

FME-1
NHIS CALENDAR YEAR 1978
Public Use File
FAMILY MEDICAL EXPENSES RECORD (Record Type 8)
Number of Records - 27,253

File Location	Var. Name Quest. No.	Title and Code
1-2	BLANK	BLANK
3-5	PSURANDR HH-5	PSU - RANDOM RECODE
6-7	WEEKCEN HH-5	WEEK - CENSUS CODE (Numbered within Sample Recode) 01, 21, 41, 61, 81. Week 01 02, 22, 42, 62, 82. Week 02 03, 23, 43, 63, 83. Week 03 04, 24, 44, 64, 84. Week 04 05, 25, 45, 65, 85. Week 05 06, 26, 46, 66, 86. Week 06 07, 27, 47, 67, 87. Week 07 08, 28, 48, 68, 88. Week 08 09, 29, 49, 69, 89. Week 09 10, 30, 50, 70, 90. Week 10 11, 31, 51, 71, 91. Week 11 12, 32, 52, 72, 92. Week 12 13, 33, 53, 73, 93. Week 13
8-9	SEGNUM HH-5	SEGMENT NUMBER Week plus Segment Number identifies the segment
10-11	HHNUM HH-5	HOUSEHOLD NUMBER Numbered within PSU-Week-Segment
12-13	PNUM	PERSON NUMBER
14	RECTYPE	RECORD TYPE 8. Family Medical Expenses Record
15-16	BLANK	BLANK

17-18	WEEKPROC Recode	PROCESSING WEEK CODE 01. 01, 21, 41, 61, 81 02. 02, 22, 42, 62, 82 03. 03, 23, 43, 63, 83 04. 04, 24, 44, 64, 84 05. 05, 25, 45, 65, 85 06. 06, 26, 46, 66, 86 07. 07, 27, 47, 67, 87 08. 08, 28, 48, 68, 88 09. 09, 29, 49, 69, 89 10. 10, 30, 50, 70, 90 11. 11, 31, 51, 71, 91 12. 12, 32, 52, 72, 92 13. 13, 33, 53, 73, 93
19	QTRPROC Recode	PROCESSING QUARTER CODE 1. Quarter 1, 1978
20	YEARPRC Recode	PROCESSING YEAR 8. 1978
21-27	BLANK	BLANK
28	PSUTYPE RC Record	TYPE OF PSU 0. The 31 Large Self-representing SMSA's 1. SMSA-Self-representing 3. SMSA-Nonself-representing 4. Non-SMSA-Self-representing 6. Non-SMSA-Nonself-representing
29	REGION RC Record	REGION 1. Northeast (includes Sections 1 and 2) 2. North Central (includes Sections 3, 4 and 5) 3. South (includes Sections 6, 7, 8 and 9) 4. West (includes Sections 10 and 11)

30-31 **LSRMSA** **NHIS SECTION CODE**
 RC Recode Blank. No self-representing sections and self-representing SMSA's
 Other than 34-64.

Large Self-representing SMSA's

<u>Recode</u>	<u>SMSA</u>	<u>Recode</u>	<u>SMSA</u>
34.	Boston	50.	St. Louis
35.	New York *	51.	Houston
36.	Philadelphia	52.	Dallas
37.	Pittsburgh	53.	Washington, D.C.
38.	Detroit	54.	Seattle-Everett
39.	Chicago **	55.	San Diego
40.	Cincinnati	56.	Anaheim-Santa Ana-Garden Grove
41.	Los Angeles-Long Beach	57.	Miami
42.	San Francisco-Oakland	58.	Denver
43.	Baltimore	59.	San Bernardino-Riverside-Ontario
44.	Atlanta	60.	Indianapolis
45.	Buffalo	61.	San Jose
46.	Cleveland	62.	New Orleans
47.	Minneapolis-St.Paul	63.	Tampa-St. Petersburg
48.	Milwaukee	64.	Portland, Oregon
49.	Kansas City		

32 **BLANK** **BLANK**

33 **SMSA** **SMSA NON-SMSA RESIDENCE**
 RC Record 1. In SMSA; in Central City
 2. In SMSA; not in Central City
 3. Not in SMSA

34-35 **BLANK** **BLANK**

36 **MSA2** **SMSA - NON-SMSA RESIDENCE**
 Recode 1. SMSA
 2. Non-SMSA - Nonfarm
 3. Non-SMSA - Farm

37 **LIVQTR** **TYPE OF LIVING QUARTERS**
 HH-8 1. Housing Unit
 2. Other

38-39 **BLANK** **BLANK**

40-41 **INTNUM** **INTERVIEWER NUMBER**
 HH-17

* Northeastern New Jersey Consolidated Area
 ** Northeastern Indiana Consolidated Area

42	NUMCALL HH-19	NUMBER OF CALLS 0. Not reported 1-8. Number of calls 9. 9+ calls
----	-------------------------	----------------------------------------------------------------------------------

43	PHONE HH-15	TELEPHONE 1. Yes - phone 2. No or none 3. Phone, but no number listed, or number refused 9. DK if phone or refused bl. Not reported
----	-----------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

