Health Insurance Record (Record Type 6) Public Use

Outline of Items and Codes Number of Records - 102,629

Tape Locations	Item No.	Items and Codes
1-2	-	BLANK
3-5	НН-5	RANDOM RECODE OF PSU
6-7	нӊ-5	WEEK - CENSUS CODE
		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	НН-5	SEGMENT NUMBER Week plus Segment Number identifies the segment.
	·	neek plus Segment number identifies the segment.
10-11	HH-5	HOUSEHOLD NUMBER
		Numbered within PSU-Week-Segment
12-13	-	PERSON NUMBER .
14	•	RECORD TYPE (6)
15-16		BLANK - Record Serial Number in other record types.
17-18	-	BLANK

HI-2

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
19	Recode	PROCESSING QUARTER CODE 1. Quarter 1, 1980 2. Quarter 2, 1980 3. Quarter 3, 1980 4. Quarter 4, 1980
20	Recode	PROCESSING YEAR 0. 1980
21-22	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
23-27	-	BLANK
28	RC Record	TYPE OF PSU O. 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

Tape Locations	Item No.		Items and Codes
29	RC Record	REGION	
		3.	Northeast North Central South West
30.31.	PC Pecond	TARIII AT	TON AREA

30-31 RC Record TABULATION AREA

Blank - Nonself-representing sections and self-representing SMSA's other than 34-64.

Large Self-representing SMSA's

. <u>Recode</u>	SMSA	Recode	SMSA
34 $\stackrel{\cdot}{\cdot}$	Boston	49	Kansas City
35	New York*	50	St. Louis
36	Philadelphia	51	Houston
37	Pittsburgh	52	Dallas
3 8	Detroit	5 3	Washington, DC
3 9	Chicago**	54	Seattle-Everett
40	Cincinnati	55	San Diego
41	Los Angeles-	56	Anaheim-Santa Ana-
	Long Beach		Garden Grove
42	San Francisco-	57	Miami
	0ak land	58	Denver
43	Baltimore	59	San Bernardino-
44	Atlanta		Riverside-Ontario
45	Buffalo :-	60	Indianapolis
46	Cleveland	61	San Jose
47	Minneapolis-	62	New Orleans
	St. Paul	63	Tampa-St. Petersburg
48	Milwaukee	64	Portland, Oregon

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

BLANK 32

HI-4

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.		Items and Codes
33	RC Record	G EOGRAF	PHIC IDENTIFICATION
			In SMSA; in Central City In SMSA; not in Central City Not in SMSA
34-35	-	BLANK	
36	Recode	SMSA -	NON-SMSA RESIDENCE
			SMSA Non-SMSA - Nonfarm Non-SMSA - Farm
37	НН-8	TYPE OF	LIVING QUARTERS
		1. 2.	Housing Unit Other
38-42	•	BLANK	•
43	HH-15	TELEPHO	NE (Not Edited)
		1. 2. 3. 9. Blank.	Phone, but no number listed or number refused DK if phone or refused
44-51	-	BLANK	
52	Q2	SEX	
	. ~	1.	Male Female
53-54	Q3	AGE	
		00. 01-98. 99.	Under 1 year Single years 99+ years

HI-5
NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

tem No.	······································	Items and Codes
Recode	AGE REC	CODE #1
	01.	00-04 years
		05-14
	05.	
	06.	
	07.	
	08.	
	09.	
Recode	AGE REC	CODE #2
	Ωī	Under 6 years
		6-16
		17-24
		25-34
		35-44
		65-74
•	09.	75÷ .
Recode	AGE REC	CODE #3
	3	Under 15 years
		15-44
		45-64
	4.	65+
04	MADITAL	PITATZ
ųΨ	MW/11VT	. SINIUS
	0.	Under 17 years
	1.	Married - spouse present
	2.	Widowed
	3.	
	4.	
-	5.	Separated
	6.	
	,	02. 03. 04. 05. 06. 07. 08. 09. Recode AGE RECODE AGE RECODE 1. 2. 3. 4. Q4 MARITAL 0. 1. 2. 3. 4. 5.

Tape Locations	Item No.	Items and Codes
61-62	Q2a,b	EDUCATION OF INDIVIDUAL-COMPLETED YEARS
		Ol. Under 17 years of age O2. None O3. 1-4 years completed O4. 5-7 years completed O5. 8 years completed O6. 9-11 years completed O7. 12 years completed (high school graduate) O8. 13-14 years completed O9. 15 years completed 10. 16 years completed 11. 17+ years completed (graduate school) 12. Unknown 13. Not reported
63	Q2a,b Recode	EDUCATION OF INDIVIDUAL RECODE 1. Under 17 years of age 2. None
		3. 01-08 (elementary school) 4. 09-11 (high school) 5. 12 (high school graduate) 6. 13-15 (college) 7. 16+ (college graduate +) 8. Unknown
64-65	Q2a,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

Tape		
Locations	Item No.	Items and Codes
66	Q2a,b Recode	I. Under 17 years of age 2. None 3. 01-08 (elementary school) 4. 09-11 (high school) 5. 12 (high school graduate) 6. 13-15 (college) 7. 16+ (college graduate +) 8. Unknown
67	Q3a,b	VETERAN STATUS
	·	O. 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	Q12	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

HI-8

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
70	Q12 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
71-72	Q2	FAMILY RELATIONSHIP
71		Type of Family
		 &. Primary individual Secondary individual 0. Primary family 1-9. Secondary families
72		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	Q2 Recode	FAMILY RELATIONSHIP RECODE (Living arrangement)
		1. Living alone
		2. Living with nonrelatives3. Living with spouse
		4. Living with relatives - other

HI-9
NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape _ocations	Item No.	Items and Codes
74	019 & 20	USUAL ACTIVITY
	Recode	0. Under 6 years
		1. Usually working
		Keeping house (female)
		Retired - Health (45+ years)
		4. Going to school
		5. Something else6. Unknown
		7. Retired, Other (45+ years)
75	Q6	CURRENT ACTIVITY DURING PAST 2 WEEKS
		O. Under 17 years
		(i. Worked in past 2 weeks
	Currently	2. Did not work, has job, not on layoff and not
	Employed	looking for work
		13. Did not work, has job, looking for work14. Did not work, has job, on layoff
		5. Did not work, has job, on layoff and looking
		for work
	Unemployed	76. Did not work, has job, unknown if looking or
		on layoff 7. Did not work, no job, looking for work or on
		7. Did not work, no job, looking for work or on layoff
		8. Not in labor force (17+)
76	Q7e	CLASS OF WORKER
		1. Private paid
		2. Federal Government
		3. State Government
		4. Local Government
		5. Incorporated business
		6. Self employed7. Without pay
		8. Not in Labor Force
		9. Unknown or not reported
77 - 79	Q7b	INDUSTRY DETAIL CODE
		017-999. Code Number
		Blank. Not applicable

