

1994*1994*1994*1994*1994*1994*1994*1994
9 *
9 1994 LONGTERM CARE SURVEY 1
4 CODEBOOK 9
* 9
1 ***** 4
9 *
9 CENTER FOR DEMOGRAHIC STUDIES 1
4 DUKE UNIVERSITY 9
* 9
1994*1994*1994*1994*1994*1994*1994*1994

=====

=====

SCREENER LTC-2 (1994)

=====

=====

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
		SEQUENCE NUMBER	5	1 5	SEQ
		LINKS TO 1982, 1984, 1989 LTC PUBLIC USE FILES			
		PACKET IDENTIFIER	1	6 6	PACKID
		1 LTC 1/2			
		2 LTC 1/2/3			
		3 LTC 1/2/7			
		4 LTC 2			
		CONTROL NUMBER	14	7 20	CTRLNUM
		DIGIT 1: SCREENER / NONSCREENER CODE			SCR_CODE
		DIGIT 2: ZERO-FILLED PAD			
		DIGIT 3: 1984 SAMPLE COMPONENT			SIC3
		DIGIT 4: 1989 SAMPLE COMPONENT			SIC4
		DIGIT 5: 1994 SAMPLE COMPONENT			SIC5
		DIGIT 6-8: CS PSU NUMBER (BLANK)			CS_PSU
		DIGIT 9-12: SEQUENTIAL NUMBERS W/IN CS PSU'S (BLANK)			
		DIGIT 13: HEALTHY SUPPLEMENT CODE			HS_CODE
		DIGIT 14: CHECK DIGIT			
		REGIONAL OFFICE CODE	2	21 22	CM_RO
		REGION CODE	1	23 23	REGION
		LTC PSU (BLANK)	3	24 26	LTC_PSU
		DATE OF BIRTH (YYYYMMDD) (HCFA)	8	27 34	HCFABDATE
		ENTITLEMENT CODE (ORIGINAL)	1	35 35	STRATUM
		CANBIC (FROM HCFA)			
		SOCIAL SECURITY NUMBER (BLANK)	9	36 44	
		BENEFICIARY IDENTIFICATION CODE	2	45 46	BIC_FROM
		RESIDENCY STATUS	1	47 47	RES_STAT
		SIC 1982	1	48 48	SIC82
		SIC 1984	1	49 49	SIC84
		SIC 1989	1	50 50	SIC89
		L2 SCOURCE	1	51 51	L2_SOURCE
		1 JVILLE			
		2 CATI			
		CANBIC (TO HCFA)			
		SOCIAL SECURITY NUMBER (BLANK)	9	52 60	

	BENEFICIARY IDENTIFICATION CODE	2	61	62	BIC_TO
	1989 CONTROL NUMBER	14	63	76	CTRL89
	DIGIT 1-2: 1989 REGIONAL OFFICE CODE				
	DIGIT 3: 1988 SAMPLE COMPONENT				
	DIGIT 4: 1982 STATUS COMPONENT				
	DIGIT 5: 1984 STATUS COMPONENT				
	DIGIT 6-8: PSU (BLANK)				
	DIGIT 9-12: SERIAL (BLANK)				
	DIGIT 13: CHECK DIGIT				
	DIGIT 14: CAREGIVER SAMPLE				
1A	REGIONAL OFFICE	2	77	78	REGOFF
	INTERVIEWER IDENTIFICATION NUMBER	3	79	81	IIDNUM
1A	DATE OF BIRTH (YYYYMMDD)	8	82	89	BDATE
1A	SEX (M=MALE, F=FEMALE)	1	90	90	I_SEX
1A	AGE	3	91	93	WGT_AGE
	RCODE	3	94	96	RCODE
1B	DETAILED INTERVIEW SCHEDULE CATEGORY	1	97	97	DETINTCAT
	1 GROUP H				
	2 GROUP D				
	3 SAMLE COMPONENT N				
2	DATE OF INTERVIEW (MMDD)	4	98	101	INTDATE
3	FIELD REPRESENTATIVE CODE	4	102	105	FR_CODE
4C	NO TELEPHONE NUMBER FOR SAM PER OR CAREGIVER	1	106	106	NOPHONE
	1 (MARKED)				
5	SCREEN TIME (001-999 MINUTES)	3	107	109	SCRTIME
7	DOES...LIVE THERE (HERE)?	1	110	110	SC_OPEN
	1 YES				
	2 NO				
	3 DECEASED				
8A	WHAT IS ...'S CURRENT ADDRESS?				
	CITY (BLANKED FIELD)	15	111	125	
	COUNTY (BLANKED FIELD)	15	126	140	
	STATE	2	141	142	ST
	ZIP (BLANKED FIELD)	9	143	151	
8A	SAM PERSON CURRENT PHONE NUMBER	2	152	153	PHONE
	1 NO TELEPHONE				
	88 REFUSED				
	99 DON'T KNOW				
8B	IS THIS THE ADDRESS OF A NURSING/REST HOME	1	154	154	INHM
	1 YES				
	2 NO				

8C	IS THIS THE ADDRESS OF ANOTHER TYPE INSTITUTION	1	155	155	INOTHER
	1 YES				
	2 NO				
8D	WHAT TYPE OF INSTITUTION IS IT	1	156	156	TPOTH_1
	1 CORRECTIONAL				
	2 SHORT HOSPITAL STAY				
	3 MENTAL				
	4 OTHER				
	SPECIFY	45	157	201	TPOTH_S
9A	WHEN DID...DIE?				
	MONTH (BLANK)	2	202	203	DEA_01_M
	YEAR	2	204	205	DEA_01_Y
	1 DK	1	206	206	DEA_DK
9B	DID...DIE BEFORE OR AFTER APR.1,1994	1	207	207	DEA_02
	1 BEFORE				
	2 AFTER				
9C	WERE YOU KNOWLEDGEABLE ABOUT... 'S HEALTH & GENERAL CARE WHILE...WAS LIVING	1	208	208	DEA_03
	1 YES				
	2 NO				
9D	DO YOU KNOW OF SOMEONE WHO KNEW ABOUT... ' HEALTH & GENERAL CARE	1	209	209	DEA_04
	1 YES				
	2 NO				
9E	WHAT IS YOUR/THAT PERSON'S RELATIONSHIP TO...	2	210	211	DEA_05
9F	WHAT IS YOUR/THAT PERSON'S (ENTRY IN 9E) ADDRESS				
	CITY (BLANKED FIELD)	15	212	226	
	COUNTY (BLANKED FIELD)	15	227	241	
	STATE (BLANKED FIELD)	2	242	243	
	ZIP (BLANKED FIELD)	9	244	252	
10	DID ... RECEIVE OUR LETTER?	1	253	253	ADVLTR
	1 YES				
	2 NO				
A	CHECK ITEM A:				
	TYPE OF INTEVIEW	1	254	254	SC_DETRE
	1 SELF				
	2 PROXY				
	REASON FOR PROXY	1	255	255	SCPR
	3 SAM PER MENTALLY/PHYSICALLY INCAPABLE				
	4 SAM PER HEARING/SPEECH PROBLEM				
	5 SAM PER CANNOT SPEAK ENGLISH				
	6 SAM PER IS TEMPORARILY ABSENT				
	7 OTHER				
11A	WHAT IS YOUR RELATIONSHIP TO...	2	256	257	SCPR_REL
	02 SPOUSE				
	03 SON/DAUGHTER				

- 04 SON-IN-LAW/DAUGHTER-IN-LAW
- 05 PARENT
- 06 PARENT-IN-LAW
- 07 BROTHER/SISTER
- 08 BROTHER-IN-LAW/SISTER-IN-LAW
- 09 GRANDCHILD
- 10 OTHER RELATIVE
- 11 EMPLOYEE
- 12 OTHER NONRELATIVE
- 13 EX-SPOUSE
- 99 OTHER

11B	DO YOU RESIDE WITH...	1	258	258	SCPR_RES
	1 YES				
	2 NO				
12A	WHAT IS SAMPLE PERSON'S AGE	3	259	261	SCPR_AGE
	001-999				
	88 REFUSED				
	99 DK				
	R REFUSED				
	D DK				
12B	IS SAMPLE PERSON AGE 65 OR OLDER	1	262	262	CALCAGE
	1 YES				
	2 NO				
B	CHECK ITEM B: IS THIS THE CORRECT PERSON?	1	263	263	VER_PER
	1 YES				
	2 NO				
13	WHAT IS...S EXACT ADDRESS?	1	264	264	VER_ADD
	1 SAME AS LABEL (OR ITEM 1A)				
	2 DIFFERENT				
C	CHECK ITEM C: IS SAM PER IN AN INSTITUTION	1	265	265	SCN_ININ
	1 YES				
	2 NO				
D	CHECK ITEM D: 1ST LETTER OF CNTRL # IN ITEM 1A	1	266	266	SAMP_N
	1 S - CONTINUE WITH CHECK ITEM E				
	2 N - SKIP TO CHECK ITEM J				
E	CHECK ITEM E: SCREEN BY TELEPHONE/PERSONAL VISIT	1	267	267	SC_VISIT
	1 TELEPHONE				
	2 PERSONAL VISIT				
14	WHAT IS ... TELEPHONE NUMBER	2	268	269	SCN_PHO
	1 NO TELEPHONE				
	88 REFUSED				
	99 DON'T KNOW				
27	NONINTERVIEW REASON				
	TELEPHONE SCREENING	2	270	271	NIR_TEL
	FIELD TYPE A				
	01 NO TELEPHONE NUMBER				
	02 NO ANSWER AFTER REPEAT CALLS				

03 SAM PER TEMP ABSENT/PROXY UNAVAILABLE
 04 REFUSED
 05 SAM PER UNABLE TO RESPOND/PROXY UNAVAIL
 06 OTHER
 FIELD TYPE C
 07 DECEASED
 08 IN CORRECTIONAL FACILITY
 09 MOVE OUT COUNTRY BEFORE APRIL 1,1994
 10 MOVE OUT COUNTRY AFTER APRIL 1,1994
 11 MOVE WITHIN COUNTRY BEYOND LIMIT
 12 OTHER

PERSONAL VISIT SCREENING 2 272 273 NIR_PV

FIELD TYPE A
 01 UNABLE TO LOCATE/MOVED ADDRESS UNKNOWN
 02 NO ONE HOME
 03 SAM PER TEMP ABSENT/PROXY UNAVAILABLE
 04 REFUSED
 05 SAM PER UNABLE TO RESPOND/PROXY UNAVAIL
 06 OTHER
 FIELD TYPE C
 07 DECEASED
 08 IN CORRECTIONAL FACILITY
 09 MOVE OUT COUNTRY BEFORE APRIL 1,1994
 10 MOVE OUT COUNTRY AFTER APRIL 1,1994
 11 MOVE WITHIN COUNTRY BEYOND LIMIT
 12 OTHER