44	OBSINT HH-16	OBSERVED INTERVIEW 1. Yes 2. No 3. Yes and no bl. Not reported
----	------------------------	-----------------------------------------------------------------------------------

45	WKDAY Recode	DAY OF WEEK INTERVIEW COMPLETED 1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday 8. Unknown
----	------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

46-48	INTLENG HH-19	LENGTH OF INTERVIEW 001-998. Number of minutes 999. 999+ minutes blblbl. Not reported
-------	-------------------------	-------------------------------------------------------------------------------------------------------

49	INTTIME HH-19	TIME OF DAY OF INTERVIEW (Beginning Time) 1. 6:01 a.m. - 12:00 a.m. (noon) 2. 12:01 p.m. - 6:00 p.m. 3. 6:01 p.m. - 12:00 p.m. (midnight) 4. 12:01 a.m. - 6:00 a.m. bl. Not reported
----	-------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

50	RACE Q1	RACE (DETAIL) 1. White 2. Black 3. Other
----	-------------------	----------------------------------------------------------

51	RACER Recode	RACE RECODE 1. White 2. Other races
----	------------------------	--------------------------------------------------

52	SEX Q1	SEX 1. Male 2. Female
----	------------------	------------------------------------

53-54	AGE Q3	AGE 00. Under 1 year 01-98. Number of years 99. 99+ year
-------	------------------	--------------------------------------------------------------------------

55-56	AGER1 Recode	AGE RECODE #1 01. 00-04 years 02. 05-14 years 03. 15-24 years 04. 25-34 years 05. 35-44 years 06. 45-54 years 07. 55-64 years 08. 65-74 years 09. 75+ years
-------	------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

57-58	AGER2 Recode	AGE RECODE #2 01. Under 6 years 02. 06-16 years 03. 17-24 years 04. 25-34 years 05. 35-44 years 06. 45-54 years 07. 55-64 years 08. 65-74 years 09. 75+ years
-------	------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

59	AGER3 Recode	AGE RECODE #3 1. Under 15 years 2. 15-44 years 3. 45-64 years 4. 65+ years
----	------------------------	-----------------------------------------------------------------------------------------------

60	MARSTAT Q4	MARITAL STATUS 0. Under 17 years 1. Married - Spouse present 2. Widowed 3. Never married 4. Divorced 5. Separated 6. Married - Spouse absent
----	----------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

61-62	EDUC Q10a,b	EDUCATION OF INDIVIDUAL - COMPLETED YEARS 01. Under 17 years of age 02. None 03. 1-4 years completed 04. 5-7 years completed 05. 8 years completed 06. 9-11 years completed 07. 12 years completed(high school graduate) 08. 13-14 years completed 09. 15 years completed 10. 16 years completed(college graduate) 11. 17+ years completed(graduate school) 12. Unknown 13. Not reported
-------	-----------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

63	EDUCR Q10a,b Recode	EDUCATION OF INDIVIDUAL - RECODE 1. Under 17 years of age 2. None 3. 01-08 (elementary) 4. 09-11 (high school) 5. 12 (high school graduate) 6. 13-15 (college) 7. 16+ (college graduate +) 8. Unknown
----	----------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

64-65	EDUCAD Q10a,b	EDUCATION OF FAMILY HEAD OR UNRELATED INDIVIDUAL - DETAIL 01. Under 17 years of age 02. None 03. 1-4 years completed 04. 5-7 years completed 05. 8 years completed 06. 9-11 years completed 07. 12 years completed (high school graduate) 08. 13-14 years completed 09. 15 years completed 10. 16 years completed (college graduate) 11. 17+ years completed (graduate school) 12. Unknown 13. Not reported
-------	-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

66	EDUCADR Q10a,b Recode	EDUCATION OF HEAD - RECODE 1. Under 17 years of age 2. None 3. 01-08 (elementary) 4. 09-11 (high school) 5. 12 (high school graduate) 6. 13-15 (college) 7. 16+ (college graduate +) 8. Unknown
----	------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

67	VETERAN Q1,2c	VETERAN STATUS 0. Under 17 years of age 1. Nonveteran 2. Peacetime only 3. World War I 4. World War II 5. Korean War 6. Vietnam veteran 7. DK if served in Armed Forces 8. DK if war veteran 9. Post Vietnam
----	-------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

68-69	INCOME Q15	FAMILY INCOME OR INCOME OF UNRELATED INDIVIDUAL
		01. Under \$1,000
		02. \$1,000-1,999
		03. 2,000-2,999
		04. 3,000-3,999
		05. 4,000-4,999
		06. 5,000-5,999
		07. 6,000-6,999
		08. 7,000-9,999
		09. 10,000-14,999
		10. 15,000-24,999
		11. 25,000+
		12. Unknown
		13. Not reported

70	INCOMER Q15 Recode	FAMILY INCOME RECODE
		1. Under \$3,000
		2. \$3,000-4,999
		3. 5,000-6,999
		4. 7,000-9,999
		5. 10,000-14,999
		6. 15,000-24,999
		7. 25,000+
		8. Unknown