. HI-10

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape		
Locations	Item No.	Items and Codes
80-81	Recode	INDUSTRY RECODE No. 1
		See Attachment
82-83	Recode	INDUSTRY RECODE No. 2
	·	See Attachment
84-86	Q7c	OCCUPATION DETAIL CODE
		001-995. Code number Blank. Not applicable
87-88	Recode	OCCUPATION RECODE No. 1
		See Attachment
89-90	Recode	OCCUPATION RECODE No. 2
		See Attachment ·
91	R (Q4-34)	RESPONDENT
	(4-54)	 Self entirely
		2. Self partly3. Spouse
		4. Mother 5. Father
		6. Other female family member
		7. Other male family member8. Other
		9. Not reported
92-93	_	BLANK

HI-11

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape .ocations	Item No.	Items and Codes
94	R	AGE OF RESPONDENT
		1. Under 20 years
		2. 20-54 years
		3. 55-64 years
		4. 65-74 years
		5. 75+ years6. Unknown and not reported
95-96	Generated	ACTUAL FAMILY SIZE
		00. Unrelated individuals
		01+. Family size
97	Recode	SIZE OF FAMILY RECODE
		O. Unrelated individuals
		1. 1 member
		2. 2 members
		3. 3 members
	•	4. 4 members5. 5 members
		6. 6 members
		7. 7 members
		8. 8+ members
98	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) or not applicable
		(persons with no chronic conditions)

HI-12

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
99-101	Q28a	DURATION OF LIMITATION OF ACTIVITY
99		<u>Unit</u>
100-101		1. Months) 2. Years) (loc. 98:1-3) 3. Unknown) Blank. Not applicable (loc. 98:4) Number of Units
		00. Less than 1 month) 01-97. Number of months or years) (1oc. 98:1-3) 99. Unknown Blank. Not applicable (1oc. 98:4)
102-105	•	BLANK
106-107	Generated	TOTAL RESTRICTED ACTIVITY DAYS IN PAST 2 WEEKS1/
		00. None 01-14. Number of days
108-109	Q5a,b	BED DISABILITY DAYS IN PAST 2 WEEKS
	·	00. None 01-14. Number of days
110	Q6-7	WORK/SCHOOL-LOSS DAY IDENTIFIER
		 Under 6 years of age School-loss days Work-loss days
111-112	Q6,7	WORK OR SCHOOL-LOSS DAYS IN PAST 2 WEEKS
	, •-	00. None or under 6 01-14. Number of days

^{1/}Includes bed days, work-loss or school-loss days, and other restricted activity
days.

Tape Locations	Item No.	Items and Codes
113-114	-	BLANK
115-116	Q12d	DENTAL VISITS IN 2 WEEKS
		00. None 01+. Number of visits
117-119	•	BLANK
120-123	Q18a	DOCTOR_VISITS IN 12 MONTHS
120		Known/Unknown Code
		 Number of visits known Number of visits unknown
121-123		Number of Visits
		000. None or unknown 001-997. Number of visits
124-126	Computer	NUMBER OF SHORT-STAY HOSPITAL DAYS IN PAST 12 MONTHS1/
	Generated	000. None 001-365. Number of days
127	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

^{1/}Short-stay Hospitals = All hospital service types except mental (Code 02), Tuberculosis (Code 3), Orthopedic (Code 08), Contagious Disease (Code 09), Chronic Disease (Code 10), All Other (Code 12), Nursing Home (Codes 94 and 95), and Not in Index (Code 93).

Tape Locations	Item No.	Items and Codes
128.	Q13	INTERVAL SINCE LAST DENTAL VISIT
		 Never Visits in 2 weeks 2 weeks to less than 6 months 6 months to less than 12 months 1 year 2-4 years 5+ years Unknown
129-130	Generated	NUMBER OF SHORT-STAY HOSPITAL EPISODES1/
		00. None 01+. Number of episodes
131-132	Generated	TOTAL 2-WEEK DOCTOR VISITS
		00. None 01+. Number of visits
133	Q17b,18	SOCIAL SECURITY INCOME
		 Yes, own work experience Yes, dependent or survivor
		3. Yes, unknown 4. Unknown
		5. Not reported

<u>1/Short-stay Hospitals</u> = All hospital service types except mental (Code 02), Tuberculosis (Code 3), Orthopedic (Code 08), Contagious Disease (Code 09), Chronic Disease (Code 10), All Other (Code 12), Nursing Home (Codes 94 and 95), and Not in Index (Code 93).

HI-15

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
134-137	Q19b,20	TYPE OF RETIREMENT INCOME
134		Railroad
		 Yes, own work experience Yes, dependent or survivor Yes, own work experience and survivor Yes, unknown Unknown Not reported
135		Military
		Same code structure as Chr. 134
136		Government Employee
		Same code structure as Chr. 134
137		Private Employer or Union Pension
		Same code structure as Chr. 134
138	Q3c	EVER MEMBER OF GUARD OR RESERVE
		Under 17 years of ageYesNoUnknownNonveteran
139	Q3d	ALL SERVICE RELATED TO NATIONAL GUARD OR MILITARY TRAINING
		 Yes No Unknown Blank. Chr. 138 ≠ 1
140	Generated	HOSPITAL OWNERSHIP FOR SHORT-STAY EPISODES
		0. No episodes1. All in federal hospitals2. All in nonfederal hospitals3. Both federal and nonfederal hospitals

HI-16

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
141	Q15b	AFDC OR ADC (assistance received by this person)
		1. Yes
		2. No
		3. Unknown
142	Q34	BED DAYS PAST 12 MONTHS
		O. None
		1. 1-7 days
		2. 8-30 days
		3. 31-180 days
		4. 181-365 days
		5. Unknown
143-144	2	FAMILY STRUCTURE
		Ol. Both parents, no other adults
		O2. 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	Q33	HEALTH STATUS
		1. Excellent
		2. Good
		3. Fair
		4. Poor
		5. Unknown
146		BLANK