6

RECORD OF TELEPHONE CALLS

FIRST CALL
 DATE OF CALL (MM/DD) 4 274 277 PH1_DATE
 TIME OF CALL
 BEFORE 9AM 1 278 278 PH1TI1
 1 (MARKED)
 9:01 - 12PM 1 279 279 PH1TI2
 1 (MARKED)
 12:01 - 3PM 1 280 280 PH1TI3
 1 (MARKED)
 3:01 - 6PM 1 281 281 PH1TI4
 1 (MARKED)
 6:01 -9PM 1 282 282 PH1TI5
 1 (MARKED)
 AFTER 9PM 1 283 283 PH1TI6
 1 (MARKED)

SECOND CALL

DATE OF CALL (MM/DD) 4 284 287 PH2_DATE
 TIME OF CALL
 BEFORE 9AM 1 288 288 PH2TI1
 1 (MARKED)
 9:01 - 12PM 1 289 289 PH2TI2
 1 (MARKED)
 12:01 - 3PM 1 290 290 PH2TI3
 1 (MARKED)
 3:01 - 6PM 1 291 291 PH2TI4
 1 (MARKED)
 6:01 -9PM 1 292 292 PH2TI5

1 (MARKED)				
AFTER 9PM	1	293	293	PH2TI6
1 (MARKED)				

THIRD CALL

DATE OF CALL (MM/DD)	4	294	297	PH3_DATE
TIME OF CALL				
BEFORE 9AM	1	298	298	PH3TI1
1 (MARKED)				
9:01 - 12PM	1	299	299	PH3TI2
1 (MARKED)				
12:01 - 3PM	1	300	300	PH3TI3
1 (MARKED)				
3:01 - 6PM	1	301	301	PH3TI4
1 (MARKED)				
6:01 -9PM	1	302	302	PH3TI5
1 (MARKED)				
AFTER 9PM	1	303	303	PH3TI6
1 (MARKED)				

FOURTH CALL

DATE OF CALL (MM/DD)	4	304	307	PH4_DATE
TIME OF CALL				
BEFORE 9AM	1	308	308	PH4TI1
1 (MARKED)				
9:01 - 12PM	1	309	309	PH4TI2
1 (MARKED)				
12:01 - 3PM	1	310	310	PH4TI3
1 (MARKED)				
3:01 - 6PM	1	311	311	PH4TI4
1 (MARKED)				
6:01 -9PM	1	312	312	PH4TI5
1 (MARKED)				
AFTER 9PM	1	313	313	PH4TI6
1 (MARKED)				

FIFTH CALL

DATE OF CALL (MM/DD)	4	314	317	PH5_DATE
TIME OF CALL				
BEFORE 9AM	1	318	318	PH5TI1
1 (MARKED)				
9:01 - 12PM	1	319	319	PH5TI2
1 (MARKED)				
12:01 - 3PM	1	320	320	PH5TI3
1 (MARKED)				
3:01 - 6PM	1	321	321	PH5TI4
1 (MARKED)				
6:01 -9PM	1	322	322	PH5TI5
1 (MARKED)				
AFTER 9PM	1	323	323	PH5TI6
1 (MARKED)				

SIXTH CALL

DATE OF CALL (MM/DD)	4	324	327	PH6_DATE
TIME OF CALL				
BEFORE 9AM	1	328	328	PH6TI1

1 (MARKED)				
9:01 - 12PM	1	329	329	PH6TI2
1 (MARKED)				
12:01 - 3PM	1	330	330	PH6TI3
1 (MARKED)				
3:01 - 6PM	1	331	331	PH6TI4
1 (MARKED)				
6:01 - 9PM	1	332	332	PH6TI5
1 (MARKED)				
AFTER 9PM	1	333	333	PH6TI6
1 (MARKED)				

28

RECORD OF PERSONAL VISITS

FIRST VISIT

DATE OF VISIT (MM/DD)	4	334	337	PV1_DATE
TIME OF VISIT				
BEFORE 10AM	1	338	338	PV1TI1
1 (MARKED)				
10:01 - 12PM	1	339	339	PV1TI2
1 (MARKED)				
12:01 - 2PM	1	340	340	PV1TI3
1 (MARKED)				
2:01 - 4PM	1	341	341	PV1TI4
1 (MARKED)				
4:01 - 6PM	1	342	342	PV1TI5
1 (MARKED)				
AFTER 6PM	1	343	343	PV1TI6
1 (MARKED)				

SECOND VISIT

DATE OF VISIT (MM/DD)	4	344	347	PV2_DATE
TIME OF VISIT				
BEFORE 10AM	1	348	348	PV2TI1
1 (MARKED)				
10:01 - 12PM	1	349	349	PV2TI2
1 (MARKED)				
12:01 - 2PM	1	350	350	PV2TI3
1 (MARKED)				
2:01 - 4PM	1	351	351	PV2TI4
1 (MARKED)				
4:01 - 6PM	1	352	352	PV2TI5
1 (MARKED)				
AFTER 6PM	1	353	353	PV2TI6
1 (MARKED)				

THIRD VISIT

DATE OF VISIT (MM/DD)	4	354	357	PV3_DATE
TIME OF VISIT				
BEFORE 10AM	1	358	358	PV3TI1
1 (MARKED)				
10:01 - 12PM	1	359	359	PV3TI2
1 (MARKED)				
12:01 - 2PM	1	360	360	PV3TI3
1 (MARKED)				
2:01 - 4PM	1	361	361	PV3TI4

1 (MARKED)				
4:01 - 6PM	1	362	362	PV3TI5
1 (MARKED)				
AFTER 6PM	1	363	363	PV3TI6
1 (MARKED)				

FOURTH VISIT

DATE OF VISIT (MM/DD)	4	364	3657	PV4_DATE
TIME OF VISIT				
BEFORE 10AM	1	368	368	PV4TI1
1 (MARKED)				
10:01 - 12PM	1	369	369	PV4TI2
1 (MARKED)				
12:01 - 2PM	1	370	370	PV4TI3
1 (MARKED)				
2:01 - 4PM	1	371	371	PV4TI4
1 (MARKED)				
4:01 - 6PM	1	372	372	PV4TI5
1 (MARKED)				
AFTER 6PM	1	373	373	PV4TI6
1 (MARKED)				

15	DOES...HAVE ANY PROBLEM:				
15A	...EATING WITHOUT HELP?	1	374	374	SCN_15_A
	1 YES				
	2 NO				
15B	...GETTING IN/OUT OF BED W/O HELP?	1	375	375	SCN_15_B
	1 YES				
	2 NO				
15C	...GETTING IN/OUT OF CHAIRS W/O HELP?	1	376	376	SCN_15_C
	1 YES				
	2 NO				
15D	...WALKING AROUND INSIDE W/O HELP?	1	377	377	SCN_15_D
	1 YES				
	2 NO				
15E	...GOING OUTSIDE WITHOUT HELP?	1	378	378	SCN_15_E
	1 YES				
	2 NO				
15F	...DRESSING WITHOUT HELP?	1	379	379	SCN_15_F
	1 YES				
	2 NO				
15G	...BATHING WITHOUT HELP?	1	380	380	SCN_15_G
	1 YES				
	2 NO				
15H	...GETTING TO BATHROOM/USE TOILET?	1	381	381	SCN_15_H
	1 YES				
	2 NO				
15I	...CONTROLLING BOWEL MOVEMENT/URINATION	1	382	382	SCN_15_I
	1 YES				

	2 NO				
F	CHECK ITEM F: IS "YES" MARKED IN ANY PART OF 15	1	383	383	ADL_FLAG
	1 YES				
	2 NO				
16A	HAS...HAD PROBLEMS W/MARKED ADL 3 MONTHS/LONGER	1	384	384	SCN_16_A
	1 YES				
	2 NO				
16B	WILL PROBLEM W/MARKED IADL LAST 3 MONTHS/LONGER	1	385	385	SCN_16_B
	1 YES				
	2 NO				
16C	ALTOGETHER WILL PROBLEM W/IADL LAST 3 MO/LONGER	1	386	386	SCN_16_C
	1 YES				
	2 NO				
17	IS...ABLE TO:				
17A	...PREPARE MEALS WITHOUT HELP?	1	387	387	SCN_17_A
	1 YES				
	2 NO				
17B	...DO LAUNDRY WITHOUT HELP?	1	388	388	SCN_17_B
	1 YES				
	2 NO				
17C	...DO LIGHT HOUSEWORK LIKE WASHING DISHES	1	389	389	SCN_17_C
	1 YES				
	2 NO				
17D	...SHOP FOR GROCERIES W/OUT HELP?	1	390	390	SCN_17_D
	1 YES				
	2 NO				
17E	...MANAGE MONEY (KEEP TRACK OF BILLS/HANDLE CASH)	1	391	391	SCN_17_E
	1 YES				
	2 NO				
17F	...TAKE MEDICINE WITHOUT HELP?	1	392	392	SCN_17_F
	1 YES				
	2 NO				
17G	...MAKE TELEPHONE CALLS W/OUT HELP	1	393	393	SCN_17_G
	1 YES				
	2 NO				
G	CHECK ITEM G: IS "NO" MARKED IN ANY PART OF 17	1	394	394	SCN_CKD
	1 YES				
	2 NO				
18	DOES DISABILITY/HEALTH PROBLEM KEEP...FROM DOING MARKED IADL	1	395	395	SCN_18
	1 YES				
	2 NO				
H	CHECK ITEM H: IS 'YES' MARKED IN ANY OF THE	1	396	396	SCN_CK_H