71	FAMTYPE Q2	TYPE OF FAMILY
		&. Primary individual
		-. Secondary individual
		0. Primary family
		1-9. Secondary families

72	FAMREL Q2	FAMILY RELATIONSHIP
		&. Unrelated individual living alone
		0. Head of family or unrelated individual not living alone
		1. Wife (husband living at home and not in Armed Forces)
		2. Wife (husband living at home and is in Armed Forces)
		3. Child of head or spouse
		4. Grandchild of head or spouse
		5. Parent of head or spouse
		6. Other relative

73	FAMREL Q2 Recode	FAMILY RELATIONSHIP RECODE (Living Arrangement)
		1. Living alone
		2. Living with nonrelatives
		3. Living with spouse
		4. Living with relatives - other

74	USUALACT Q19,20 Recode	USUAL ACTIVITY
		0. Under 6 years
		1. Usually working
		2. Keeping house (female)
		3. Retired - Health (45+ years)
		4. Going to school
		5. Something else
		6. Unknown
		7. Retired, Other (45+ years)

75	EMPLOY Q13	CURRENT ACTIVITY DURING PAST 2 WEEKS 0. Under 17 years 1. Worked in past 2 weeks 2. Did not work, has job, not on layoff and not looking for work 3. Did not work, has job, looking for work 4. Did not work, has job, on layoff 5. Did not work, has job, on layoff and looking for work 6. Did not work, has job, unknown if looking or on layoff 7. Did not work, no job, looking for work or on layoff 8. Not in labor force (17+)
76	WKCLASS Q14e	CLASS OF WORKER 0. Never worked 1. Private paid 2. Federal Government 3. State Government 4. Local Government 5. Incorporated business 6. Self employed 7. Without pay 8. Not in Labor Force 9. Unknown or not reported
77-79	INDUSTRY Q14a,b	INDUSTRY DETAIL CODE 017-999. Code Number blblbl. Not applicable
80-81	INDUSR1 Recode	INDUSTRY RECODE 1 See Attachment
82-83	INDUSR2 Recode	INDUSTRY RECODE 2 See Attachment
84-86	OCCUP Q14c	OCCUPATION DETAIL CODE 001-995. Code number blblbl. Not applicable
87-88	OCCUPR1 Recode	OCCUPATION RECODE 1 See Attachment
89-90	OCCUPR2 Recode	OCCUPATION RECODE 2 See Attachment

91	RESPOND R (Q4-34)	RESPONDENT 1. Self entirely 2. Self partly 3. Spouse 4. Mother 5. Father 6. Other female family member 7. Other male family member 8. Other 9. Not reported
92-93	BLANK	BLANK
94	RESPAGE R	AGE OF RESPONDENT 1. Under 20 years 2. 20-54 years 3. 55-64 years 4. 65-74 years 5. 75+ years 6. Unknown and not reported
95-96	FAMSIZE Generated	ACTUAL FAMILY SIZE 00. Unrelated individuals 01-97. Family size
97	FAMSIZER Recode	SIZE OF FAMILY RECODE 0. Unrelated individuals 1. One member 2. 2 members 3. 3 members 4. 4 members 5. 5 members 6. 6 members 7. 7 members 8. 8+ members
98	LACHRONC Q21-27a	LIMITATION OF ACTIVITY DUE TO CHRONIC CONDITIONS 1. Cannot perform Usual Activity 2. Can perform UA but limited in amount and kind 3. Can perform UA but limited in outside activities 4. Not limited (including unknown)
99	LADURUNT Q28a	DURATION OF LIMITATION OF ACTIVITY - UNIT 1. Months 2. Years 3. Unknown bl. Not applicable

FME-10

100-101	LADURNUM Q28a	DURATION OF LIMITATION OF ACTIVITY - NUMBER OF UNIT 00. Less than 1 month 01-97. Number of months or years 99. Unknown blbl. Not applicable
102-105	BLANK	BLANK
106-107	RADAY Generated	RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS 00. None 01-14. Number of days
108-109	BDDAY Q5a,b	BED DISABILITY DAYS IN PAST 2 WEEKS 00. None 01-14. Number of days
110	WSLDAYI Q6,7	WORK/SCHOOL LOSS DAY IDENTIFIER 1. Under 6 years of age 2. School-loss days 3. Work-loss days
111-112	WSLDAY Q6,7	WORK OR SCHOOL-LOSS DAYS IN PAST 2 WEEKS 00. None or Under 6 01-14. Number of days
113-114	HPTDAY2W Generated	NUMBER OF DAYS IN HOSPITAL IN PAST 2 WEEKS 00. None 01-14. Number of days
115-116	DTL12 Q12d	DENTAL VISITS IN 2 WEEKS 00. None 01-97. Number of visits
117-119	BLANK	BLANK
120	DV12I Q18a	DOCTOR VISITS IN 12 MONTHS - KNOWN/UNKNOWN CODE 1. Number of visits known 2. Number of visits unknown
121-123	DV12NUM Q18a	DOCTOR VISITS IN 12 MONTHS - NUMBER OF VISITS 000. None or Unknown 001-997. Number of visits
124-126	HEP12 Computer Generated	NUMBER OF SHORT-STAY HOSPITAL DAYS IN PAST 12 MONTHS * 000. None 001-365. Number of days

* Short-stay Hospital: All hospital service types except mental (code 02), Tuberculosis (03), Orthopedic (08), Contagious Disease (09), Chronic Disease (10), All Other (12), Nursing Home (94,95), and Not In Index (93).