HI-17

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
<u>147-149</u> 147	Recode Q4a,b Q5a,b	RACE RECODE (Reported) Recode #1 1. White 2. Black 3. Other
148		Recode #2 1. White 2. Nonwhite
149		Recode #3 1. Black 2. Nonblack
150	Q16b	SUPPLEMENTAL SECURITY INCOME
		1. Yes 2. No 3. Unknown
151-155	-	BLANK
156-157	Qla	HEIGHT WITHOUT SHOES 36-84. Number of inches 99. Unknown Blank. Under 17 years of age
158	Q10b	USED MEDICAID - PAST 12 MONTHS 1. Yes 2. No 3. Unknown
1		3. Unknown

HI-18

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
159	Q11b,d	MEDICAID - TYPE OF CARD
		 Medicaid card - current Medicaid card - expired Card seen - unknown type Unknown No Medicaid card or not reported
160-162	Q7b	WEIGHT WITHOUT SHOES
		050-400. Number of pounds 999. Unknown Blank. Under 17 years of age
163-170	-	BLANK
171	Recode	CONDITION LIST ASSIGNED AND ASKED
		 Condition List 1 - Digestive Condition List 2 - Bone and Muscle Condition List 3 - Miscellaneous Condition List 4 - Impairments Condition List 5 - Circulatory Condition List 6 - Respiratory Unknown
172	Q13a	RECEIVED INCOME
		1. Yes 2. No

HI-19

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

173-174 Q14 INDIVIDUAL INCOME	Tape		
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 - 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 175-176 Recode Q14 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	Locations	Item No.	Items and Codes
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 - 9,999 08. 7,000 - 9,999 10. 15,000 - 24,999 11. 25,000 and over 12. Unknown 13. No income received 175-176 Recode Q14 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 - 3,999 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	173-174	Q14	INDIVIDUAL INCOME
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 - 9,999 08. 7,000 - 9,999 10. 15,000 - 24,999 11. 25,000 and over 12. Unknown 13. No income received 175-176 Recode Q14 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 - 3,999 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			01. Under \$1.000
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 and over 12. Unknown 13. No income received 175-176 Recode Q14 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			
175-176 Recode Q14 01. Under \$1,000 02. \$1,000 - 1,999 03. 2,000 - 1,999 04. 3,000 - 24,999 10. 15,000 and over 12. Unknown 13. No income received 175-176 Recode Q14 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 - 6,999 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			
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 175-176 Recode Q14 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			04. 3,000 - 3,999
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 175-176 Recode Q14 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			05. 4,000 - 4,999
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 175-176 Recode Q14 01. Under \$1,000 02. \$ 1,000 - 1,999 03. 2,000 - 2,999 04. 3,000 - 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			
09. 10,000 - 14,999 10. 15,000 - 24,999 11. 25,000 and over 12. Unknown 13. No income received 175-176 Recode Q14 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			
10. 15,000 - 24,999 11. 25,000 and over 12. Unknown 13. No income received 175-176 Recode Q14 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			
11. 25,000 and over 12. Unknown 13. No income received 175-176 Recode Q14 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			
12. Unknown 13. No income received 175-176 Recode Q14 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			
175-176 Recode Q14 O1. Under \$1,000 O2. \$ 1,000 - 1,999 O3. 2,000 - 2,999 O4. 3,000 - 3,999 O5. 4,000 - 4,999 O6. 5,000 - 5,999 O7. 6,000 - 6,999 O8. 7,000 - 9,999 O9. 10,000 - 14,999 10. 15,000 - 24,999 11. 25,000 and over 12. Unknown			
175-176 Recode Q14 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			
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
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	175-176		INCOME OF HEAD OF FAMILY
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		•••	01. Under \$1.000
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			
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			
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		•	04. 3,000 - 3,999
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			
08. 7,000 - 9,999 09. 10,000 - 14,999 10. 15,000 - 24,999 11. 25,000 and over 12. Unknown			
09. 10,000 - 14,999 10. 15,000 - 24,999 11. 25,000 and over 12. Unknown			
10. 15,000 - 24,999 11. 25,000 and over 12. Unknown			
11. 25,000 and over 12. Unknown			
12. Unknown			
" ···			
13. NO THEOMIE PECETYED			
			13. NO THEOME received

HI-20

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape		
Locations	Item No.	Items and Codes
177-178	Recode Q12,13,14	INCOME OF MAJOR BREADWINNER
		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	Q4a,b	MAIN RACIAL BACKGROUND (Reported)
		 Aleut, Eskimo, or American Indian
		2. Asian or Pacific Islander
		3. Black
	•	4. White
		 Another group not listed Multiple entry - unknown which is main racial
		background
		7. Unknown
180-181	_	BLANK
182-187	-	BASIC WEIGHT BEFORE ASC ADJUSTMENT (XXXXX.X)
188-192	45	FINAL BASIC WEIGHT (XXXXX.)
193-198	-	6.5 WEIGHT (FINAL BASIC WEIGHT x 6.5) (XXXXXX)

HI-21

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
199-200	Q5a,b	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

HI-22
NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Character Tape Locations	Previous Binary Tape Locations	Items and Codes
201-209	201-204	BASIC WEIGHT USING ONE QUARTER'S DATA (B.W.)
210-218	205-208	BASIC WEIGHT USING TWO QUARTER'S DATA (B.W./2)
219-227	209-212	BASIC WEIGHT USING FOUR QUARTER'S DATA (B.W./4)
228-236	213-216	BASIC WEIGHT USING EIGHT QUARTER'S DATA (B.W./8)
		6.5 WEIGHT (Basic weight x 6.5)
237-245	217-220	Quarter and Semiannual, Annual
246-254	221-224	Biannual (6.5 wt/2)
		WEIGHTED NUMBER OF RESTRICTED ACTIVITY DAYS FOR A GIVEN PERIOD (Based on 2-week recall period)
255-263	225-228	Quarter, Semiannual, Annual
264-272	229-232	Biannual .
		WEIGHTED NUMBER OF BED DAYS FOR A GIVEN PERIOD (Based on 2-week recall period)
273-281	233-236	Quarter, Semiannual, Annual
282-290	237-240	Biannual •
		WEIGHTED NUMBER OF WORK/SCHOOL LOSS DAYS FOR A GIVEN PERIOD (Based on 2-week recall period)
291-299	241-244	Quarter, Semiannual, Annual
300-308	245-248	Biannual
· 309–317	249-252	ZEROS
318-326	253-256	