FOLLOWING ITEMS: 16A,16B,16C,20A,20B,20C

- 1 YES
- 2 NO

I	CHECK ITEM I: IS THE 2ND TO LAST DIGIT OF THE CONTROL # A LETTER 'H'	1	397	397	SCN_CK_I
	1 YES				
	2 NO				
19	WHICH ACTIVITIES IS...UNABLE TO DO BECAUSE OF A DISABILITY/HEALTH PROBLEM				
	1 PREPARE MEALS	1	398	398	SCN_19_A
	1 (MARKED)				
	2 DO LAUNDRY	1	399	399	SCN_19_B
	1 (MARKED)				
	3 DO LIGHT HOUSEWORK	1	400	400	SCN_19_C
	1 (MARKED)				
	4 SHOP FOR GROCERIES	1	401	401	SCN_19_D
	1 (MARKED)				
	5 MANAGE MONEY	1	402	402	SCN_19_E
	1 (MARKED)				
	6 TAKE MEDICINE	1	403	403	SCN_19_F
	1 (MARKED)				
	7 MAKE TELEPHONE CALLS	1	404	404	SCN_19_G
	1 (MARKED)				
	8 NONE	1	405	405	SCN_19_H
	1 (MARKED)				
20A	HAS...HAD PROBLEM W/MARKED IADL 3 MONTHS/LONGER?	1	406	406	SCN_20A
	1 YES				
	2 NO				
20B	WILL PROBLEM W/MARKED IADL LAST 3 MONTHS/LONGER	1	407	407	SCN_20B
	1 YES				
	2 NO				
20C	ALTOGETHER WILL PROBLEM W/IADL LAST 3 MO/LONGER?	1	408	408	SCN_20C
	1 YES				
	2 NO				
21A	HAS...EVER BEEN IN NURSING HOME?	1	409	409	SCN_21A
	1 YES				
	2 NO				
21B	HOW MANY TIMES (01-99)	2	410	411	SCN_21B
21C	WHEN WAS...ADMITTED				
	THAT TIME/LAST TIME				
	MONTH	2	412	413	SCN_21C1
	YEAR	2	414	415	SCN_21C2
	NEXT TO LAST TIME				
	MONTH	2	416	417	SCN_21C3
	YEAR	2	418	419	SCN_21C4
	TIME BEFORE THAT				
	MONTH	2	420	421	SCN_21C5
	YEAR	2	422	423	SCN_21C6

	TIME BEFORE THAT				
	MONTH	2	424	425	SCN_21C7
	YEAR	2	426	427	SCN_21C8
21D	HOW LONG WAS...IN NURSING HOME?				
	THAT TIME/LAST TIME				
	DAYS	1	428	428	SCN_21D1
	MONTHS	2	429	430	SCN_21D2
	NEXT TO LAST TIME				
	DAYS	1	431	431	SCN_21D3
	MONTHS	2	432	433	SCN_21D4
	TIME BEFORE THAT				
	DAYS	1	434	434	SCN_21D5
	MONTHS	2	435	436	SCN_21D6
	TIME BEFORE THAT				
	DAYS	1	437	437	SCN_21D7
	MONTHS	2	438	439	SCN_21D8
21E	IS...NOW ON A WAITING LIST FOR NURSING HOME	1	440	440	SCN_21E5
	1 YES				
	2 NO				
22	HOW MANY PEOPLE LIVE IN... 'S HH (01-99)	2	441	442	SCN_22
23A	DOES...HAVE ANY LIVING CHILDREN	1	443	443	SCN_23_A
	1 YES				
	2 NO				
23B	HOW MANY DO *NOT* LIVE IN... 'S HH? (01-99)	2	444	445	SCN_23_B
24	MARITAL STATUS	1	446	446	SCN_24
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
25A	IS...OF SPANISH/HISPANIC ORIGIN	1	447	447	SCN_25A
25B	WHAT IS ... 'S RACE?	1	448	448	SCN_25B1
	(NOTE: VALUES 3 & 4 ARE THE REVERSE OF THE				
	1989 5-CODE RACE VARIABLE)				
	1 WHITE				
	2 BLACK				
	3 AMERICAN INDIAN/ESKIMO/ALEUT				
	4 ASIAN/PACIFIC ISLANDER				
	5 OTHER				
	SPECIFY	65	449	513	SCN_25B2
J	CHECK ITEM J: SCREEN BY TELEPHONE/PERSONAL VISIT	1	514	514	SCN_CK_J
	1 TELEPHONE				
	2 PERSONAL VISIT				
26	WHEN WOULD BE THE BEST TIME TO VISIT (TO ASK				
	FURTHER QUESTIONS)				
	DAY OF THE WEEK	9	515	523	SCN_26_D
	TIME OF DAY	4	524	527	SCN_26_T

AM OR PM (A/P)	1	528	528	SCN_26_AP
AGENDUM	3	529	531	AGENDUM
FINAL	3	532	534	SCN_FINAL
RACE (1994 - HCFA SUPPLEMENTARY FILE)	1	535	535	HCFA_RACE
1 WHITE				
2 BLACK				
3 OTHER				
STATE (HCFA)	2	536	537	HCFA_ST
RACE (1989 - SCREENER Q#25)	1	538	538	RACE_89
(NOTE: VALUES 3 & 4 ARE THE REVERSE OF THE				
1994 5-CODE RACE VARIABLE)				
1 WHITE				
2 BLACK				
3 ASIAN/PACIFIC ISLANDER				
4 AMERICAN INDIAN/ESKIMO/ALEUT				
5 OTHER				
RACE (1984 - MASTER CONTROL FILE)	1	539	539	RACE_84
0 UNKNOWN				
1 WHITE				
2 BLACK				
3 OTHER				
RACE (1982 - SCREENER Q#14)	1	540	540	RACE_82
(NOTE: VALUES 3 & 4 ARE THE REVERSE OF THE				
1994 5-CODE RACE VARIABLE)				
1 WHITE				
2 BLACK				
3 ASIAN/PACIFIC ISLANDER				
4 AMERICAN INDIAN/ESKIMO/ALEUT				
5 OTHER				
AGE (1989 - SCREENER Q#1)	3	541	543	AGE_89
AGE AS OF 08/01/84 (1984 - ID SECTION Q#6D)	3	544	546	AGE_84
AGE AS OF 08/01/82 (1982 - ID SECTION Q#6D)	3	547	549	AGE_82
RO (1989 - SCREENER Q#1)	2	550	551	RO_89
RO (1984 - SCREENER Q#1C)	2	552	553	RO_84
RO (1982 - SCREENER Q#1C)	2	554	555	RO_82
[changed] INTERVIEW STATUS RECODE	1	556	556	SURVEY
[changed] 1 COMMUNITY DETAILED INTERVIEW, NON-ABBREVIATED				
2 COMMUNITY DETAILED INTERVIEW,				
H-DESIGNATED, ABBREVIATED				
3 COMMUNITY DETAILED INTERVIEW				
NOT-H-DESIGNATED, ABBREVIATED				
[changed] 4 COMMUNITY DETAILED NON-INTERVIEW				
(all reasons, including out of universe)				

[changed]	5	INSTITUTIONAL INTERVIEW				
[changed]	6	INSTITUTIONAL DETAILED NON-INTERVIEW (all reasons, including out of universe)				
[changed]	7	SCREENER INTERVIEW ONLY (SCREENED OUT)				
[changed]	8	SCREENER NON-INTERVIEW (all reasons, including out of universe)				
		CENSUS SCREENER BASE WEIGHT	9	557	565	BASEWGT
		[documentation only has changed, not data]				
[changed]		(explicit decimal point nnnn.dddd)				
		CENSUS SCREENER CROSS-SECTIONAL WEIGHT	12	566	577	CROSSWGT
		[documentation only has changed, not data]				
[changed]		(explicit decimal point nnnnn.dddddd)				
		FILLER	99	578	676	
		FILLER	76	677	752	

CONTROL CARD LTC-1 (1994)

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
		REGIONAL OFFICE CODE (SCREENER ITEM 1A)	2	753 754	REGOFF_CC
		FIELD REPRESENTATIVE CODE (SCREENER ITEM 3)	3	755 757	FR_CODE_CC
6C		DATE OF BIRTH (MMDDYY)	6	758 763	CC_6_C
6D		AGE (001-999)	3	764 766	CC_6_D
6E		SEX (1=MALE, 2=FEMALE)	1	767 767	CC_6_E
		DECEASED 1 (MARKED)	1	768 768	CC_DECEASED
8A		CLASSIFICATION OF LIVING QUARTERS OF SAM PER NONINSTITUTIONAL UNIT 1 HOUSING UNIT 2 STAFF QUARTERS IN INSTITUTION 3 QUARTERS IN ROOMING HOUSE, CONVENT, ETC. INSTITUTIONAL UNIT 4 RESIDENT'S UNIT IN NURSING HOME, ETC. (NONSTAFF) 5 PATIENT'S UNIT IN MENTAL OR OTHER LONG-STAY HOSPITAL 6 NONSTAFF UNIT IN OTHER INSTITUTION 7 INMATE'S UNIT IN CORRECTIONAL FACILITY 8 MISCODE COMMUNITY INTERVIEW ADMINISTRATION 9 MISCODE INSTITUTIONAL INTERVIEW ADMINISTRATION	1	769 769	QUARTER1
8B		ARE THERE 3/MORE UNRELATED PERSONS LIVING HERE 1 YES 2 NO	1	770 770	UNREL
8C		IS THERE A HEALTH PROFESSIONAL ON DUTY EVERY DAY 1 YES 2 NO	1	771 771	NURSE
9A		DATE OF INTERVIEW (MMDD)	4	772 775	CC_9_A
9B		TOTAL INTERVIEW TIME (001-999 MINUTES)	3	776 778	CC_9_B
10A		WHEN DID SAMPLE PERSON DIE MONTH YEAR 99 DK	2 2	779 780 781 782	CC_10_A1 CC_10_A2
10B		WERE YOU KNOWLEDGEABLE ABOUT... 'S HEALTH & GENERAL CARE WHILE... WAS LIVING	1	783 783	CC_10_B

	1 YES				
	2 NO				
10C	DO YOU KNOW OF SOMEONE WHO KNEW ABOUT...' HEALTH & GENERAL CARE	1	784	784	CC_10_C
	1 YES				
	2 NO				
10D	WHAT IS YOUR/THAT PERSON'S RELATIONSHIP TO...	2	785	786	CC_10_D
	02 SPOUSE				
	03 SON/DAUGHTER				
	04 SON-IN-LAW/DAUGHTER-IN-LAW				
	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER RELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
10E	WHAT IS YOUR/THAT PERSON'S (ENTRY IN 9E) ADDRESS				
	CITY (BLANKED FIELD)	15	787	801	
	COUNTY (BLANKED FIELD)	15	802	816	
	STATE	2	817	818	CC_10_E3
	ZIP (BLANKED FIELD)	9	819	827	
11	NONINTERVIEW REASON	2	828	829	CC_11
	FIELD TYPE A				
	01 UNABLE TO LOCATE/MOVED, ADDRESS UNKNOWN				
	02 NO ONE HOME				
	03 SAMPLE PERSON TEMPORARILY ABSENT/ PROXY UNAVAILABLE				
	04 REFUSED - INSTITUTION				
	05 REFUSED - SAMPLE PERSON				
	06 SAMPLE PERSON UNABLE TO RESPOND/ PROXY UNAVAILABLE				
	07 OTHER				
	FIELD TYPE B				
	08 DECEASED				
	09 IN CORRECTIONAL FACILITY				
	10 MOVED OUTSIDE OF COUNTRY ON OR AFTER APRIL 1,1994				
	11 MOVED WITHIN COUNTRY BEYOND LIMIT				
	12 OTHER				
B	CHECK ITEM B: REFER TO ITEM 8C	1	830	830	CC_CK_B
	1 "NO"/BLANK IN ITEM 8C				
	2 "YES" IN ITEM 8C				
C	CHECK ITEM C: IS SAMPLE PERSON NOW MARRIED & SPOUSE NOT LIVING W/ SAMPLE PERSON *NOW*	1	831	831	CC_CK_C
	1 YES				
	2 NO				
	3 NOT DETERMINED				