127	DVINT Q18b	INTERVAL SINCE LAST DOCTOR VISIT 0. Never 1. Visit in past 2 weeks 3. 2 weeks to less than 6 months 4. 6 months to less than 12 months 5. 1 year 6. 2-4 years 7. 5+ years 9. Unknown
-----	---------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

128	DTLINT Q13	INTERVAL SINCE LAST DENTAL VISIT 0. Never 1. Visit in 2 weeks 2. 2 weeks to less than 6 months 3. 6 months to less than 12 months 4. 1 year 5. 2-4 years 6. 5+ years 8. Unknown
-----	---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

129-130	HDENUM Generated	NUMBER OF SHORT-STAY HOSPITAL EPISODES *
---------	---------------------	-------------------------------------------------

131-134	BLANK	BLANK
---------	-------	-------

135-136	LACHRON Generated	NUMBER OF CHRONIC CONDITIONS CAUSING LIMITATION OF ACTIVITY
---------	----------------------	--------------------------------------------------------------------

137	SUPLDONE Generated	SUPPLEMENT COMPLETED 0. No, dummy supplement 1. Yes
-----	-----------------------	------------------------------------------------------------------

138-139	BLANK	BLANK
---------	-------	-------

140	HPLSSE Generated	HOSPITAL OWNERSHIP FOR SHORT-STAY EPISODES 0. No episodes 1. All in federal hospitals 2. All in nonfederal hospitals 3. Both federal and nonfederal hospitals
-----	---------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

141	BLANK	BLANK
-----	-------	-------

* See page FME-10

142	BEDDAY12 Q34	BED DAYS PAST 12 MONTHS 0. None 1. 1-7 days 2. 8-30 days 3. 31-180 days 4. 181-365 days 5. Unknown
-----	------------------------	-----------------------------------------------------------------------------------------------------------------------------

143-144	FAMSTRUC 2	FAMILY STRUCTURE 01. Both parents, no other adults 02. Mother only 03. Father only 04. Both parents and other adult relative 05. Mother and other adult relative 06. Father and other adult relative 07. No parent, but one adult relative 08. No parent, but two or more adult relatives 09. Other 10. Not applicable, 25+ years and/or ever married
---------	----------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

145	HLTHSTAT Q33	HEALTH STATUS 1. Excellent 2. Good 3. Fair 4. Poor 5. Unknown
-----	------------------------	-------------------------------------------------------------------------------------

146	BLANK	BLANK
-----	--------------	--------------

147	DISABSER Q2f	SERVICE CONNECTED DISABILITY 0. Under 17 years of age 1. Yes 2. No 3. Unknown 4. Non-veteran (chr.67=1)
-----	------------------------	-------------------------------------------------------------------------------------------------------------------------------

148	BLANK	BLANK
-----	--------------	--------------

149	VA12M Q8b	VETERANS ADMINISTRATION MEDICAL CARE - PAST 12 MONTHS 1. Yes 2. No 3. Unknown
-----	---------------------	-----------------------------------------------------------------------------------------------

150	SECURINC Q5b	SUPPLEMENTAL SECURITY INCOME 1. Yes 2. No 3. Unknown
-----	------------------------	----------------------------------------------------------------------

151-155	BLANK	BLANK
---------	--------------	--------------

156-157	HEIGHT Q9a	HEIGHT WITHOUT SHOES 36-85. Number of inches 99. Unknown blbl. Under 17 years of age
---------	----------------------	------------------------------------------------------------------------------------------------------

158	MCAID12M Q6b	USED MEDICAID - PAST 12 MONTHS 1. Yes 2. No 3. Unknown
-----	------------------------	------------------------------------------------------------------------

159	MCAIDTYP Q7	MEDICAID - TYPE OF CARD 1. Medicaid card - current 2. Medicaid card - expired 3. Card seen - unknown type 4. Unknown 5. No Medicaid card or not reported
-----	-----------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

160-162	WEIGHT Q9b	WEIGHT WITHOUT SHOES 050-300. Number of pounds 999. Unknown blblbl. Under 17 years of age
---------	----------------------	-----------------------------------------------------------------------------------------------------------

163	AFBRANCH Q2a	BRANCH OF ARMED FORCES 0. Under 17 1. Air Force 2. Army 3. Navy 4. Marine 5. Coast Guard 6. Two services checked 7. Three services checked 8. Other 9. Unknown bl. Nonveteran
-----	------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

164	AFRECENT Q2b	SERVED MOST RECENTLY 0. Under 17 1. Air Force 2. Army 3. Navy 4. Marine 5. Coast Guard 6. Other 7. Unknown 8. Nonveteran
-----	------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

