HC-1
NHIS FISCAL YEAR 1967
PUBLIC USE FILE
HOME CARE RECORD (RECORD TYPE 4)
Number of records – 1,315

File Location	Var. Name Quest. No.	Title and Code
1	**QUARTER** HH-4a	**QUARTER** 1. July-September 1966 2. October-December 1966 3. January-March 1967 4. April-June 1967
2	**REGION** Recode	**REGION** 1. Northeast (includes sections 1 and 2) 2. Midwest (includes sections 3,4 and 5) 3. South (includes sections 6,7,8 and 9) 4. West (includes sections 10 and 11)
3-9	**BLANK**	**BLANK**
10-12	**PSURANDR**	**PSU – RANDOM RECODE**
13-14	**WEEK** HH-5a	**WEEK OF QUARTER** Serially numbered from 01-13 within quarter
15-16	**SEGMENT** HH-5a	**SEGMENT NUMBER**
17-18	**HHID** HH-6	**HOUSEHOLD NUMBER** Numbers assigned within Quarter-Week-PSU-Segment
19-20	**PERSON** WS-1a	**PERSON COLUMN NUMBER**
21	**RECTYPE**	**RECORD TYPE (4)**
22	**USUALACT** WS-6,7	**USUAL ACTIVITY STATUS** 0. Under 18 years of age 1. Usually working 2. Keeping house 3. Retired 4. Something else 5. DK (includes college students)

File Location	Var. Name Quest. No.	Title and Code
23-24	**FAMILY** WS-2	**FAMILY RELATIONSHIP**
23	**FAMTYPE**	**TYPE OF FAMILY** &. Primary individual -. Secondary individual 0. Primary family 1-9. Secondary family
24	**FAMREL**	**RELATIONSHIP TO REFERENCE PERSON** &. Unrelated individual living alone 0. Head of family or unrelated individual NOT living alone 1. Wife 2. Child 3. Other relative
25	**SEX** WS-4b	**SEX** 0. Male 1. Female
26-27	**AGE_85**	**AGE 85** 00. Under 1 year 01-84. Number of years 85. 85 years or older
28	**RACE** WS-4c	**RACE** 0. White 1. Negro 2. Other
29	**CURACTAD** Recode	**CURRENT ACTIVITY - ADDITIONAL CODES** (Sum of 2,3,4,7=3 in Loc. 30) 2. Not working, has job, looking for work 3. Not working, has job, on layoff 4. Not working, has job, looking for work and on layoff 7. Not working, has job, is looking or on layoff, DK which
30	**CURACT2W** P25a-d	**CURRENT ACTIVITY DURING PAST 2 WEEKS** 1. Yes worked 2. Not working, has job, not looking nor on layoff 3. Not working, has job, on layoff 4. Not working, no job,looking for work or on lay-off 5. Not working, no job, not on lay-off nor looking for work 6. Under 17 years

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31	**EDUCFH** Recode	**EDUCATION OF FAMILY HEAD OR OF UNRELATED INDIVIDUALS** Education of family head is coded in the records for all family members (identified by codes 0-9 in 1st digit of relationship code). Records for unrelated individuals (identified by & or – in 1st digit of relationship code) are coded for the individual's education. &. Under 17 years of age -. Unknown 0. None 1. 1-4 years completed 2. 5-7 years completed 3. 8 years completed 4. 9-11 years completed 5. 12 years completed (high school graduate) 6. 13-14 years completed 7. 15 years completed 8. 16 years completed (college graduate) 9. 17+ years completed (graduate school)
32	**EDUCPX** Recode	**EDUCATION OF INDIVIDUAL** &. Under 17 years of age -. Unknown 0. None 1. 1-4 years completed 2. 5-7 years completed 3. 8 years completed 4. 9-11 years completed 5. 12 years completed (high school graduate) 6. 13-14 years completed 7. 15 years completed 8. 16 years completed (college graduate) 9. 17+ years completed (graduate school)
33	**INCOME** P-28	**COMBINED FAMILY INCOME OR INCOME OF UNRELATED INDIVIDUALS** Income of family is coded in the records for all family members (identified by codes 0-9 in 1st digit of relationship code). Records for unrelated individuals (identified by & or – in 1st digit of relationship code) are coded for the individual's income. -. $15,000+ 0. DK 1. Under $1,000 2. $1,000-$1,999 3. $2,000-$2,999 4. $3,000-$3,999 5. $4,000-$4,999 6. $5,000-$5,999 7. $6,000-$6,999 8. $7,000-$9,999 9. $10,000-$14,999