22	IS... 'S SPOUSE INSTITUTIONALIZED 1 YES 2 NO	1	832	832	CC_22
23	DOES... HAVE ANY LIVING CHILDREN - NOT HH MEMBERS 1 YES 2 NO	1	833	833	CC_23
D	CHECK ITEM D: IS SAMPLE PERSON NOW MARRIED 1 YES 2 NO	1	834	834	CC_CK_D
24	IS... 'S SPOUSE INSTITUTIONALIZED 1 YES 2 NO	1	835	835	CC_24
	SAMPLE PERSON'S CURRENT STATE OF RESIDENCE (SCREENER ITEM 8A)	2	836	837	CC_ST
	NUMBER OF PERSONS IN HOUSEHOLD ROSTER	2	838	839	CC_HH
	NUMBER OF PERSONS IN ROSTER OF LIVING CHILDREN NOT IN HOUSEHOLD	2	840	841	CC_ROS_NHH

***** SAMPLE PERSON'S HOUSEHOLD ROSTER *****

12A	----- FIRST PERSON ----- PERSON NUMBER (01-20,99)	2	842	843	CC_1_12_A
12D	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	844	845	CC_1_12_D
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE 1 YES 2 NO	1	846	846	CC_1_14
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	847	847	CC_1_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	848	850	CC_1_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER 1 MARRIED 2 WIDOWED	1	851	851	CC_1_17

- 3 DIVORCED
- 4 SEPARATED
- 5 NEVER MARRIED

18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER 00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN 01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV 21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV 22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV 23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV 24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV 31 ONE YEAR OF GRADUATE SCHOOL 32 2 YEARS OF GRADUATE SCHOOL OR MORE	2	852	853	CC_1_18_A
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR 1 YES 2 NO	1	854	854	CC_1_18_B
19	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK 01-99 HOURS	2	855	856	CC_1_19
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989 1 YES 2 NO	1	857	857	CC_1_20_A
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984 1 YES 2 NO	1	858	858	CC_1_20_B
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982 1 YES 2 NO	1	859	859	CC_1_20_C
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B) 1 (MARKED)	1	860	860	CC_1_12_B
12A	----- SECOND PERSON ----- PERSON NUMBER (01-20,99)	2	861	862	CC_2_12_A
12D	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	863	864	CC_2_12_D
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE 1 YES	1	865	865	CC_2_14

	2 NO				
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	866	866	CC_2_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	867	869	CC_2_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	870	870	CC_2_17
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER 00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN 01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV 21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV 22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV 23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV 24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV 31 ONE YEAR OF GRADUATE SCHOOL 32 2 YEARS OF GRADUATE SCHOOL OR MORE	2	871	872	CC_2_18_A
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR 1 YES 2 NO	1	873	873	CC_2_18_B
19	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK 01-99 HOURS	2	874	875	CC_2_19
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989 1 YES 2 NO	1	876	876	CC_2_20_A
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984 1 YES 2 NO	1	877	877	CC_2_20_B
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982 1 YES 2 NO	1	878	878	CC_2_20_C
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B) 1 (MARKED)	1	879	879	CC_2_12_B
	----- THIRD PERSON -----				
12A	PERSON NUMBER (01-20,99)	2	880	881	CC_3_12_A
12D	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER	2	882	883	CC_3_12_D

	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER RELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE	1	884	884	CC_3_14
	1 YES				
	2 NO				
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	885	885	CC_3_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	886	888	CC_3_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER	1	889	889	CC_3_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER	2	890	891	CC_3_18_A
	00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN				
	01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV				
	21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV				
	22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV				
	23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV				
	24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV				
	31 ONE YEAR OF GRADUATE SCHOOL				
	32 2 YEARS OF GRADUATE SCHOOL OR MORE				
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR	1	892	892	CC_3_18_B
	1 YES				
	2 NO				
19*	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK	2	893	894	CC_3_19
	01-99 HOURS				
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989	1	895	895	CC_3_20_A
	1 YES				
	2 NO				
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984	1	896	896	CC_3_20_B
	1 YES				
	2 NO				
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982	1	897	897	CC_3_20_C
	1 YES				
	2 NO				
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING	1	898	898	CC_3_12_B
	WITH SAMPLE PERSON (ITEM 27B)				
	1 (MARKED)				

----- FOURTH PERSON -----

12A	PERSON NUMBER (01-20,99)	2	899	900	CC_4_12_A
12D	RELATIONSHIP TO SAMPLE PERSON	2	901	902	CC_4_12_D
	01 SAMPLE PERSON				
	02 SPOUSE				
	03 SON/DAUGHTER				
	04 SON-IN-LAW/DAUGHTER-IN-LAW				
	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER RELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE	1	903	903	CC_4_14
	1 YES				
	2 NO				
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	904	904	CC_4_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	905	907	CC_4_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER	1	908	908	CC_4_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER	2	909	910	CC_4_18_A
	00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN				
	01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV				
	21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV				
	22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV				
	23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV				
	24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV				
	31 ONE YEAR OF GRADUATE SCHOOL				
	32 2 YEARS OF GRADUATE SCHOOL OR MORE				
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR	1	911	911	CC_4_18_B
	1 YES				
	2 NO				
19*	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK	2	912	913	CC_4_19
	01-99 HOURS				
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989	1	914	914	CC_4_20_A
	1 YES				
	2 NO				
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984	1	915	915	CC_4_20_B
	1 YES				
	2 NO				

20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982 1 YES 2 NO	1	916	916	CC_4_20_C
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B) 1 (MARKED)	1	917	917	CC_4_12_B
12A	----- FIFTH PERSON ----- PERSON NUMBER (01-20,99)	2	918	919	CC_5_12_A
12D	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	920	921	CC_5_12_D
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE 1 YES 2 NO	1	922	922	CC_5_14
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	923	923	CC_5_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	924	926	CC_5_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	927	927	CC_5_17
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER 00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN 01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV 21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV 22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV 23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV 24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV 31 ONE YEAR OF GRADUATE SCHOOL 32 2 YEARS OF GRADUATE SCHOOL OR MORE	2	928	929	CC_5_18_A
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR 1 YES 2 NO	1	930	930	CC_5_18_B
19*	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK	2	931	932	CC_5_19

01-99 HOURS

20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989 1 YES 2 NO	1	933	933	CC_5_20_A
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984 1 YES 2 NO	1	934	934	CC_5_20_B
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982 1 YES 2 NO	1	935	935	CC_5_20_C
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B) 1 (MARKED)	1	936	936	CC_5_12_B
12A	----- SIXTH PERSON ----- PERSON NUMBER (01-20,99)	2	937	938	CC_6_12_A
12D	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	939	940	CC_6_12_D
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE 1 YES 2 NO	1	941	941	CC_6_14
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	942	942	CC_6_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	943	945	CC_6_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	946	946	CC_6_17
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER 00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN 01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV 21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV 22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV	2	947	948	CC_6_18_A

	23	THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV				
	24	FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV				
	31	ONE YEAR OF GRADUATE SCHOOL				
	32	2 YEARS OF GRADUATE SCHOOL OR MORE				
18B		DID HH MEMBER COMPLETE THAT GRADE/YEAR	1	949	949	CC_6_18_B
	1	YES				
	2	NO				
19*		HOW MANY HOURS DOES HH MEMBER WORK PER WEEK	2	950	951	CC_6_19
		01-99 HOURS				
20A		WAS HH MEMBER LIVING WITH SAM PER IN 1989	1	952	952	CC_6_20_A
	1	YES				
	2	NO				
20B		WAS HH MEMBER LIVING WITH SAM PER IN 1984	1	953	953	CC_6_20_B
	1	YES				
	2	NO				
20C		WAS HH MEMBER LIVING WITH SAM PER IN 1982	1	954	954	CC_6_20_C
	1	YES				
	2	NO				
12B		ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING	1	955	955	CC_6_12_B
		WITH SAMPLE PERSON (ITEM 27B)				
	1	(MARKED)				
		----- SEVENTH PERSON -----				
12A		PERSON NUMBER (01-20,99)	2	956	957	CC_7_12_A
12D		RELATIONSHIP TO SAMPLE PERSON	2	958	959	CC_7_12_D
	01	SAMPLE PERSON				
	02	SPOUSE				
	03	SON/DAUGHTER				
	04	SON-IN-LAW/DAUGHTER-IN-LAW				
	05	PARENT				
	06	PARENT-IN-LAW				
	07	BROTHER/SISTER				
	08	BROTHER-IN-LAW/SISTER-IN-LAW				
	09	GRANDCHILD				
	10	OTHER RELATIVE				
	11	EMPLOYEE				
	12	OTHER NONRELATIVE				
	13	EX-SPOUSE				
14		DOES HOUSEHOLD MEMBER USUALLY LIVE HERE	1	960	960	CC_7_14
	1	YES				
	2	NO				
15		SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	961	961	CC_7_15
16		AGE OF HOUSEHOLD MEMBER (001-999)	3	962	964	CC_7_16
17		MARITAL STATUS OF HOUSEHOLD MEMBER	1	965	965	CC_7_17
	1	MARRIED				