HI-23
NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Character Tape Locations	Previous Binary Tape Locations	Items and Codes
		WEIGHTED NUMBER OF DENTAL VISITS FOR A GIVEN PERIOD (Based on 2-week recall period)
327-335	257-260	Quarter, Semiannual, Annual
336-344	261-264	Biannua l
345-354		CHRONIC CONDITION PREVALENCE AND INCIDENCE FACTOR (XX-XXXXXXX)
		For prevalence or incidence estimates of chronic
		conditions, tabulate only on the list assigned and asked
		which includes the chronic condition, and multiply the
		appropriate weight by the factor in this field. This
		will weight the one-sixth subsample to full-sample totals.
355-380	-	BLANK .
		WEIGHTED NUMBER OF DOCTOR VISITS FOR A GIVEN PERIOD (Based on a 12-month recall period)
381-389	281-284	Quarter
390-398	285-288	Semiannual
399-407	289-292	Annual
408-416	293-296	Biannual
		WEIGHTED NUMBER OF SHORT-STAY HOSPITAL DAYS FOR A GIVEN PERIOD (Based on a 12-month recall period)
417-425	297-300	Quarter
426-434	301-304	Semiannual
435-443	305-308	Annua 1
444-452	309-312	Biannual

HI-24

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Character Tape Locations	Previous Binary Tape Locations	Items and Codes
453-461	313-316	ANNUAL WEIGHTED NUMBER OF SHORT-STAY HOSPITAL EPISODES FOR A GIVEN PERIOD (Based on a 12-month recall period)
462-466	•	BLANK

HI-25

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
467	8b	ARTIFICIAL ARM USED
		O. Not known to be used1. Yes
468	8b	ARTIFICIAL LEG USED
		0. Not known to be used1. Yes
469	8b	BRACE USED
		0. Not known to be used1. Brace on foot or leg2. Brace on other body part3. Brace, unknown body part
470	85	CRUTCHES USED
		0. Not known to be used1. Yes
471	85	CANE OR WALKING STICK USED
		O. Not known to be used1. Yes
472 · ·	86	SPECIAL SHOES USED
		O. Not known to be used 1. Yes
473	8b	WHEELCHAIR USED
,	. •	0. Not known to be used1. Yes
474	8b	WALKER USED
		0. Not known to be used1. Yes

HI-26
NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tano		
Tape Locations	Item No.	Items and Codes
475	86	GUIDE DOG USED
		O. Not known to be used 1. Yes
476	8b	OTHER SPECIAL AID USED
		0. Not known to be used1. Yes
477	9b	SELECTED AIDS USED
		 Eyeglasses only Contacts only Hearing aid only Eyeglasses and contacts Eyeglasses and hearing aid Contacts and hearing aid Eyeglasses and contacts and hearing aid Not reported to need aids
478-480		PSEUDO-PSU NUMBER
		001-298
481-500	-	BLANK
501	16	MEDICARE COVERAGE
		 Covered Not covered Unknown if covered
502	2a	MEDICARE: HOSPITAL COVERAGE
		 Covered (only if <u>1</u> in Chr. 321) Not covered Unknown if covered

Tape		
Locations	Item No.	Items and Codes
503	2b	MEDICARE: DOCTOR COVERAGE
		 Covered (only if 1 in Chr. 321)
		2. Not covered
		3. Unknown if covered
504	3	MEDICARE CARD - PERSONS UNDER 65 YEARS OF AGE
		1. Current hospital coverage indicated
		Current medical coverage indicated
		Claims has a card, but it is not available
		 Current hospital and medical coverage indicated Unknown if person has card
		 Unknown if person has card Persons 65 years of age and over
		7. Persons under 65 years of age, card not requested
	-	
505-506	Recode	MEDICARE COVERAGE: HOSPITAL AND/OR DOCTOR COVERAGE
		01. Has hospital but not doctor
	,	02. Has hospital, doctor unknown
		03. Has both hospital and doctor
		04. Has doctor but not hospital 05. Has doctor hospital unknown
		06. Hospital unknown, does not have doctor
		07. Doctor unknown, does not have hospital
		08. Both hospital and doctor unknown
		09. No Medicare coverage
		10. Unknown if person has Medicare coverage
507	Recode	MEDICARE: HOSPITAL AND/OR DOCTOR COVERAGE SUMMARY
		1. Has hospital and doctor coverage
		2. Has hospital or doctor coverage but not both
		3. Unknown if both or just one
		4. No Medicare coverage
		5. Unknown if Medicare coverage
508,	6a Recode	PRIVATE HEALTH INSURANCE COVERAGE
		1. Covered
	•	2. Not covered
		3. Unknown if covered

HI-28

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.		Items and Codes
509	5c	PRĮVATE	HEALTH INSURANCE: HOSPITAL COVERAGE
	Recode	• -	Covered Not covered Unknown if covered
510	5d Recode	PRIVATE	HEALTH INSURANCE: SURGICAL COVERAGE
		1. 2. 3.	Covered Not covered Unknown if covered
511-512	Recode	PRIVATE	HEALTH INSURANCE: HOSPITAL AND/OR SURGICAL COVERAGE
		<u>01-09</u> .	Has Private Health Insurance Coverage
		02. 03. 04. 05. 06. 07. 08.	Has hospital but not surgical Has hospital, surgical unknown Has both hospital and surgical Has surgical but not hospital Has surgical, hospital unknown Neither hospital or surgical Hospital unknown, does not have surgical Surgical unknown, does not have hospital Both hospital and surgical unknown
		<u>10</u> .	No PHI Coverage - neither hospital or surgical
		11.	Unknown if PHI Coverage
513	Recode	PRIVATE	HEALTH INSURANCE: HOSPITAL AND/OR SURGICAL COVERAGE
		1-4.	PHI Coverage
	. ~	2. 3.	Has hospital and surgical coverage Has hospital or surgical, but not both Unknown if both, just one or neither Neither hospital or surgical but has coverage
•		<u>5</u> .	No private coverage
		<u>6</u> .	Unknown if private coverage