165-166	DISCHYR Q2d	YEAR OF DISCHARGE (RANGE EDIT ONLY) 00-79. 1900 to 1979 80. Unknown 81. Under 17 82. Nonveteran
---------	-----------------------	--------------------------------------------------------------------------------------------------------------------

167-168	TOTYRSV Q2e	TOTAL YEARS SERVED (RANGE EDIT ONLY) 00. Less than 6 months 01-70. 1 to 70 years 71. Unknown 72. Under 17 73. Nonveteran
---------	----------------	-----------------------------------------------------------------------------------------------------------------------------------------

169	RETPENTN Q3a,b	RETIREMENT PAYMENTS OR PENSION 0. Under 17 1. Service 2. Veterans Administration VA 3. Yes, retirement or pension - DK if Service or VA 4. Service and VA 5. No 6. Unknown 7. Nonveteran
-----	-------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

170	BLANK	BLANK
-----	-------	-------

171	CONDLIST Recode	CONDITION LIST ASSIGNED AND ASKED 1. Condition List 1 - Digestive 2. Condition List 2 - Bone and Muscle 3. Condition List 3 - Miscellaneous * 4. Condition List 4 - Impairments 5. Condition List 5 - Circulatory 6. Condition List 6 - Respiratory 7. Unknown
-----	--------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

172	INCOMEYN Q16a	RECEIVED INCOME 1. Yes 2. No
-----	------------------	------------------------------------

173-174	INCINDVL Q17	INDIVIDUAL INCOME 01. Under \$1,000 02. 1,000-1,999 03. 2,000-2,999 04. 3,000-3,999 05. 4,000-4,999 06. 5,000-5,999 07. 6,000-6,999 08. 7,000-9,999 09. 10,000-14,999 10. 15,000-24,999 11. 25,000 and over 12. Unknown 13. No income received
---------	-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

* Includes chronic conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems and of other selected chronic conditions

175-176	INCHEADF	INCOME OF HEAD OF FAMILY
	Recode	01. Under \$1,000
	Q17	02. \$1,000-1,999
		03. 2,000-2,999
		04. 3,000-3,999
		05. 4,000-4,999
		06. 5,000-5,999
		07. 6,000-6,999
		08. 7,000-9,999
		09. 10,000-14,999
		10. 15,000-24,999
		11. 25,000 and over
		12. Unknown
		13. No income received

177-178	INCMJRBW	INCOME OF MAJOR BREADWINNER
	Q15-17	01. Under \$1,000
		02. \$1,000-1,999
		03. 2,000-2,999
		04. 3,000-3,999
		05. 4,000-4,999
		06. 5,000-5,999
		07. 6,000-6,999
		08. 7,000-9,999
		09. 10,000-14,999
		10. 15,000-24,999
		11. 25,000 and over
		12. Unknown
		13. No income received

179	MAINRACE	MAIN RACIAL BACKGROUND
	Q11a,b	1. Alaskan Native or American Indian
		2. Asian or Pacific Islander
		3. Black
		4. White
		5. Another group not listed
		6. Multiple entry - unknown which is main racial background
		7. Unknown

180	ROOMTOT	TOTAL ROOMS
	HH-13	1. 1 Room
		2. 2 Rooms
		3. 3 Rooms
		4. 4 Rooms
		5. 5 Rooms
		6. 6 Rooms
		7. 7 Rooms
		8. 8 Rooms
		9. 9+ Rooms
		-. DK or Not reported
		bl. Not a housing unit

181	BEDROOM HH-14	TOTAL NUMBER OF BEDROOMS 0. None 1. 1 Bedroom 2. 2 Bedrooms 3. 3 Bedrooms 4. 4 Bedrooms 5. 5 Bedrooms 6. 6 Bedrooms 7. 7 Bedrooms 8. 8 Bedrooms 9. 9+ Bedrooms -. DK or Not reported bl. Not a housing unit
-----	------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

182-187	WTBFAD	BASIC WEIGHT BEFORE ASC ADJUSTMENT (XXXXX.X)
---------	--------	----------------------------------------------

188-192	WTFAL	FINAL BASIC WEIGHT ORIGINAL
---------	-------	-----------------------------

193-198	WTFBL	6.5 WEIGHT ORIGINAL (FINAL BASIC WEIGHT x 6.5)
---------	-------	------------------------------------------------

199-200	HISPANIC Q12	MAIN SPANISH ORIGIN 01. Puerto Rican 02. Cuban 03. Mexican 04. Mexicano 05. Mexican-American 06. Chicano 07. Other Latin American 08. Other Spanish 09. Spanish - DK type 10. No - Not Spanish origin 11. Unknown
---------	-----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BASIC WEIGHT

201-209	WTFQ	QUARTER
210-218	WTFS	SEMIANNUAL (Basic weight/2)
219-227	WTFA	ANNUAL (Basic weight/4)
228-236	WTFB	BIANNUAL (Basic weight/8)

6.5 WEIGHT

237-245	WT65	QUARTER, SEMIANNUAL, ANNUAL
246-254	WT65B	BIANNUAL (Weight 6.5/2)