	2	WIDOWED				
	3	DIVORCED				
	4	SEPARATED				
	5	NEVER MARRIED				
18A		HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER	2	966	967	CC_7_18_A
	00	NEVER ATTENDED/PRESCHOOL/KINDERGARTEN				
	01-12	FIRST THROUGH TWELFTH GRADE OR EQUIV				
	21	FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV				
	22	SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV				
	23	THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV				
	24	FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV				
	31	ONE YEAR OF GRADUATE SCHOOL				
	32	2 YEARS OF GRADUATE SCHOOL OR MORE				
18B		DID HH MEMBER COMPLETE THAT GRADE/YEAR	1	968	968	CC_7_18_B
	1	YES				
	2	NO				
19		HOW MANY HOURS DOES HH MEMBER WORK PER WEEK	2	969	970	CC_7_19
	01-99	HOURS				
20A		WAS HH MEMBER LIVING WITH SAM PER IN 1989	1	971	971	CC_7_20_A
	1	YES				
	2	NO				
20B		WAS HH MEMBER LIVING WITH SAM PER IN 1984	1	972	972	CC_7_20_B
	1	YES				
	2	NO				
20C		WAS HH MEMBER LIVING WITH SAM PER IN 1982	1	973	973	CC_7_20_C
	1	YES				
	2	NO				
12B		ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING	1	974	974	CC_7_12_B
		WITH SAMPLE PERSON (ITEM 27B)				
	1	(MARKED)				
		----- EIGHTH PERSON -----				
12A		PERSON NUMBER (01-20,99)	2	975	976	CC_8_12_A
12D		RELATIONSHIP TO SAMPLE PERSON	2	977	978	CC_8_12_D
	01	SAMPLE PERSON				
	02	SPOUSE				
	03	SON/DAUGHTER				
	04	SON-IN-LAW/DAUGHTER-IN-LAW				
	05	PARENT				
	06	PARENT-IN-LAW				
	07	BROTHER/SISTER				
	08	BROTHER-IN-LAW/SISTER-IN-LAW				
	09	GRANDCHILD				
	10	OTHER RELATIVE				
	11	EMPLOYEE				
	12	OTHER NONRELATIVE				
	13	EX-SPOUSE				

14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE 1 YES 2 NO	1	979	979	CC_8_14
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	980	980	CC_8_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	981	983	CC_8_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	984	984	CC_8_17
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER 00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN 01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV 21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV 22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV 23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV 24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV 31 ONE YEAR OF GRADUATE SCHOOL 32 2 YEARS OF GRADUATE SCHOOL OR MORE	2	985	986	CC_8_18_A
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR 1 YES 2 NO	1	987	987	CC_8_18_B
19	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK 01-99 HOURS	2	988	989	CC_8_19
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989 1 YES 2 NO	1	990	990	CC_8_20_A
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984 1 YES 2 NO	1	991	991	CC_8_20_B
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982 1 YES 2 NO	1	992	992	CC_8_20_C
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B) 1 (MARKED)	1	993	993	CC_8_12_B
12A	----- NINTH PERSON ----- PERSON NUMBER (01-20,99)	2	994	995	CC_9_12_A
12D	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW	2	996	997	CC_9_12_D

	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER RELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE	1	998	998	CC_9_14
	1 YES				
	2 NO				
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	999	999	CC_9_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	1000	1002	CC_9_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER	1	1003	1003	CC_9_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER	2	1004	1005	CC_9_18_A
	00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN				
	01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV				
	21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV				
	22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV				
	23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV				
	24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV				
	31 ONE YEAR OF GRADUATE SCHOOL				
	32 2 YEARS OF GRADUATE SCHOOL OR MORE				
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR	1	1006	1006	CC_9_18_B
	1 YES				
	2 NO				
19	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK	2	1007	1008	CC_9_19
	01-99 HOURS				
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989	1	1009	1009	CC_9_20_A
	1 YES				
	2 NO				
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984	1	1010	1010	CC_9_20_B
	1 YES				
	2 NO				
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982	1	1011	1011	CC_9_20_C
	1 YES				
	2 NO				
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING	1	1012	1012	CC_9_12_B
	WITH SAMPLE PERSON (ITEM 27B)				
	1 (MARKED)				

Variable ID	Description	Length	Start	End	Label
	----- TENTH PERSON -----				
12A	PERSON NUMBER (01-20,99)	2	1013	1014	CC_10_12_A
12D	RELATIONSHIP TO SAMPLE PERSON	2	1015	1016	CC_10_12_D
	01 SAMPLE PERSON				
	02 SPOUSE				
	03 SON/DAUGHTER				
	04 SON-IN-LAW/DAUGHTER-IN-LAW				
	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER RELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE	1	1017	1017	CC_10_14
	1 YES				
	2 NO				
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	1018	1018	CC_10_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	1019	1021	CC_10_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER	1	1022	1022	CC_10_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER	2	1023	1024	CC_10_18_A
	00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN				
	01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV				
	21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV				
	22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV				
	23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV				
	24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV				
	31 ONE YEAR OF GRADUATE SCHOOL				
	32 2 YEARS OF GRADUATE SCHOOL OR MORE				
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR	1	1025	1025	CC_10_18_B
	1 YES				
	2 NO				
19	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK	2	1026	1027	CC_10_19
	01-99 HOURS				
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989	1	1028	1028	CC_10_20_A
	1 YES				
	2 NO				
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984	1	1029	1029	CC_10_20_B

	1 YES				
	2 NO				
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982	1	1030	1030	CC_10_20_C
	1 YES				
	2 NO				
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B)	1	1031	1031	CC_10_12_B
	1 (MARKED)				
	----- ELEVENTH PERSON -----				
12A	PERSON NUMBER (01-20,99)	2	1032	1033	CC_11_12_A
12D	RELATIONSHIP TO SAMPLE PERSON	2	1034	1035	CC_11_12_D
	01 SAMPLE PERSON				
	02 SPOUSE				
	03 SON/DAUGHTER				
	04 SON-IN-LAW/DAUGHTER-IN-LAW				
	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER RELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE	1	1036	1036	CC_11_14
	1 YES				
	2 NO				
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	1037	1037	CC_11_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	1038	1040	CC_11_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER	1	1041	1041	CC_11_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER	2	1042	1043	CC_11_18_A
	00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN				
	01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV				
	21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV				
	22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV				
	23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV				
	24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV				
	31 ONE YEAR OF GRADUATE SCHOOL				
	32 2 YEARS OF GRADUATE SCHOOL OR MORE				
18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR	1	1044	1044	CC_11_18_B
	1 YES				

	2 NO				
19	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK 01-99 HOURS	2	1045	1046	CC_11_19
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989 1 YES 2 NO	1	1047	1047	CC_11_20_A
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984 1 YES 2 NO	1	1048	1048	CC_11_20_B
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982 1 YES 2 NO	1	1049	1049	CC_11_20_C
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B) 1 (MARKED)	1	1050	1050	CC_11_12_B
	----- TWELFTH PERSON -----				
12A	PERSON NUMBER (01-20,99)	2	1051	1052	CC_12_12_A
12D	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	1053	1054	CC_12_12_D
14	DOES HOUSEHOLD MEMBER USUALLY LIVE HERE 1 YES 2 NO	1	1055	1055	CC_12_14
15	SEX OF HOUSEHOLD MEMBER (1=MALE, 2=FEMALE)	1	1056	1056	CC_12_15
16	AGE OF HOUSEHOLD MEMBER (001-999)	3	1057	1059	CC_12_16
17	MARITAL STATUS OF HOUSEHOLD MEMBER 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1060	1060	CC_12_17
18A	HIGHEST GRADE/YEAR ATTENDED BY HH MEMBER 00 NEVER ATTENDED/PRESCHOOL/KINDERGARTEN	2	1061	1062	CC_12_18_A

01-12 FIRST THROUGH TWELFTH GRADE OR EQUIV
 21 FIRST (FRESHMAN) YEAR OF COLLEGE OR EQUIV
 22 SECOND (SOPHMORE) YEAR OF COLLEGE OR EQUIV
 23 THIRD (JUNIOR) YEAR OF COLLEGE OR EQUIV
 24 FOURTH (SENIOR) YEAR OF COLLEGE OR EQUIV
 31 ONE YEAR OF GRADUATE SCHOOL
 32 2 YEARS OF GRADUATE SCHOOL OR MORE

18B	DID HH MEMBER COMPLETE THAT GRADE/YEAR 1 YES 2 NO	1	1063	1063	CC_12_18_B
19	HOW MANY HOURS DOES HH MEMBER WORK PER WEEK 01-99 HOURS	2	1064	1065	CC_12_19
20A	WAS HH MEMBER LIVING WITH SAM PER IN 1989 1 YES 2 NO	1	1066	1066	CC_12_20_A
20B	WAS HH MEMBER LIVING WITH SAM PER IN 1984 1 YES 2 NO	1	1067	1067	CC_12_20_B
20C	WAS HH MEMBER LIVING WITH SAM PER IN 1982 1 YES 2 NO	1	1068	1068	CC_12_20_C
12B	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING WITH SAMPLE PERSON (ITEM 27B) 1 (MARKED)	1	1069	1069	CC_12_12_B

***NOTE: THE LARGEST HOUSEHOLD IN THE 1994 LTC CONSISTS
 OF 12 PEOPLE--THE ROSTER WAS NOT LIMITED TO 12.

***** END OF HOUSEHOLD ROSTER *****

A	CHECK ITEM A: CONTROL NUMBER BEGINS WITH 1 "S" 2 "N"	1	1070	1070	CC_CK_A
21A	ANYONE LIVING WITH YOU IN 1989 WHO IS NOT LIVING WITH YOU NOW 1 YES 2 NO	1	1071	1071	CC_21_A
21B	ANYONE LIVING WITH YOU IN 1984 WHO IS NOT LIVING WITH YOU NOW 1 YES 2 NO	1	1072	1072	CC_21_B
21C	ANYONE LIVING WITH YOU IN 1982 WHO IS NOT LIVING WITH YOU NOW 1 YES 2 NO	1	1073	1073	CC_21_C
25	WHAT IS ...'S SPOUSE'S ADDRESS				

	CITY (BLANKED FIELD)	15	1074	1088	
	COUNTY (BLANKED FIELD)	15	1089	1103	
	STATE	2	1104	1105	CC_25_C
	ZIP (BLANKED FIELD)	9	1106	1114	
26	DOES...HAVE ANY LIVING CHILDREN INCLUDING NATURAL, ADOPTED, & STEPCHILDREN	1	1115	1115	CC_26
	1 YES				
	2 NO				
***** LIVING CHILDREN NOT LIVING IN ***** HOUSEHOLD OF SAMPLE PERSON					
----- FIRST PERSON -----					
27A	PERSON NUMBER (31-48,99)	2	1116	1117	CC_1_27_A
29A	REASONS FOR ADDITION / DELETION	1	1118	1118	CC_1_29_A
	DELETIONS				
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1119	1120	CC_1_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1121	1121	CC_1_29_C
30	AGE OF CHILD (001-999)	3	1122	1124	CC_1_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1125	1126	CC_1_31
32	MARITAL STATUS OF CHILD	1	1127	1127	CC_1_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1128	1129	CC_1_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1130	1131	CC_1_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1132	1132	CC_1_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				

