Summary

Person**File - Section:** personsx - FHI**Document Version Date:** July 21, 2005

Question #	Recode	Instrument	Variable Name	FinalDocName	Processing Variable Label	Location	Length
FHI.070_08.000	R142	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDH	State-sponsored health plan	652	1
FHI.070_09.000	R143	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDI	Other government plan	653	1
FHI.070_10.000	R144	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDJ	Single service plan	654	1
FHI.070_11.000	R145	<input type="checkbox"/>	HIKIND1-HIKIND11	HIKINDK	No coverage of any type	655	1
FHI.072_00.000	R146	<input type="checkbox"/>	MCAREPRB	MCAREPRB	Medicare coverage probe	656	1
FHI.073_00.000	R147	<input type="checkbox"/>	MCAIDPRB	MCAIDPRB	Medicaid coverage probe	657	1
FHI.074_00.000	R148	<input type="checkbox"/>	SINCOV	SINCOV	Single service plan probe	658	1