ESTIMATED RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS

255-263	WTRAD2W	QUARTER, SEMIANNUAL, ANNUAL
264-272	WTRAD2WB	BIANNUAL

ESTIMATED BED DAYS IN PAST 2 WEEKS

273-281	WTBDD2W	QUARTER, SEMIANNUAL, ANNUAL
282-290	WTBDD2WB	BIANNUAL

ESTIMATED WORK/SCHOOL LOSS DAYS IN PAST 2 WEEKS

291-299	WTWLD2W	QUARTER, SEMIANNUAL, ANNUAL
300-308	WTWLD2WB	BIANNUAL

ESTIMATED HOSPITAL DAYS IN PAST 2 WEEKS

309-317	WTHPD2W	QUARTER, SEMIANNUAL, ANNUAL
318-326	WTHPD2WB	BIANNUAL

ESTIMATED DENTAL VISITS IN PAST 2 WEEKS

327-335	WDTL2W	QUARTER, SEMIANNUAL, ANNUAL
336-344	WDTL2WB	BIANNUAL

345-360	BLANK	BLANK
---------	-------	-------

ESTIMATED DOCTOR VISITS IN PAST 12 MONTHS

361-369	DV12WPQ	QUARTER
370-378	DV12WPS	SEMIANNUAL
379-387	DV12WPA	ANNUAL
388-396	DV12WPB	BIANNUAL

ESTIMATED SHORT-STAY HOSPITAL DAYS IN PAST 12 MONTHS

397-405	HDA12WPQ	QUARTER
406-414	HDA12WPS	SEMIANNUAL
415-423	HDA12WPA	ANNUAL
424-432	HDA12WPB	BIANNUAL

433-441 HEP12WPA ANNUAL ESTIMATED NUMBER OF SHORT-STAY HOSPITAL EPISODES IN PAST
12 MONTHS

442-450 FAMBWPA FAMILY WEIGHT *

451 FRSTFREC FIRST FAMILY RECORD
Recode 1. Yes
 2. No

452 FRESPOND RESPONDENT
Recode 1. Self respondent
 2. Proxy respondent in household
 3. Proxy respondent outside household
 4. Interviewer only
 5. Unknown respondent

453-455 FAMTYPER FAMILY TYPE RECODE
Recode

453 FAMSIZE SIZE OF THE FAMILY
 1-5. 1-5 persons
 6. 6+ persons

454 FAMCHAR FAMILY CHARACTERISTICS
 1. Living alone (if loc.453=1), or husband and wife with child
 00-16 (if loc.453 NE 1)
 2. Living with nonrelatives (if loc.453=1),or husband and wife
 (if loc.453=2),or husband and wife with no child 00-16 (if
 loc.453 NE 1,2)
 3. Other family group

455 AGEHEAD AGE OF HEAD OF FAMILY
 1. Under 45
 2. 45-64
 3. 65+

456-459 PXDTLAMT PERSONAL AMOUNT PAID FOR DENTAL BILLS
1-L 0000. None
3-S 0001-9997. Dollars
 9998. 9998+ dollars
 9999. Unknown

460 DTLBILLI DENTAL BILLS - INTERVAL
Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown

* Basic weight before ASC Adjustment times 1.16706 for 1975, times 1.18798 for 1976, or times 1.06396 for 1978.

461-464	PXDOCAMT 2-L 1-S	PERSONAL AMOUNT PAID FOR DOCTOR BILLS 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown
---------	-------------------------------	--------------------------------------------------------------------------------------------------------------------------

465	DOCBILLI Recode	DOCTOR BILLS - INTERVAL 1. None 2. \$ 1-24 3. \$ 25-49 4. \$ 55-99 5. \$100-149 6. \$150-199 7. \$200-249 8. \$250-499 9. \$500+ bl. Unknown
-----	---------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

466-470	PXHPTAMT 3-L 2-S	PERSONAL AMOUNT PAID FOR HOSPITAL BILLS 00000. None 00001-99997. Dollars 99998. 99998+ dollars 99999. Unknown
---------	-------------------------------	----------------------------------------------------------------------------------------------------------------------------------

471	HPTBILLI Recode	HOSPITAL BILLS - INTERVAL 1. None 2. \$ 1-24 3. \$ 25-49 4. \$ 55-99 5. \$100-149 6. \$150-199 7. \$200-249 8. \$250-499 9. \$500+ bl. Unknown
-----	---------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

472-475	PXMEDAMT 4-L 5-S	PERSONAL AMOUNT PAID FOR PRESCRIPTION MEDICINE 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown
---------	-------------------------------	-----------------------------------------------------------------------------------------------------------------------------------

476	MEDBILLI Recode	PRESCRIPTION MEDICINE - INTERVAL 1. None 2. \$ 1-24 3. \$ 25-49 4. \$ 55-99 5. \$100-149 6. \$150-199 7. \$200-249 8. \$250-499 9. \$500+ bl. Unknown
-----	---------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

477-480 **PXOPTAMT** **PERSONAL AMOUNT PAID FOR OPTICAL BILLS**
 5-L 0000. None
 4-S 0001-9997. Dollars
 9998. 9998+ dollars
 9999. Unknown