36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1133	1133	CC_1_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
27A	----- SECOND PERSON ----- PERSON NUMBER (31-48,99)	2	1134	1135	CC_2_27_A
29A	REASONS FOR ADDITION / DELETION	1	1136	1136	CC_2_29_A
	DELETIONS				
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1137	1138	CC_2_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1139	1139	CC_2_29_C
30	AGE OF CHILD (001-999)	3	1140	1142	CC_2_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1143	1144	CC_2_31
32	MARITAL STATUS OF CHILD	1	1145	1145	CC_2_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1146	1147	CC_2_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1148	1149	CC_2_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1150	1150	CC_2_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				
36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1151	1151	CC_2_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				

- 3 8-30 DAYS AGO
- 4 31 DAYS-12 MONTHS AGO
- 5 MORE THAN 12 MONTHS AGO

	----- THIRD PERSON -----				
27A	PERSON NUMBER (31-48,99)	2	1152	1153	CC_3_27_A
29A	REASONS FOR ADDITION / DELETION DELETIONS 1 CHILD DIED 2 STEPCHILD FROM PREVIOUS MARRIAGE 3 CHILD NOW LIVING WITH SAMPLE PERSON 4 1989 INFO INCORRECT 5 OTHER ADDITIONS 6 CHILD BORN / ADOPTED SINCE 1989 7 STEPCHILD BY MARRIAGE SINCE 1989 8 1989 INFO INCORRECT 9 OTHER	1	1154	1154	CC_3_29_A
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1155	1156	CC_3_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1157	1157	CC_3_29_C
30	AGE OF CHILD (001-999)	3	1158	1160	CC_3_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1161	1162	CC_3_31
32	MARITAL STATUS OF CHILD 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1163	1163	CC_3_32
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1164	1165	CC_3_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1166	1167	CC_3_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES 2 11-30 MINUTES 3 31-60 MINUTES 4 61 MINUTES TO LESS THAN 1 DAY 5 1 DAY OR LONGER	1	1168	1168	CC_3_35
36	WHEN DID CHILD LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	1169	1169	CC_3_36_1

27A	----- FOURTH PERSON ----- PERSON NUMBER (31-48,99)	2	1170	1171	CC_4_27_A
29A	REASONS FOR ADDITION / DELETION DELETIONS 1 CHILD DIED 2 STEPCHILD FROM PREVIOUS MARRIAGE 3 CHILD NOW LIVING WITH SAMPLE PERSON 4 1989 INFO INCORRECT 5 OTHER ADDITIONS 6 CHILD BORN / ADOPTED SINCE 1989 7 STEPCHILD BY MARRIAGE SINCE 1989 8 1989 INFO INCORRECT 9 OTHER	1	1172	1172	CC_4_29_A
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1173	1174	CC_4_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1175	1175	CC_4_29_C
30	AGE OF CHILD (001-999)	3	1176	1178	CC_4_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1179	1180	CC_4_31
32	MARITAL STATUS OF CHILD 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1181	1181	CC_4_32
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1182	1183	CC_4_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1184	1185	CC_4_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES 2 11-30 MINUTES 3 31-60 MINUTES 4 61 MINUTES TO LESS THAN 1 DAY 5 1 DAY OR LONGER	1	1186	1186	CC_4_35
36	WHEN DID CHILD LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	1187	1187	CC_4_36_1
27A	----- FIFTH PERSON ----- PERSON NUMBER (31-48,99)	2	1188	1189	CC_5_27_A

29A	REASONS FOR ADDITION / DELETION DELETIONS 1 CHILD DIED 2 STEPCHILD FROM PREVIOUS MARRIAGE 3 CHILD NOW LIVING WITH SAMPLE PERSON 4 1989 INFO INCORRECT 5 OTHER ADDITIONS 6 CHILD BORN / ADOPTED SINCE 1989 7 STEPCHILD BY MARRIAGE SINCE 1989 8 1989 INFO INCORRECT 9 OTHER	1	1190	1190	CC_5_29_A
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1191	1192	CC_5_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1193	1193	CC_5_29_C
30	AGE OF CHILD (001-999)	3	1194	1196	CC_5_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1197	1198	CC_5_31
32	MARITAL STATUS OF CHILD 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1199	1199	CC_5_32
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1200	1201	CC_5_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1202	1203	CC_5_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES 2 11-30 MINUTES 3 31-60 MINUTES 4 61 MINUTES TO LESS THAN 1 DAY 5 1 DAY OR LONGER	1	1204	1204	CC_5_35
36	WHEN DID CHILD LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	1205	1205	CC_5_36_1
27A	----- SIXTH PERSON ----- PERSON NUMBER (31-48,99)	2	1206	1207	CC_6_27_A
29A	REASONS FOR ADDITION / DELETION DELETIONS 1 CHILD DIED 2 STEPCHILD FROM PREVIOUS MARRIAGE	1	1208	1208	CC_6_29_A

3 CHILD NOW LIVING WITH SAMPLE PERSON
 4 1989 INFO INCORRECT
 5 OTHER
 ADDITIONS
 6 CHILD BORN / ADOPTED SINCE 1989
 7 STEPCHILD BY MARRIAGE SINCE 1989
 8 1989 INFO INCORRECT
 9 OTHER

29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1209	1210	CC_6_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1211	1211	CC_6_29_C
30	AGE OF CHILD (001-999)	3	1212	1214	CC_6_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1215	1216	CC_6_31
32	MARITAL STATUS OF CHILD	1	1217	1217	CC_6_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1218	1219	CC_6_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1220	1221	CC_6_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1222	1222	CC_6_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				
36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1223	1223	CC_6_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
27A	----- SEVENTH PERSON ----- PERSON NUMBER (31-48,99)	2	1224	1225	CC_7_27_A
29A	REASONS FOR ADDITION / DELETION	1	1226	1226	CC_7_29_A
	DELETIONS				
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				

6 CHILD BORN / ADOPTED SINCE 1989
 7 STEPCHILD BY MARRIAGE SINCE 1989
 8 1989 INFO INCORRECT
 9 OTHER

29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1227	1228	CC_7_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1229	1229	CC_7_29_C
30	AGE OF CHILD (001-999)	3	1230	1232	CC_7_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1233	1234	CC_7_31
32	MARITAL STATUS OF CHILD	1	1235	1235	CC_7_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1236	1237	CC_7_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1238	1239	CC_7_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1240	1240	CC_7_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				
36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1241	1241	CC_7_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
27A	----- EIGHTH PERSON ----- PERSON NUMBER (31-48,99)	2	1242	1243	CC_8_27_A
29A	REASONS FOR ADDITION / DELETION	1	1244	1244	CC_8_29_A
	DELETIONS				
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				

29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1245	1246	CC_8_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1247	1247	CC_8_29_C
30	AGE OF CHILD (001-999)	3	1248	1250	CC_8_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1251	1252	CC_8_31
32	MARITAL STATUS OF CHILD	1	1253	1253	CC_8_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1254	1255	CC_8_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1256	1257	CC_8_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1258	1258	CC_8_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				
36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1259	1259	CC_8_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
-----	NINTH PERSON -----				
27A	PERSON NUMBER (31-48,99)	2	1260	1261	CC_9_27_A
29A	REASONS FOR ADDITION / DELETION	1	1262	1262	CC_9_29_A
	DELETIONS				
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1263	1264	CC_9_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1265	1265	CC_9_29_C

30	AGE OF CHILD (001-999)	3	1266	1268	CC_9_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1269	1270	CC_9_31
32	MARITAL STATUS OF CHILD 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1271	1271	CC_9_32
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1272	1273	CC_9_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1274	1275	CC_9_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES 2 11-30 MINUTES 3 31-60 MINUTES 4 61 MINUTES TO LESS THAN 1 DAY 5 1 DAY OR LONGER	1	1276	1276	CC_9_35
36	WHEN DID CHILD LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	1277	1277	CC_9_36_1
27A	----- TENTH PERSON ----- PERSON NUMBER (31-48,99)	2	1278	1279	CC_10_27_A
29A	REASONS FOR ADDITION / DELETION DELETIONS 1 CHILD DIED 2 STEPCHILD FROM PREVIOUS MARRIAGE 3 CHILD NOW LIVING WITH SAMPLE PERSON 4 1989 INFO INCORRECT 5 OTHER ADDITIONS 6 CHILD BORN / ADOPTED SINCE 1989 7 STEPCHILD BY MARRIAGE SINCE 1989 8 1989 INFO INCORRECT 9 OTHER	1	1280	1280	CC_10_29_A
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1281	1282	CC_10_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1283	1283	CC_10_29_C
30	AGE OF CHILD (001-999)	3	1284	1286	CC_10_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1287	1288	CC_10_31

32	MARITAL STATUS OF CHILD	1	1289	1289	CC_10_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK	2	1290	1291	CC_10_33
	01-99 HOURS				
34	NO. CHILDREN UNDER 15 IN CHILD'S HH	2	1292	1293	CC_10_34
	00-99				
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL	1	1294	1294	CC_10_35
	WAY FROM WHERE CHILD LIVES				
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				
36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1295	1295	CC_10_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
27A	----- ELEVENTH PERSON ----- PERSON NUMBER (31-48,99)	2	1296	1297	CC_11_27_A
29A	REASONS FOR ADDITION / DELETION	1	1298	1298	CC_11_29_A
	DELETIONS				
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1299	1300	CC_11_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1301	1301	CC_11_29_C
30	AGE OF CHILD (001-999)	3	1302	1304	CC_11_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1305	1306	CC_11_31
32	MARITAL STATUS OF CHILD	1	1307	1307	CC_11_32
	1 MARRIED				
	2 WIDOWED				

	3	DIVORCED				
	4	SEPARATED				
	5	NEVER MARRIED				
33		HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1308	1309	CC_11_33
34		NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1310	1311	CC_11_34
35		HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1312	1312	CC_11_35
	2	11-30 MINUTES				
	3	31-60 MINUTES				
	4	61 MINUTES TO LESS THAN 1 DAY				
	5	1 DAY OR LONGER				
36		WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1313	1313	CC_11_36_1
	1	TODAY OR YESTERDAY				
	2	2-7 DAYS AGO				
	3	8-30 DAYS AGO				
	4	31 DAYS-12 MONTHS AGO				
	5	MORE THAN 12 MONTHS AGO				
27A	-----	TWELFTH PERSON ----- PERSON NUMBER (31-48,99)	2	1314	1315	CC_12_27_A
29A		REASONS FOR ADDITION / DELETION DELETIONS	1	1316	1316	CC_12_29_A
	1	CHILD DIED				
	2	STEPCHILD FROM PREVIOUS MARRIAGE				
	3	CHILD NOW LIVING WITH SAMPLE PERSON				
	4	1989 INFO INCORRECT				
	5	OTHER				
		ADDITIONS				
	6	CHILD BORN / ADOPTED SINCE 1989				
	7	STEPCHILD BY MARRIAGE SINCE 1989				
	8	1989 INFO INCORRECT				
	9	OTHER				
29B		PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1317	1318	CC_12_29_B
29C		SEX OF CHILD (1=MALE, 2=FEMALE)	1	1319	1319	CC_12_29_C
30		AGE OF CHILD (001-999)	3	1320	1322	CC_12_30
31		HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1323	1324	CC_12_31
32		MARITAL STATUS OF CHILD	1	1325	1325	CC_12_32
	1	MARRIED				
	2	WIDOWED				
	3	DIVORCED				
	4	SEPARATED				
	5	NEVER MARRIED				