Tape Locations	Item No.	Items and Codes
514	Recode	MEDICARE AND/OR PRIVATE HEALTH INSURANCE 1. Covered by one or both 2. Not covered by either
		3. Unknown if covered
515	Recode	MEDICARE AND/OR PRIVATE HEALTH INSURANCE HOSPITAL COVERAGE
		 Covered by one or both Not covered by either Unknown if covered
516	· Recode	MEDICARE AND/OR PRIVATE HEALTH INSURANCE - SURGICAL . COVERAGE
		 Covered by one or both Not covered by either Coverage unknown for both or unknown for one and not covered for other
517-518*	Recode	PRIVATE HEALTH INSURANCE AND/OR MEDICARE COVERAGE - HOSPITAL AND SURGICAL
		01-09. Has PHI and/or Medicare Coverage 01. Has hospital but not surgical 02. Has hospital, surgical unknown 03. Has both hospital and surgical 04. Has surgical but not hospital 05. Has surgical, hospital unknown 06. Neither hospital or surgical 07. Hospital unknown, does not have surgical 08. Surgical unknown, does not have hospital 09. Both hospital and surgical unknown 10. No PHI/Medicare Coverage 11. Unknown if PHI/Medicare Coverage

^{*}Doctor coverage under Medicare treated as equivalent to surgical coverage under private plan.

Tape Locations	Item No.	Items and Codes
519*	Recode	PRIVATE HEALTH INSURANCE AND/OR MEDICARE - HOSPITAL AND/OR SURGICAL COVERAGE
		1-4. Has Coverage
		 Has hospital and surgical coverage Has hospital or surgical, but not both Unknown if both, just one or neither Neither hospital or surgical but has coverage
		5. No coverage
		6. Unknown if coverage
520-528	7a	REASON FOR NO MEDICARE AND/OR PRIVATE HEALTH INSURANCE COVERAGE
520		Care Received through Medicaid or Welfare
		1. Yes2. Reason given, but not this reasonBlank. Unknown or not applicable.
521		Unemployment or Reasons Related to Unemployment
	•	 Yes Reason given, but not this reason Blank. Unknown or not applicable
522		Can't Obtain Because of Poor Health, Illness or Age
		 Yes Reason given, but not this reason Blank. Unknown or not applicable
523		Too Expensive, Can't Afford Health Insurance
		 Yes Reason given, but not this reason Blank. Unknown or not applicable

^{*}Doctor coverage under Medicare treated as equivalent to surgical coverage under private plan.

HI-31

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
520-528	7a	REASON FOR NO MEDICARE AND/OR PRIVATE HEALTH INSURANCE COVERAGE - continued
524		Dissatisfied with Previous Insurance
		 Yes Reason given, but not this reason Blank. Unknown or not applicable
525		Don't Believe in Insurance
		 Yes Reason given, but not this reason Blank. Unknown or not applicable
526		Have Been Healthy, Haven't Needed Health Insurance
		 Yes Reason given, but not this reason Blank. Unknown or not applicable
527		Military Dependent, Covered by Champus, Veteran's Benefits
	·	1. Yes2. Reason given, but not this reasonBlank. Unknown or not applicable
528		Some Other Reason
		 Yes Reason given, but not this reason Blank. Unknown or not applicable
529	Recode	WHETHER REASON GIVEN
	. ~	 At least one reason given No reason given because item refused or stated to be unknown No indication of reason given, unknown or refused Blank. Not applicable

HI-32

Tape Locations	Item No.	Items and Codes
530-531	7a,b	MAIN REASON NO MEDICARE OR PRIVATE HEALTH INSURANCE
		O1. Care received through Medicaid or Welfare O2. Unemployment or reasons related to unemployment O3. Can't obtain because of poor health, illness or age O4. Too expensive, can't afford health insurance O5. Dissatisfied with previous insurance O6. Don't believe in insurance O7. Have been healthy, haven't needed insurance O8. Military dependent, covered by Champus, Veteran's benefits O9. Some other reason O9. Some other reason O9. Reasons given, but main reason unknown O9. Unknown reason O9. Blank. Not applicable (has insurance or unknown)
532	-	BLANK
533	Recode	TYPE OF PRIVATE HEALTH INSURANCE COVERAGE (includes family plans for which person's coverage is unknown)
		 Blue Cross and/or Blue Shield only Blue Plan and other identified plan not including Prepaid Plan Blue Plan, other identified plan and Prepaid Plan Prepaid and Blue Plan (no other identified plan) Prepaid and other identified plan (no Blue Plan) Prepaid Plan only Other identified plan only Plans include at least one for which type is unknown Person's coverage status unknown for at least one plan Blank. Not applicable

Tape Locations	Item No.	Items and Codes
<u>534-540</u>	Table H.I.	PLAN l*** - Family or unrelated individual (blank if this person is not covered by the family plan originally listed in this field or no plan was listed in this field.)
534	5	Type of Plan
		 Blue Cross and/or Blue Shield HMO or other prepaid plan Other named and identified private plan Has private plan, name not given Blank. Not applicable
535	5a	Plan Obtained through Employer or Union
		1. Yes2. No3. UnknownBlank. Not applicable
536	5ь	Plan Obtained through Group other than Employer or Union
		1. Yes 2. No 3. Unknown Blank. Not applicable
537	5c	Plan Pays Some or All of Hospital Bills
·		1. Yes2. No3. UnknownBlank. Not applicable
538	5d	Plan Pays Some or All of Surgical Bills for Operations
		1. Yes 2. No 3. Unknown Blank. Not applicable
, 539	. 6a	This Person's Coverage Status Under this Plan
		 Covered Unknown if covered Blank. Not applicable

^{***}If person is covered or if unknown coverage status with regard to a plan, the plan is retained.

HI-34
NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
534-540	Table H.I.	PLAN 1*** - Family or Unrelated Individual - continued
540	6b	This Person Used this Plan in Past 12 Months
		1. Yes 2. No 3. Unknown Blank. Not applicable
<u>541-547</u>	Table H.I.	PLAN 2*** - Family or Unrelated Individual (blank if this person is not covered by the family plan originally in this field or no plan was listed in this field)
541	5	Type of Plan
		 Blue Cross and/or Blue Shield HMO or other prepaid plan Other named and identified plan Has private plan, name not given Blank. Not applicable
542	5a ·	Plan Obtained through Employer or Union
		1. Yes2. No3. UnknownBlank. Not applicable
543	5b	Plan Obtained through Group other than Employer or Union
		1. Yes 2. No 3. Unknown Blank. Not applicable
544	5c	Plan Pays Some or All of Hospital Bills
	٠ *	1. Yes 2. No 3. Unknown Blank. Not applicable

^{***}If person is covered or if unknown coverage status with regard to a plan, the plan is retained.