File Location	Var. Name Quest. No.	Title and Code
34	**MARSTAT** WS-5	**MARITAL STATUS** 0. Under 17 years 1. Married 2. No code 3. Widowed 4. Divorced 5. Separated 6. Never married
35	**RESPOND**	**RESPONDENT FOR HOME CARE SUPPLEMENT** -. Unknown 0. Self respondent 1. Self partly respondent 2. Proxy respondent
36	**VETERAN** P-27	**VETERAN STATUS** 0. Female or under 17 years 1. Non-veteran 2. Peace time only 3. Wartime veteran 4. Other Korean war veteran 5. Cold war veteran 6. DK, if served in Armed Forces 7. DK, if war veteran 8. DK, if Korean or cold war veteran
37	**BLANK**	**BLANK**
38-39	**RESAC2W** C-9,10	**RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS** 00. None 01-14. Number of days
40-41	**BDAY2W** C-11	**BED DAYS IN PAST 2 WEEKS** 00. None 01-14. Number of days
42-43	**WKSCH2W** C-12,13	**DAYS LOST FROM WORK OR SCHOOL IN PAST 2 WEEKS** 00. None 01-14. Number of days
44-45	**HDAY2W** H-4b	**HOSPITAL DAYS IN PAST 2 WEEKS** (exclude nursing homes and hospitals not in index, service codes 93,94,95,99) 00. None 01-14. Number of days

File Location	Var. Name Quest. No.	Title and Code
46-48	**BDAY12M** C-17a	**NUMBER OF BED DAYS IN PAST 12 MONTHS FOR PERSON WITH 1+ CHRONIC CONDITIONS *** 000. None 001-365. Number of days
49-51	**HDAY12M** H-4a	**NUMBER OF SHORT-STAY HOSPITAL DAYS IN PAST 12 MONTHS **** 000. None 001-365. Number of days
52	**HPTLEPI** WS-15	**NUMBER OF SHORT-STAY HOSPITAL EPISODES **** 0. None 1-9. Number of episodes
53	**BLANK**	**BLANK**
54	**CHRONIC**	**NUMBER OF CHRONIC CONDITIONS** 0. None 1-8. Number of conditions 9. Nine or more conditions
55	**BLANK**	**BLANK**
56	**ACTLIMIT** C-18	**LIMITATION OF ACTIVITY (1+ CHRONIC CONDITIONS) *** 1. Cannot perform usual activity 2. Can perform usual activity but limited in amount or kind 3. Can perform usual activity but limited in outside activities Bl,4. Not limited in any of these ways
57	**MOBLIMIT** C-20	**LIMITATION OF MOBILITY (1+ CHRONIC CONDITIONS) *** 1. Confined to bed 2. Confined to house 3. Assistance of another person in movements 4. Assistance of special aid in movements 5. No assistance but has trouble getting around freely 6. Not limited in mobility
58-68	**BLANK**	**BLANK**
69-70	**INDUSR**	**INDUSTRY RECODE**
71-72	**OCCUPR**	**OCCUPATION RECODE**

* Only if Loc. 54 NE 0.
** Short-stay hospital = All hospital service types except Mental (code 02), Tuberculosis (code 03), Orthopedic (code 08), Contagious Disease (code 09), Chronic Disease (code 10), All other (code 12), Nursing Home (codes 94,95), and Not in Index (codes 93,99).

File Location	Var. Name Quest. No.	Title and Code
73	WKCLASS P-26d	CLASS OF WORKER &. Unknown or not reported 0. Private paid 1. Federal government 2. Other government 3. Self-employed 4. No pay 5. Other (new worker)
74	WALKING Col.21	WALKING UPSTAIRS OR GETTING FROM ROOM TO ROOM &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
75	DRESSING Col.22	DRESSING OR PUTTING ON SHOES &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
76	BATHING Col.23	BATHING (SHAVING) OR OTHER TOILET ACTIVITIES &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
77	EATING Col.24	EATING OR HAVING MEALS SERVED IN BED &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
78	BANDAGE Col.25	CHANGING BANDAGES &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
79	INJECT Col.26	INJECTIONS &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No