33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1326	1327	CC_12_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1328	1329	CC_12_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1330	1330	CC_12_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				
36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1331	1331	CC_12_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
	----- THIRTEENTH PERSON -----				
27A	PERSON NUMBER (31-48,99)	2	1332	1333	CC_13_27_A
29A	REASONS FOR ADDITION / DELETION	1	1334	1334	CC_13_29_A
	DELETIONS				
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1335	1336	CC_13_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1337	1337	CC_13_29_C
30	AGE OF CHILD (001-999)	3	1338	1340	CC_13_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1341	1342	CC_13_31
32	MARITAL STATUS OF CHILD	1	1343	1343	CC_13_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1344	1345	CC_13_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH	2	1346	1347	CC_13_34

00-99

35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1348	1348	CC_13_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				
	5 1 DAY OR LONGER				
36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1349	1349	CC_13_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
27A	----- FOURTEENTH PERSON ----- PERSON NUMBER (31-48,99)	2	1350	1351	CC_14_27_A
29A	REASONS FOR ADDITION / DELETION DELETIONS	1	1352	1352	CC_14_29_A
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1353	1354	CC_14_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1355	1355	CC_14_29_C
30	AGE OF CHILD (001-999)	3	1356	1358	CC_14_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1359	1360	CC_14_31
32	MARITAL STATUS OF CHILD	1	1361	1361	CC_14_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1362	1363	CC_14_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1364	1365	CC_14_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1366	1366	CC_14_35

- 2 11-30 MINUTES
- 3 31-60 MINUTES
- 4 61 MINUTES TO LESS THAN 1 DAY
- 5 1 DAY OR LONGER

36	WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1367	1367	CC_14_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
27A	----- FIFTEENTH PERSON ----- PERSON NUMBER (31-48,99)	2	1368	1369	CC_15_27_A
29A	REASONS FOR ADDITION / DELETION DELETIONS	1	1370	1370	CC_15_29_A
	1 CHILD DIED				
	2 STEPCHILD FROM PREVIOUS MARRIAGE				
	3 CHILD NOW LIVING WITH SAMPLE PERSON				
	4 1989 INFO INCORRECT				
	5 OTHER				
	ADDITIONS				
	6 CHILD BORN / ADOPTED SINCE 1989				
	7 STEPCHILD BY MARRIAGE SINCE 1989				
	8 1989 INFO INCORRECT				
	9 OTHER				
29B	PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1371	1372	CC_15_29_B
29C	SEX OF CHILD (1=MALE, 2=FEMALE)	1	1373	1373	CC_15_29_C
30	AGE OF CHILD (001-999)	3	1374	1376	CC_15_30
31	HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1377	1378	CC_15_31
32	MARITAL STATUS OF CHILD	1	1379	1379	CC_15_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33	HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK 01-99 HOURS	2	1380	1381	CC_15_33
34	NO. CHILDREN UNDER 15 IN CHILD'S HH 00-99	2	1382	1383	CC_15_34
35	HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL WAY FROM WHERE CHILD LIVES	1	1384	1384	CC_15_35
	2 11-30 MINUTES				
	3 31-60 MINUTES				
	4 61 MINUTES TO LESS THAN 1 DAY				

	5	1 DAY OR LONGER				
36		WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1385	1385	CC_15_36_1
	1	TODAY OR YESTERDAY				
	2	2-7 DAYS AGO				
	3	8-30 DAYS AGO				
	4	31 DAYS-12 MONTHS AGO				
	5	MORE THAN 12 MONTHS AGO				
	-----	SIXTEENTH PERSON -----				
27A		PERSON NUMBER (31-48,99)	2	1386	1387	CC_16_27_A
29A		REASONS FOR ADDITION / DELETION	1	1388	1388	CC_16_29_A
		DELETIONS				
	1	CHILD DIED				
	2	STEPCHILD FROM PREVIOUS MARRIAGE				
	3	CHILD NOW LIVING WITH SAMPLE PERSON				
	4	1989 INFO INCORRECT				
	5	OTHER				
		ADDITIONS				
	6	CHILD BORN / ADOPTED SINCE 1989				
	7	STEPCHILD BY MARRIAGE SINCE 1989				
	8	1989 INFO INCORRECT				
	9	OTHER				
29B		PERSON NUMBER FROM 12A (IF CHILD ON HH ROSTER)	2	1389	1390	CC_16_29_B
29C		SEX OF CHILD (1=MALE, 2=FEMALE)	1	1391	1391	CC_16_29_C
30		AGE OF CHILD (001-999)	3	1392	1394	CC_16_30
31		HOW MANY HOURS DOES CHILD WORK PER WEEK (01-99)	2	1395	1396	CC_16_31
32		MARITAL STATUS OF CHILD	1	1397	1397	CC_16_32
	1	MARRIED				
	2	WIDOWED				
	3	DIVORCED				
	4	SEPARATED				
	5	NEVER MARRIED				
33		HOW MANY HOURS DOES CHILD'S SPOUSE WORK PER WEEK	2	1398	1399	CC_16_33
		01-99 HOURS				
34		NO. CHILDREN UNDER 15 IN CHILD'S HH	2	1400	1401	CC_16_34
		00-99				
35		HOW LONG WOULD IT TAKE TO GET HERE BY THE USUAL	1	1402	1402	CC_16_35
		WAY FROM WHERE CHILD LIVES				
	2	11-30 MINUTES				
	3	31-60 MINUTES				
	4	61 MINUTES TO LESS THAN 1 DAY				
	5	1 DAY OR LONGER				
36		WHEN DID CHILD LAST SEE SAMPLE PERSON	1	1403	1403	CC_16_36_1
	1	TODAY OR YESTERDAY				

- 2 2-7 DAYS AGO
- 3 8-30 DAYS AGO
- 4 31 DAYS-12 MONTHS AGO
- 5 MORE THAN 12 MONTHS AGO

***NOTE: THE LARGEST NUMBER OF CHILDREN (WHO WERE NOT MEMBERS OF THE SAMPLE PERSON'S HOUSEHOLD) IN THE 1994 LTC WAS 16 -- THE ROSTER WAS NOT LIMITED TO 16.

***** END OF ROSTER OF CHILDREN *****

28A	REFER TO 27B (NAME OF PERSON)	1	1404	1404	CC_28_A
	1 NO INFO TRANSCRIBED FROM 1989 CONTROL CARD				
	2 ALL TRANSCRIBED INFO MATCHES CURRENT INFO				
	3 TRANSCRIBED INFO DIFFERENT FROM CURRENT INFO				
28B	CAN YOU THINK OF ANY EXPLANATION FOR THE DIFF	1	1405	1405	CC_28_B
	1 1989 INFORMATION IS CORRECT				
	2 1989 INFORMATION IS INCORRECT				

=====

COMMUNITY QUESTIONNAIRE LTC-3 (1994)

=====

=====

PROGRAM 5

=====

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
		REGIONAL OFFICE CODE (FROM LTC-2 Q1A)	2	1406 1407	COM_ROC
		FIELD REPRESENTATIVE CODE (FROM LTC-2 Q3)	3	1408 1410	COM_FR_CODE
		CHECK ITEM A: CASE SCREENED BY PERSONAL VISIT (FROM LTC-2 CHECK ITEM E)	1	1411 1411	COM_CK_A
		1 NO			
		2 YES			

=====

PROGRAM 6 - SECTIONS A THROUGH H

=====

SECTION A: FUNCTIONAL STATUS

----- SECTION A PART 1: CONDITION LIST -----

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1		DOES...*NOW* HAVE FOLLOWING MEDICAL CONDITIONS			
1A	001	RHEUMATISM OR ARTHRITIS	1	1412 1412	CND_1A01
		1 YES			
		2 NO			
1B	002	PARALYSIS	1	1413 1413	CND_1A02
		1 YES			
		2 NO			
1C	003	OTHER PERMANENT NUMBNESS OR STIFFNESS	1	1414 1414	CND_1A03
		1 YES			
		2 NO			
1D	004	MULTIPLE SCLEROSIS	1	1415 1415	CND_1A04
		1 YES			
		2 NO			
1E	005	CEREBRAL PALSY	1	1416 1416	CND_1A05

		1 YES				
		2 NO				
1F	006	EPILEPSY	1	1417	1417	CND_1A06
		1 YES				
		2 NO				
1G	007	PARKINSON'S DISEASE	1	1418	1418	CND_1A07
1	YES					
		2 NO				
1H	008	GLAUCOMA	1	1419	1419	CND_1A08
		1 YES				
		2 NO				
1I	009	DIABETES	1	1420	1420	CND_1A09
		1 YES				
		2 NO				
1J	010	CANCER	1	1421	1421	CND_1A10
		1 YES				
		2 NO				
1K	011	FREQUENT CONSTIPATION	1	1422	1422	CND_1A11
		1 YES				
		2 NO				
1L	012	FREQUENT TROUBLE SLEEPING	1	1423	1423	CND_1A12
		1 YES				
		2 NO				
1M	013	FREQUENT SEVERE HEADACHES	1	1424	1424	CND_1A13
		1 YES				
		2 NO				
1N	014	OBESITY OR IS...OVERWEIGHT	1	1425	1425	CND_1A14
		1 YES				
		2 NO				
1O	015	ARTERIOSCLEROSIS/HARDENING OF THE ARTERIES	1	1426	1426	CND_1A15
		1 YES				
		2 NO				
A.1	016	CHECK ITEM A.1: RESPONDENT IS	1	1427	1427	CND_CK2
		1 SAMPLE PERSON				
		2 PROXY				
1P	017	ALZHEIMER'S DISEASE	1	1428	1428	CND_1B_1
		1 YES				
		2 NO				
1Q	018	MENTAL RETARDATION	1	1429	1429	CND_1B_2
		1 YES				
		2 NO				
1R	019	SENILITY	1	1430	1430	CND_1B_3
		1 YES				