Tape Locations	Item No.	Items and Codes
541-547	Table H.I.	PLAN 2*** - Family or Unrelated Individual - continued
545	5d	Plan Pays Some or All of Surgical Bills for Operations
		1. Yes 2. No 3. Unknown Blank. Not applicable
546	6a	This Person's Coverage Status Under this Plan
		 Covered Unknown if covered Blank. Not applicable
547	6b	This Person Used this Plan in Past 12 Months
		1. Yes 2. No 3. Unknown Blank. Not applicable
<u>548-554</u>	Table H.I.	PLAN 3*** - Family or Unrelated Individual (blank if this person is not covered by the family plan originally in this field or no plan was listed in this field)
548	5	Type of Plan
		 Blue Cross and/or Blue Shield HMO or other prepaid plan Other named and identified plan Has private plan, name not given Blank. Not applicable
549	5a	Plan Obtained through Employer or Union
,		1. Yes2. No3. UnknownBlank. Not applicable

^{***}If person is covered or if unknown coverage status with regard to a plan, the plan is retained.

HI-36

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
548-554	Table H.I.	PLAN 3*** - Family or Unrelated Individual - continued
550	5b	Plan Obtained through Group other than Employer or Union
		1. Yes 2. No 3. Unknown Blank. Not applicable
551	5c	Plan Pays Some or All of Hospital Bills
		1. Yes2. No3. UnknownBlank. Not applicable
552	5d	Plan Pays Some or All of Surgical Bills for Operations
		1. Yes 2. No 3. Unknown Blank. Not applicable
553	6a	This Person's Coverage Status Under this Plan
		 Covered Unknown if covered Blank. Not applicable
554	6 b	This Person Used this Plan in Past 12 Months
		1. Yes 2. No 3. Unknown Blank. Not applicable

...

^{***}If person is covered or if unknown coverage status with regard to a plan, the plan is retained.

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape		
Locations	Item No.	Items and Codes
<u>555-561</u>	Table H.I.	PLAN 4*** - Family or Unrelated Individual (blank if this person is not covered by the family plan originally in this field or no plan was listed in this field)
555	5	Type of Plan
		 Blue Cross and/or Blue Shield HMO or other prepaid plan Other named and identified plan Has private plan, name not given Blank. Not applicable
556	5a	Plan Obtained through Employer or Union
		1. Yes2. No3. UnknownBlank. Not applicable
557	5b	Plan Obtained through Group other than Employer or Union
		1. Yes 2. No 3. Unknown Blank. Not applicable
5 58	5c	Plan Pays Some or All of Hospital Bills
		1. Yes 2. No 3. Unknown Blank. Not applicable
559	5d	Plan Pays Some or All of Surgical Bills for Operations
		1. Yes 2. No 3. Unknown Blank. Not applicable
560	6a	This Person's Coverage Status Under this Plan
•		1. Covered2. Unknown if coveredBlank. Not applicable

^{***}If person is covered or if unknown coverage status with regard to a plan, the plan is retained.

NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
555-561	Table H.I.	PLAN 4*** - Family or Unrelated Individual - continued
561	6Ь	This Person Used this Plan in Past 12 Months
		1. Yes 2. No 3. Unknown Blank. Not applicable
562-568	Table H.I.	PLAN 5*** - Family or Unrelated Individual (blank if this person is not covered by the family plan originally in this field or no plan was listed in this field)
562	5	Type of Plan
		 Blue Cross and/or Blue Shield HMO or other prepaid plan Other named and identified plan Has private plan, name not given Blank. Not applicable
563	5a	Plan Obtained through Employer or Union .
		1. Yes 2. No 3. Unknown Blank. Not applicable
564	5b	Plan Obtained through Group other than Employer or Union
		1. Yes2. No3. UnknownBlank. Not applicable
565	5c	Plan Pays Some or All of Hospital Bills
	٠.	1. Yes2. No3. UnknownBlank. Not applicable

^{***}If person is covered or if unknown coverage status with regard to a plan, the plan is retained.

HI-39 NHIS - CALENDAR YEAR 1980 - FINAL TAPE RECORDS

Tape Locations	Item No.	Items and Codes
562-568	Table H.I.	PLAN 5*** - Family or Unrelated Individual - continued
5 66	5d	Plan Pays Some or All of Surgical Bills for Operations
		1. Yes2. No3. UnknownBlank. Not applicable
567	6a	This Person's Coverage Status Under this Plan
		 Covered Unknown if covered Not applicable
5 68	6b	This Person Used this Plan in Past 12 Months
		1. Yes 2. No 3. Unknown Blank. Not applicable
569-570		BLANK .

^{***}If person is covered or if unknown coverage status with regard to a plan, the plan is retained.

HIS -1980 COMPUTER PROCESSING Industry Recodes Outline

Attachment to Person Final Tape Record

			•		
Rec	codes	Detail Code	INDUSTRY TITLE	SIC Code*	
No. 1 (Chrs. 80-81)	No. 2 (Chrs. 82-83)	(Chrs. 77-79)			
01	01	017-019	AGRICULTURE	01, 07, ex 0713	
02	02	027-028	FORESTRY AND FISHERIES	08,09	
10	03	047-049 057	MINING	10-14	
20	04	067-069 077	CONSTRUCTION	15-17	
(30-43)	(05)		MANUFACTURING:		
30	- 05	268-298	Food and Kindred Products	20,0713	
31	05	307-318	Textile Mill Products	22	
32	05 .	319,327	Apparel and other finished products made from fabrics and similar materials	23	
33	05	107-109	Lumber and wood products, except furnitures	24	
34	05	118	Furniture and fixtures	25	
35	05	338,339	Printing, publishing, and allied industries	27	
36	05	347-369	Chemicals and allied products	28	
37	05	119-138	Stone, clay, and glass products	32	
38	05	139-149	Primary metal industries	33	
. 39	05	157-169	Fabricated metal products, except ordnance, machinery and transportation equipment	34	