481 **OPTBILLI** **OPTICAL BILLS - INTERVAL**
 Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown

482-486 **PXOMDAMT** **PERSONAL AMOUNT PAID FOR OTHER MEDICAL EXPENSES**
 6a-L 00000. None
 6-S 00001-99997. Dollars
 99998. 99998+ dollars
 99999. Unknown

487 **OMDBILLI** **OTHER MEDICAL EXPENSES - INTERVAL**
 Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown

488 **PXTOT1HI** **TOTAL PERSONAL EXPENSES (EXCLUDING HEALTH INSURANCE) - TYPE OF**
 Generated **RESPONSE**
 1. Known amounts for all expenses
 2. Known amounts for some expenses
 3. Unknown amounts

489-493 **PXTOTAMT** **TOTAL PERSONAL EXPENSES (EXCLUDING HEALTH INSURANCE) - AMOUNTS**
 Computed 00000. None
 00001-99999. Dollars
 blblblblbl. Unknown (codes 2,3 in chr.488)

507-511	CHIROAMT 6	OTHER MEDICAL EXPENSES - CHIROPRACTOR (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
512-516	PODIAAMT 6	OTHER MEDICAL EXPENSES - PODIATRIST (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
517-521	HEARGAMT 6	OTHER MEDICAL EXPENSES - HEARING AID (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
522-526	BRACEAMT 6	OTHER MEDICAL EXPENSES - SPECIAL BRACES (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
527-531	PHYSIAMT 6	OTHER MEDICAL EXPENSES - PHYSICAL OR SPEECH THERAPY (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
532-536	NURSGAMT 6	OTHER MEDICAL EXPENSES - SPECIAL NURSING CARE (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
537-541	CONVAAMT 6	OTHER MEDICAL EXPENSES - NURSING HOME OR CONVALESCENT HOME CARE (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)

542-546	OTHERAMT 6	OTHER MEDICAL EXPENSES - MULTIPLE AND OTHER EXPENSES (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
---------	---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

547-551	NKNOWAMT 6	OTHER MEDICAL EXPENSES - UNKNOWN, REFUSED, OR NOT REPORTED (LONG FORM ONLY) 00000. None 00001-99997. Dollars 99998. 9998+ dollars 99999. Unknown blblblblbl. Not applicable (short form)
---------	---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

552	INFOSRC 7-L 10-S	INFORMATION SOURCE 1. Referred to records for all amounts 2. Referred to records for some amounts 3. Did not refer to records 4. DK or refused 5. Unknown
-----	------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

553-556	FXHIAMT F-1,L F-7,S	AMOUNT PAID FOR HEALTH INSURANCE FOR FAMILY 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown
---------	---------------------------	--------------------------------------------------------------------------------------------------------------------------------

557	FXHIITVL Recode	FAMILY HEALTH INSURANCE - INTERVAL 1. None 2. \$ 1-24 3. \$ 25-49 4. \$ 55-99 5. \$100-149 6. \$150-199 7. \$200-249 8. \$250-499 9. \$500+ bl. Unknown
-----	--------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

558	FXDTLBLE Generated	FAMILY DENTAL BILLS - TYPE OF RESPONSE 1. Known amounts for all expenses 2. Known amounts for some expenses 3. Unknown amounts
-----	-----------------------	------------------------------------------------------------------------------------------------------------------------------------------------

559-563	FXDTLAMT Computed	FAMILY DENTAL BILLS - AMOUNT 00000. None 00001-99999. Dollars blblblblbl. Unknown (codes 2,3 in chr.558)
---------	----------------------	--------------------------------------------------------------------------------------------------------------------------

564 **FXDTLINT** **FAMILY DENTAL BILLS - INTERVAL**
 Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown (codes 2,3 in chrs.558)

565 **FXDOCBL** **FAMILY DOCTOR BILLS - TYPE OF RESPONSE**
 Generated 1. Known amounts for all expenses
 2. Known amounts for some expenses
 3. Unknown amounts

566-570 **FXDOCAMT** **FAMILY DOCTOR BILLS - AMOUNT**
 Computed 00000. None
 00001-99999. Dollars
 blblblblbl. Unknown (codes 2,3 in chrs.565)

571 **FXDOCINT** **FAMILY DOCTOR BILLS - INTERVAL**
 Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown

572 **FXHPTBL** **FAMILY HOSPITAL BILLS - TYPE OF RESPONSE**
 Generated 1. Known amounts for all expenses
 2. Known amounts for some expenses
 3. Unknown amounts

573-577 **FXHPTAMT** **FAMILY HOSPITAL BILLS - AMOUNT**
 Computed 00000. None
 00001-99999. Dollars
 blblblblbl. Unknown (codes 2,3 in chrs.572)

578 **FXHPTINT** **FAMILY HOSPITAL BILLS - INTERVAL**
 Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown

579	FXMEDBLL Generated	FAMILY PRESCRIBED MEDICINE - TYPE OF RESPONSE 1. Known amounts for all expenses 2. Known amounts for some expenses 3. Unknown amounts
-----	------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