File Location	Var. Name Quest. No.	Title and Code
80	**TREAOTHR** Col.27	**OTHER TREATMENTS** &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
81	**BEDPOSC** Col.28	**CHANGING BED POSITIONS** &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
82	**EXERCISE** Col.29	**EXERCISING OR PHYSICAL THERAPY** &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
83	**TOENAIL** Col.30	**CUTTING TOENAILS** &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
84	**OTHRHELP** Col.31	**OTHER HELP OR CARE** &. Not reported -. DK 0. Needs help; doesn’t receive it 1. Yes 2. No
85-86	**CARECON1** Col.32-33	**CONDITION FOR WHICH HOME CARE IS RECEIVED #1** -bl. DK 01-99. Diagnostic code blbl. Fewer than 4 conditions requiring home care
87-88	**CARECON2** Col.34-35	**CONDITION FOR WHICH HOME CARE IS RECEIVED #2** -bl. DK 01-99. Diagnostic code blbl. Fewer than 4 conditions requiring home care
89-90	**CARECON3** Col.36-37	**CONDITION FOR WHICH HOME CARE IS RECEIVED #3** -bl. DK 01-99. Diagnostic code blbl. Fewer than 4 conditions requiring home care

File Location	Var. Name Quest. No.	Title and Code
91-92	**CARECON4**	**CONDITION FOR WHICH HOME CARE IS RECEIVED #4**
	Col.38-39	-bl. DK
		01-99. Diagnostic code
		blbl. Fewer than 4 conditions requiring home care
93	**TIMELENG**	**LENGTH OF TIME HOME CARE HAS BEEN RECEIVED**
	Col.40	&. Not reported
		-. DK
		0. 1 month or less
		1. Over 1 month to 6 months
		2. Over 6 months to 12 months
		3. Over 1 year to 3 years
		4. Over 3 years to 5 years
		5. Over 5 years
94	**MUSTONE**	**SOMEONE MUST BE IN THE HOUSE**
	Col.41	&. Not reported
		-. DK
		1. All of the time
		2. Part of the time
		3. Only when providing care
95	**MEMCARE**	**RELATED HOUSEHOLD MEMBER(S) PROVIDES HOME CARE**
	Col.42	1. Yes
		2. No
96	**SIZER**	**SIZE OF FAMILY RECODE**
	Recode	1-6. 1-6 persons
		7. 7+ persons
97	**ROOMS**	**TOTAL NUMBER OF ROOMS IN UNIT ***
	HH-13	-. DK
		1-8. 1-8 rooms
		9. 9+ rooms
98	**BEDROOMS**	**TOTAL NUMBER OF BEDROOMS IN UNIT ***
	HH-14	-. Unknown
		0. None
		1-8. 1-8 bedrooms
		9. 9+ bedrooms
99-100	**BLANK**	**BLANK**
101	**SMSA**	**STANDARD METROPOLITAN STATISTICAL AREAS**
		1. In Standard Metropolitan Statistical Areas - In central City
		2. In Standard Metropolitan Statistical Areas - Not in central City
		4. Not in Standard Metropolitan Statistical Areas

* Only if Loc. 102=0.

File Location	Var. Name Quest. No.	Title and Code
102	**HH_UNIT** HH-9	**TYPE OF LIVING QUARTERS** 0. Housing Unit 1. Other
103-107	**BLANK**	**BLANK**
108	**YEAR**	**FISCAL YEAR** 7. 1967
109-114	**WT65**	**WEIGHT 6.5** (for two-week recall questions)
115-120	**WTFQ**	**QUARTERLY FINAL BASIC WEIGHT**
121	**CAREPX1** Col.43	**PERSON NUMBER 1 PROVIDING CARE** 1. Related persons not in household 2. Friend or neighbor 3. Other non-health owrker 4. Registered nurse 5. Practical or other nurse 6. Physical therapist 7. Other health worker
122-123	**PX1DAY2W** Col.44-45	**NUMBER OF DAYS IN PAST 2 WEEKS PERSON 1 PROVIDES CARE** &bl. Not reported -bl. DK number of days --. No regular care provided 00. No day in past 2 weeks (regular care provided) 01-14. Days
124-125	**PX1HOURS** Col.46-47	**NUMBER OF HOURS A DAY PERSON NUMBER 1 PROVIDES CARE** &bl. Not reported -bl. DK number of days --. No regular care provided 00. Less than 1 hour 01-24. Hours
126	**PX1PAID** Col.48	**IS PERSON NUMBER 1 PAID FOR SERVICES** &. Not reported -. DK if paid 1. Yes, paid 2. No, not paid