^{*} Standard International Classification

Rec	codes	Detail		
No. 1 (Chrs. 80-81)	No. 2 (Chrs. 82-83)	Code (Chrs. 77-79)	INDUSTRY TITLE	SIC Code*
(30-43)	(05)		MANUFACTURING:	
40	05	177-198	Machinery, except electrical	35
41	05	199-209	Electrical machinery, equipment, and supplies	36
42	05	219-238	Transportation Equipment	37
43	05	239-259 299 328-337 377-398	All other and unspecified	21,26, 29-31, 38,39, 19
(50-51)	(06)		TRANSPORTATION	
50	06	407 ⁻	Railroad transportation	40
51	06	408-429	All other transportation	41,42 44-47
. 52	06	447-449	COMMUNICATION	48
53	06	467-4 79	ELECTRIC, GAS, AND SANITARY SERVICES	4 9
60	07	507-588	WHOLESALE TRADE	50
(61-62)	(07)		RETAIL TRADE:	
61	07	669	Eating and drinking places	58
62	07	607-668 677-698	Other retail trade	52-57, 59
70	08	707-718	FINANCE, INSURANCE, AND REAL ESTATE	60-67

^{*} Standard International Classification

Rec	odes	Detail		
No. 1 (Chrs. 80-81)	No. 2 (Chrs. 82-83)	Code	INDUSTRY TITLE	SIC CODE*
(80-87)	(09)		SERVICES:	
80	09	779-798	Personal services (except private households)	72
81	09	727-748	Miscellaneous business șervices	73
82	09	749-759	Repair services	75,76
83	09	807-809	Amusement and recreation services	78,79
· 84	09	8 28 -8 48	Medical and other health services	80
85	09	857-8 69	Educational services	82,84
86	09	· 769	Private households	88
87	0 9 ·	777,778, 849,877- 897	Other miscellaneous services	70,81 86,89
(90-92)	(10)		GOVERNMENT	
90	10	907,917	Federal government, including international	91,94
91	10	927	State government	92
92	10	937	Local government	93
93	11	997,999 and all other codes	UNKNOWN INDUSTRY	•
94	11	996	New Worker	99
9 5 ,	12	Not Applicable	Codes 0 and 8 in current activity recode (Loc. 75) (Under 17 or 17+ and not in Labor Force)	

^{*} Standard International Classification

HIS - 1980 COMPUTER PROCESSING Industry Recode No. 2 - Titles

Code .	TITLES	Recode No. 1 Inclusions
01	Agriculture	01
02	Forestry and Fisheries	02
03	Mining	10
04	Construction	20
05	Manufacturing	30-43
06	Transportation and Public Utilities	50-53
07	Wholesale and Retail Trade	60-62
08	Finance, Insurance, and Real Estate	70
09	Services and Miscellaneous	80-87
10	Public Administration	90-92
11	Unknown	93,94
12	Not in Labor Force	95

HIS - 1980 Occupation Recode Outline

Re	codes	Detail			
No. 1	No. 2	Code	OCCUPATION TITLE		
(Chrs. 87-88)	(Chrs. 89-90)	(Chrs. 84-86)			
(01-06)			PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS		
01	01	002,006- 023	Engineers and architects		
02	01	034-054, 091-096	Scientists		
03	01	061-085	Health workers		
04	01 .	102-145	Teachers, including college		
05	. 01	150-162	Engineering and science technicians		
06	01	All other codes 0,1	All other professional, technical, and kindred workers		
07	02	201-245	Managers and administrators, except farm		
10	03	260-285	Sales workers		
(11-15)			CLERICAL AND KINDRED WORKERS		
11	04	305	Bookkeepers		
12	04	341-355	Office machine operators		
13	04	331,332, 361,383	Mail handlers, postal clerks, and telegraph messengers		
. 14	04	364-372 376,391	Secretaries, stenographers, typists, and receptionists		
15	04	All other codes 3	All other clerical workers		
					

Red	codes	Detail	
No. 1 (Chrs. 87-88)	No. 2 (Chrs. 89-90)	(Chrs. 84-86)	OCCUPATION TITLE
(20-24)			CRAFTSMEN AND KINDRED WORKERS
20	05	415,416	Carpenters
21	05	410-412,421, 430,431,436, 440,510-512, 520-523, 534,550, 560	Other construction craftsmen
22	05	470-495	Mechanics and repairmen
23		403,404, 442,446, 454,461, 462,502-504, 514,533, 535-540, 561,562	Metal craftsmen, except mechanics
24	05.	All other codes 4, 5	All other craftsmen
30	06	601-696	Operatives, except transport
31	07	701-715	Transport equipment operatives
40	08	740-785	Laborers, except farm
50	09	801,802	Farmers and farm managers
51	10 .	821-824	Farm laborers and farm foremen
			•

No. 1 (Chrs. 87-88)	No. 2 (Chrs. 89-90)	Detail Code (Chrs. 84-86)	OCCUPATION TITLE
(60-63)			SERVICE WORKERS, EXCEPT PRIVATE HOUSEHOLD
60	11	901-903	Cleaning service
61	11	910-916	Food service
62	11	921-954	Health and personal service
63	11	960-965	Protective service
64	12	980-984	Private household workers
70	13	995	Occupation not reported, or unknown
80	13	990	New workers
90	14	Not Applicable	Codes 0 and 8 in current activity recode (Loc. 75).

HIS - 1980 COMPUTER PROCESSING
Occupation Recode No. 2 - Titles

Code	TITLE	Recode No. 1 Inclusions
01	Professional, technical, and kindred workers	01-06
02	Managers and administrators, except farm	07
03	Sales workers	10
04	Clerical and kindred workers	11-15
05	Craftsmen and kindred workers	20-24
06	Operatives, except transport	30
07	Transport equipment operatives	31
08	Laborers, except farm	40
09	Farmers and farm managers	50
10	Farm laborers and farm foremen	51
. 11	Service workers, except private household	60-63
· 12	Private household workers	64
13	Unknown	70,80
14	Not in labor force	90
		-
		•