580-584	FXMEDAMT Computed	FAMILY PRESCRIBED MEDICINE BILLS - AMOUNT 00000. None 00001-99999. Dollars blblblblbl. Unknown (codes 2,3 in chrs.579)
---------	-----------------------------	----------------------------------------------------------------------------------------------------------------------------------------

585	FXMEDINT Recode	FAMILY PRESCRIBED MEDICINE - INTERVAL 1. None 2. \$ 1-24 3. \$ 25-49 4. \$ 55-99 5. \$100-149 6. \$150-199 7. \$200-249 8. \$250-499 9. \$500+ bl. Unknown
-----	---------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

586	FXOPTBLL Generated	FAMILY OPTICAL BILLS - TYPE OF RESPONSE 1. Known amounts for all expenses 2. Known amounts for some expenses 3. Unknown amounts
-----	------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

587-591	FXOPTAMT Computed	FAMILY OPTICAL BILLS - AMOUNT 00000. None 00001-99999. Dollars blblblblbl. Unknown (codes 2,3 in chrs.586)
---------	-----------------------------	----------------------------------------------------------------------------------------------------------------------------

592	FXOPTINT Recode	FAMILY OPTICAL BILLS - INTERVAL 1. None 2. \$ 1-24 3. \$ 25-49 4. \$ 55-99 5. \$100-149 6. \$150-199 7. \$200-249 8. \$250-499 9. \$500+ bl. Unknown
-----	---------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

593	FXOTHBLL Generated	OTHER FAMILY MEDICAL EXPENSES - TYPE OF RESPONSE 1. Known amounts for all expenses 2. Known amounts for some expenses 3. Unknown amounts
-----	------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

594-598	FXOTHAMT Computed	OTHER FAMILY MEDICAL EXPENSES - AMOUNT 00000. None 00001-99999. Dollars blblblblbl. Unknown (codes 2,3 in chrs.593)
---------	-----------------------------	-------------------------------------------------------------------------------------------------------------------------------------

599	FXOTHINT Recode	OTHER FAMILY MEDICAL EXPENSES - INTERVAL 1. None 2. \$ 1-24 3. \$ 25-49 4. \$ 55-99 5. \$100-149 6. \$150-199 7. \$200-249 8. \$250-499 9. \$500+ bl. Unknown
-----	---------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

600-603	FXODTLBL F-2	OUTSIDE FAMILY DENTAL BILLS 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown blblblbl. Not applicable (short form)
---------	------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

604-607	FXODOCBL F-2	OUTSIDE FAMILY DOCTOR BILLS 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown blblblbl. Not applicable (short form)
---------	------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

608-611	FXOHTBL F-2	OUTSIDE FAMILY HOSPITAL BILLS 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown blblblbl. Not applicable (short form)
---------	-----------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

612-615	FXOMEDBL F-2	OUTSIDE FAMILY PRESCRIBED MEDICINE BILLS 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown blblblbl. Not applicable (short form)
---------	------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

616-619	FXOOPTBL F-2	OUTSIDE FAMILY OPTICAL BILLS 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown blblblbl. Not applicable (short form)
---------	------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

620-623	FXOHIBL F-2	OUTSIDE FAMILY HEALTH INSURANCE BILLS 0000. None 0001-9997. Dollars 9998. 9998+ dollars 9999. Unknown blblblbl. Not applicable (short form)
---------	-----------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

652 **FXTOTINT** **TOTAL FAMILY EXPENSES (EXCLUDE HEALTH INSURANCE) - INTERVAL**
 Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown (chr. 646 ne 2)

653 **FXTOTIEX** **TOTAL FAMILY EXPENSES (INCLUDE HEALTH INSURANCE) - TYPE OF RESPONSE**
 Generated 1. Total non-response for all persons
 2. All persons responded; all items known
 3. All persons responded; some items known
 4. Some persons responded; all items known
 5. Some persons responded; some items known

654-658 **FXTOTIMT** **TOTAL FAMILY EXPENSES (INCLUDE HEALTH INSURANCE) - AMOUNT**
 Computed 00000. None (646=2)
 00001-99999. Dollars (646=2)
 blblblblbl. Unknown

659 **FXTOTIIT** **TOTAL FAMILY EXPENSES (INCLUDE HEALTH INSURANCE) - INTERVAL**
 Recode 1. None
 2. \$ 1-24
 3. \$ 25-49
 4. \$ 55-99
 5. \$100-149
 6. \$150-199
 7. \$200-249
 8. \$250-499
 9. \$500+
 bl. Unknown (chr. 653 ne 2)

660 **SLFORM** **SHORT/LONG FORM CODE**
 Recode 1. Long
 2. Short

661-668 **SLWFTOR** **SHORT/LONG FORM WEIGHTING FACTORS (XX.XXXXXX)**
 Generated

669 **HDRACE** **RACE OF FAMILY HEAD**
 Recode 1. White
 2. Other races

670 **HDSEX** **SEX OF FAMILY HEAD**
 Recode 1. Male
 2. Female