File Location	Var. Name Quest. No.	Title and Code
127	**CAREPX2**	**PERSON NUMBER 2 PROVIDING CARE**
	Col.49	1. Related persons not in household
		2. Friend or neighbor
		3. Other non-health owrker
		4. Registered nurse
		5. Practical or other nurse
		6. Physical therapist
		7. Other health worker
128-129	**PX2DAY2W**	**NUMBER OF DAYS IN PAST 2 WEEKS PERSON 2 PROVIDES CARE**
	Col.50-51	&bl. Not reported
		-bl. DK number of days
		--. No regular care provided
		00. No day in past 2 weeks (regular care provided)
		01-14. Days
130-131	**PX2HOURS**	**NUMBER OF HOURS A DAY PERSON NUMBER 2 PROVIDES CARE**
	Col.52-53	&bl. Not reported
		-bl. DK number of days
		--. No regular care provided
		00. Less than 1 hour
		01-24. Hours
132	**PX2PAID**	**IS PERSON NUMBER 2 PAID FOR SERVICES**
	Col.54	&. Not reported
		-. DK if paid
		1. Yes, paid
		2. No, not paid
133	**CAREPX3**	**PERSON NUMBER 3 PROVIDING CARE**
	Col.55	1. Related persons not in household
		2. Friend or neighbor
		3. Other non-health owrker
		4. Registered nurse
		5. Practical or other nurse
		6. Physical therapist
		7. Other health worker
134-135	**PX3DAY2W**	**NUMBER OF DAYS IN PAST 2 WEEKS PERSON 3 PROVIDES CARE**
	Col.56-57	&bl. Not reported
		-bl. DK number of days
		--. No regular care provided
		00. No day in past 2 weeks (regular care provided)
		01-14. Days
136-137	**PX3HOURS**	**NUMBER OF HOURS A DAY PERSON NUMBER 3 PROVIDES CARE**
	Col.58-59	&bl. Not reported
		-bl. DK number of days
		--. No regular care provided
		00. Less than 1 hour
		01-24. Hours

File Location	Var. Name Quest. No.	Title and Code
138	**PX3PAID**	**IS PERSON NUMBER 3 PAID FOR SERVICES**
	Col.60	&. Not reported
		-. DK if paid
		1. Yes, paid
		2. No, not paid
139	**MEDPAID**	**ARE SERVICES PAID BY MEDICARE**
	Col.61	&. Not reported
		-. DK if Medicare paid
		1. Yes, Medicare paid
		2. No, Medicrae did not pay
140	**WHOPAID1**	**WHO(ELSE) PAYS FOR SERVICES (FIRST LISTED) #1**
	Col.62	&. Not reported
		-. DK
		0. No one else
		1. Self or family
		2. Other relative or friend
		3. Health insurance
		4. Agency or organization
		5. Welfare
		6. Other
141	**WHOPAID2**	**WHO(ELSE) PAYS FOR SERVICES (FIRST LISTED) #2**
	Col.63	1. Self or family
		2. Other relative or friend
		3. Health insurance
		4. Agency or organization
		5. Welfare
		6. Other
142	**WHOPAID3**	**WHO(ELSE) PAYS FOR SERVICES (FIRST LISTED) #3**
	Col.64	1. Self or family
		2. Other relative or friend
		3. Health insurance
		4. Agency or organization
		5. Welfare
		6. Other
143-145	**NURSE12M**	**NUMBER OF VISITS BY A NURSE DURING THE PAST 12 MONTHS**
	Col.18-20	&blbl. Not reported
		-blbl. DK number of visits
		000. No visits
		001-999. Visits

File Location	Var. Name Quest. No.	Title and Code
146	**INCOMER** Recode	**FAMILY INCOME RECODE** 0. Under $3,000 1. $3,000-$4,999 2. $5,000-$6,999 3. $7,000-$9,999 4. $10,000-$14,999 5. $15,000+ 6. Unknown
147	**FAMRELR** Recode	**FAMILY RELATIONSHIP RECODE** 0. Living alone 1. Living with non-relative 2. Living with relative--married 3. Living with relative--other
148	**PROBE** Col.17	**PROBE QUESTION ELICITING HOME CARE** -. Unknown 1. “Yes” in question 22a (bathing, dressing, or putting on shoes) 2. “Yes” in question 22b (injections, shots, other treatments) 3. “Yes” in question 22c (walking upstairs or room to room) 4. “Yes” in question 22d (any help) 5. “Yes” in question 23c (visits by a nurse in past 2 weeks) 6. “Yes” in question 23a and “No” in question 23c
149	**CONTROL** Col.17	**CONTROL COLUMN SUPPLEMENT FILLED** 1. Receives home care 2. Needs home care - doesn’t receive any 3. Needs home care, but no supplement completed (nonresponse) 4. No home care needed past 2w, but nurse visits past 12 months
150	**BLANK**	**BLANK**
151-156	**WTFA**	**FINAL ANNUAL BASIC WEIGHT**