	HE	ALTH INSURANCE PAGE			
le.	Medicare is a Social Security health insurance ever. People covered by Medicare have a ca . Is anyone in this family covered by Medicare	rd that looks like this. Show card	r persons 65 years old and Y N (4) DK		
Ь.	. Is covered? Mark box in person's column	1.		1b.	1 Cov. 9 DK
	and the second s			A Track	Contraction of the Contraction o
_	Ask for each person with "Covered" in 1b.				1 Cov. Hosp. 3 DK
2a.	. Is covered by that part of Social Security	Medicare which pays for hospital bill	s? Mark box in person's column.	20.	2 No
Ь.	. Is —— covered by that part of Medicare which he or some agency must pay a certain amount			ъ.	1
E	The Carlotte States and the Carlotte				
3.	Ask for each person with "DK" in 2 and for each person under 65 with "Covered" in 1b. May I please see the Social Security Medicare card(s) for ——(and ——) to determine the (type/dates) of coverage? Transcribe the information from the card or mark the "Card N.A." box.			3.	1 Cov. Hosp. 3 Card N.A.
*					
4-	We are interested in all kinds of health insur		ly for accidents.		
46,	 (Not counting Medicare) Is anyone in the fam that is, a health insurance plan which pays a 		Y N (4d)	100	
Ъ.	. What is the name of the plan? (Record in Ta				
	. Is anyone in the family covered by any other		Y (Reask 4b and c) N	-83	
_	. Is anyone in the family covered by any (other	r) health insurance plan which			
	pays any part of a DOCTOR'S or SURGEON'S	5 bill?	Y N (5)	-	# 16 / COS 192 SA / CV COS
_	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2. 12.	
•.	. What is the name of the plan? (Record in Ta	ble H.I., reask 4d)		Salah.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ble H.I., reask 4d) TABLE H.I.			
PL	. What is the name of the plan? (Record in Ta .AN 1	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?	6a. Is — covered under this (name) plan?	6a.	1
PL	. What is the name of the plan? (Record in Ta  AN 1  . Was this (name), plan obtained through	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?	(name) plan?  b. During the past 12 months	6a.	2 Not cov. (NP)
PL 5a.	AN  Wes this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK	(name) plan?		
PL 5a. b.	. What is the name of the plan? (Record in Ta  AN  1  . Was this <u>(name)</u> plan obtained through an employer or union? 1 Y (5c) 2 N 3 DK  . Was it obtained through some other group? 1 Y 2 N 3 DK  AN 2	TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?	b. During the past 12 months did — receive medical care which has been or will be		2 Not cov. (NP)
PL 5a. b.	AN  Note that is the name of the plan? (Record in Ta  AN  Nose this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 3 DK  Was it obtained through some other group? 1 Y 2 N 3 DK  AN  2  Was this (name) plan obtained through	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK	b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this	b.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov.
PL 5a.	AN  1  . Wes this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 3 DK  . Was it obtained through same other group?  1 Y 2 N 3 DK  AN  2  . Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 3 DK	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  d. Does this plan pay any part of hospital expenses?  d. Does this plan pay any part of doctor's or surgeon's bills		b. 6a.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov.
PL 5a.	AN  1  . Wes this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 3 DK  . Was it obtained through same other group?  1 Y 2 N 3 DK  AN  2  . Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 3 DK	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part	(name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be	b. 6a.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)
PL 5a. b. PL 5a.	AN  1 . Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  AN  3 N 9 DK  AN  4 Y (5c) 2 N 9 DK  AN  5 DK  AN  6 N 9 DK  6 N 9 DK  AN  6 N 9 DK  AN  8 N 9 DK	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK		b. 6a.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)
PL 1 5a. b. PL 2 5a. PL	AN  Note that is the name of the plan? (Record in Ta  AN  Note this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  Was it obtained through same other group? 1 Y 2 N 9 DK  AN  Note this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  Note this (name) plan obtained through an employer or union? 1 Y 2 N 9 DK  AN  Note this (name) plan obtained through  Note that is (name) plan obtained through  Note that is (name) plan obtained through	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part		6a. b.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK
PL 5a. b. PL 5a. b. PL 5a.	AN  1  Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  AN  2  Was this (name) plan obtained through some other group?  1 Y 2 N 9 DK  AN  2  Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  AN  3  Was this (name) plan obtained through some other group?  1 Y 2 N 9 DK  AN  3  Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK		6a.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK
PL 5a. b. PL 5a. b. PL 5a.	AN  Note that is the name of the plan? (Record in Ta  AN  Note this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  Was it obtained through same other group? 1 Y 2 N 9 DK  AN  Note this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  Note this (name) plan obtained through an employer or union? 1 Y 2 N 9 DK  AN  Note this (name) plan obtained through  Note that is (name) plan obtained through  Note that is (name) plan obtained through	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK		6a.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)
PL 5a. b. PL 5a. b.	AN  1  . Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  . Was it obtained through same other group?  1 Y (5c) 2 N 9 DK  AN  2  . Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  . Was it obtained through some other group?  1 Y 2 N 9 DK  . Was it obtained through some other group?  1 Y 2 N 9 DK  . Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  . Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  . Was it obtained through some other group?	ble H.I., reask 4d)  TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?  1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations?	(name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?	6a.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)
PL 5a. b. PL 5a. b.	. What is the name of the plan? (Record in Ta  . Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  . Was it obtained through same other group? 1 Y 2 N 9 DK  . Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK	TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  d. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  an and determine if "Covered" by either Medic	(name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  circle all reasons given	b. 6a. b.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 1 Cov. (NP)  1 Y 2 N 9 DK
PL 5a. b. PL 5a. b.	AN  1  Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  AN  2  Was this (name) plan obtained through some other group?  1 Y 2 N 9 DK  AN  2  Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  AN  3  Was it obtained through some other group?  1 Y 2 N 9 DK  AN  3  Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  AN  3  Was this (name) plan obtained through an employer or union?  1 Y (5c) 2 N 9 DK  Was it obtained through some other group?  1 Y 2 N 9 DK  For each person review 1, 2, 3, and 6 for each pl	TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  d. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  an and determine if "Covered" by either Medic	(name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  circle all reasons given	b. 6a.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 1 Cov. (NP)  1 Y 2 N 9 DK
PL 5a. b. PL 5a. b. 7a.	. What is the name of the plan? (Record in Ta  . Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  . Was it obtained through same other group? 1 Y 2 N 9 DK  . Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was this (name) plan obtained through an employer or union? 1 Y (5c) 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK  . Was it obtained through some other group? 1 Y 2 N 9 DK	TABLE H.I.  5c. Does this plan pay any part of hospital expenses?  1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  5c. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  d. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK  d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK  an and determine if "Covered" by either Medical or various reasons. Hand Card N is not covered by any health insurance.	(name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  6a. Is — covered under this (name) plan?  b. During the past 12 months did — receive medical care which has been or will be paid for by this plan?  circle all reasons given	b. 6a. b.	2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 2 Not cov. (NP)  1 Y 2 N 9 DK  1 Cov. 1 Cov. (NP)  1 Y 2 N 9 DK