2 NO

2 HAS...HAD THE FOLLOWING IN THE *LAST* 12 MONTHS

2A	020	A HEART ATTACK 1 YES 2 NO	1	1431	1431	CND_2_01
2B	021	ANY OTHER HEART PROBLEM 1 YES 2 NO	1	1432	1432	CND_2_02
2C	022	HYPERTENSION OR HIGH BLOOD PRESSURE 1 YES 2 NO	1	1433	1433	CND_2_03
2D	023	A STROKE 1 YES 2 NO	1	1434	1434	CND_2_04
2E	024	CIRCULATION TROUBLE IN...ARMS OR LEGS 1 YES 2 NO	1	1435	1435	CND_2_05
2F	025	PNEUMONIA 1 YES 2 NO	1	1436	1436	CND_2_06
2G	026	BRONCHITIS 1 YES 2 NO	1	1437	1437	CND_2_07
2H	027	FLU 1 YES 2 NO	1	1438	1438	CND_2_08
2I	028	EMPHYSEMA 1 YES 2 NO	1	1439	1439	CND_2_09
2J	029	ASTHMA 1 YES 2 NO	1	1440	1440	CND_2_10
2K	030	A BROKEN HIP 1 YES 2 NO	1	1441	1441	CND_2_11
2L	031	OTHER BROKEN BONES 1 YES 2 NO	1	1442	1442	CND_2_12
A.2	032	CHECK ITEM A.2: ITEM 3 IS: 1 H 2 D 3 N	1	1443	1443	CND_CK3

----- SECTION A PART 2: ACTIVITIES OF DAILY LIVING (ADL) -----

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1A	033	DURING THE PAST WEEK: DID ANY PERSON HELP...EAT 1 YES 2 NO 3 DID NOT EAT AT ALL	1	1444 1444	ADL_1A
1B	034	DID...USE SPECIAL UTENSILS/DISHES TO HELP...EAT 1 YES 2 NO	1	1445 1445	ADL_1B
1C	035	DID SOMEONE STAY NEARBY IN CASE...NEEDED HELP 1 YES 2 NO	1	1446 1446	ADL_1C
1D	036	DID SOMEONE FEED... 1 YES 2 NO	1	1447 1447	ADL_1D
1E	037	DID SOMEONE HELP...CUT MEAT/BUTTER BREAD 1 YES 2 NO	1	1448 1448	ADL_1E
1F	038	DID...ALSO USE SPCL UTENSILS TO HELP...EAT 1 YES 2 NO	1	1449 1449	ADL_1F
1G	039	HOW OFTEN DID...RECEIVE HELP 1 MOST OF THE TIME 2 SOME OF THE TIME 3 ONLY OCCASIONALLY	1	1450 1450	ADL_1G
1H	040	HOW LONG HAS ... HAD HELP EATING 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1451 1451	ADL_1H
1I	041	HOW LONG HAS ... NOT EATEN 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1452 1452	ADL_1I
2A	042	DURING THE PAST WEEK, DID ANY PERSON HELP...GET INTO/OUT OF BED 1 YES 2 NO 3 DID NOT GET OUT OF BED AT ALL	1	1453 1453	ADL_2A

2B	043	DID...USE SPCL EQPMNT TO GET IN/OUT BED 1 YES 2 NO	1	1454	1454	ADL_2B
2C	044	DID SOMEONE STAY NEARBY IN CASE...NEEDED HELP 1 YES 2 NO	1	1455	1455	ADL_2C
2D	045	DID SOMEONE ACTUALLY *LIFT*...IN/OUT OF BED 1 YES 2 NO	1	1456	1456	ADL_2D
2E	046	DID...ALSO USE SPCL EQPMNT TO HELP...GET IN/OUT OF BED 1 YES 2 NO	1	1457	1457	ADL_2E
2F		TYPE OF SPECIAL EQUIPMENT USED				
	047	1 WHEELCHAIR 1 (MARKED)	1	1458	1458	ADL_2F_1
		2 RAILING 1 (MARKED)	1	1459	1459	ADL_2F_2
		3 WALKER 1 (MARKED)	1	1460	1460	ADL_2F_3
		4 CANE 1 (MARKED)	1	1461	1461	ADL_2F_4
		5 CRUTCHES 1 (MARKED)	1	1462	1462	ADL_2F_5
		6 LIFT 1 (MARKED)	1	1463	1463	ADL_2F_6
	048	7 OTHER DEVICE 1 (MARKED)	1	1464	1464	ADL_2F_7
2G	049	HOW OFTEN DID...RECEIVE HELP/USE SPCL EQPMNT 1 MOST OF THE TIME 2 SOME OF THE TIME 3 ONLY OCCASIONALLY	1	1465	1465	ADL_2G
2H	050	HOW LONG HAS...HAD HELP/USED SPCL EQPMNT 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1466	1466	ADL_2H
2I	051	HOW LONG HAS..BEEN UNABLE TO GET OUT OF BED 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1467	1467	ADL_2I
3A	052	DURING THE PAST WEEK, DID ANY PERSON HELP...GET AROUND INSIDE 1 YES 2 NO 3 DID NOT GET AROUND INSIDE AT ALL	1	1468	1468	ADL_3A

3B	053	DID...USE SPCL EQPMNT TO GET AROUND 1 YES 2 NO	1	1469	1469	ADL_3B
3C	054	DID SOMEONE STAY NEARBY IN CASE...NEEDED HELP 1 YES 2 NO	1	1470	1470	ADL_3C
3D	055	DID...ALSO USE SPCL EQPMNT TO GET AROUND 1 YES 2 NO	1	1471	1471	ADL_3D
3E	056	DID...USE A WHEELCHAIR 1 YES 2 NO	1	1472	1472	ADL_3E
3F	057	IS...ABLE TO GET AROUND AT ALL W/OUT WHEELCHAIR 1 YES 2 NO	1	1473	1473	ADL_3F
3G		OTHER SPECIAL EQUIPMENT USED				
	058	01 RAILING 1 (MARKED)	1	1474	1474	ADL_3G01
		02 WALKER 1 (MARKED)	1	1475	1475	ADL_3G02
		03 CANE 1 (MARKED)	1	1476	1476	ADL_3G03
		04 CRUTCHES 1 (MARKED)	1	1477	1477	ADL_3G04
		05 ELEVATOR/ESCALATOR 1 (MARKED)	1	1478	1478	ADL_3G05
		06 ORTHOPEDIC SHOES 1 (MARKED)	1	1479	1479	ADL_3G06
	059	07 BRACE 1 (MARKED)	1	1480	1480	ADL_3G07
		08 PROSTHESIS 1 (MARKED)	1	1481	1481	ADL_3G08
		09 OXYGEN/RESPIRATOR 1 (MARKED)	1	1482	1482	ADL_3G09
	060	10 FURNITURE/WALLS 1 (MARKED)	1	1483	1483	ADL_3G10
		11 CHAIRLIFT ON STAIRS 1 (MARKED)	1	1484	1484	ADL_3G11
	061	12 OTHER DEVICE 1 (MARKED)	1	1485	1485	ADL_3G12
	062	13 NONE 1 (MARKED)	1	1486	1486	ADL_3G13
3H	063	HOW OFTEN DID...RECEIVE HELP/USE SPCL EQPMNT 1 MOST OF THE TIME 2 SOME OF THE TIME 3 ONLY OCCASIONALLY	1	1487	1487	ADL_3H
3I	064	HOW LONG HAS...HAD HELP/USED SPCL EQPMNT 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS	1	1488	1488	ADL_3I

- 3 6 MONTHS TO LESS THAN 1 YEAR
- 4 1 YEAR TO LESS THAN 5 YEARS
- 5 5 YEARS OR OVER

3J	065	HOW LONG HAS...BEEN UNABLE TO GET AROUND INSIDE	1	1489	1489	ADL_3J
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
4A	066	DURING THE PAST WEEK, DID ANY PERSON HELP...TO GET DRESSED	1	1490	1490	ADL_4A
		1 YES				
		2 NO				
		3 DID NOT DRESS AT ALL				
4B	067	DID...USE SPCL CLOTHING/EQPMNT TO GET DRESSED	1	1491	1491	ADL_4B
		1 YES				
		2 NO				
4C	068	DID SOMEONE STAY NEARBY IN CASE...NEEDED HELP	1	1492	1492	ADL_4C
		1 YES				
		2 NO				
4D	069	DID SOMEONE DRESS ...	1	1493	1493	ADL-4D
		1 YES				
		2 NO				
4E	070	DID...ALSO USE SPCL CLOTHING/EQPMNT TO DRESS	1	1494	1494	ADL_4E
		1 YES				
		2 NO				
4F	071	HOW OFTEN DID...RECEIVE HELP/USE SPCL EQPMNT	1	1495	1495	ADL_4F
		1 MOST OF THE TIME				
		2 SOME OF THE TIME				
		3 ONLY OCCASIONALLY				
4G	072	HOW LONG HAS...HAD HELP DRESSING	1	1496	1496	ADL_4G
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
4H	073	IN PAST WK, DID SOMEONE HELP CHANGE...PJ/GOWN	1	1497	1497	ADL_4H
		1 YES				
		2 NO				
4I	074	HOW LONG HAS...BEEN UNABLE TO DRESS	1	1498	1498	ADL_4I
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
A.3	075	CHECK ITEM A.3: REFER TO FLAP ITEM 1	1	1499	1499	ADL_CK2

- 1 CODE 3 MARKED IN FLAP ITEM 1
- 2 ALL OTHERS

5A	076	DURING THE PAST WEEK, DID ANY PERSON HELP...BATHE	1	1500	1500	ADL_5A
		1 YES				
		2 NO				
		3 UNABLE TO BATHE				
5B	077	DID...USE SPCL EQPMNT TO HELP BATHE	1	1501	1501	ADL-5B
		1 YES				
		2 NO				
5C	078	DID SOMEONE STAY NEARBY IN CASE...NEEDED HELP	1	1502	1502	ADL_5C
		1 YES				
		2 NO				
5D	079	DID SOMEONE BATHE...	1	1503	1503	ADL_5D
		1 YES				
		2 NO				
5E	080	DID SOMEONE HELP...GET IN/OUT OF THE TUB/SHOWER	1	1504	1504	ADL_5E
		1 YES				
		2 NO				
5F	081	DID...ALSO USE SPCL EQPMNT TO HELP BATHE	1	1505	1505	ADL_5F
		1 YES				
		2 NO				
5G		SPECIAL EQUIPMENT USED				
	082	1 SHOWER SEAT/TUB STOOL	1	1506	1506	ADL_5G_1
		1 (MARKED)				
		2 GRAB BARS/HANDLE BARS AT SINK	1	1507	1507	ADL_5G_2
		1 (MARKED)				
		3 HAND-HELD SHOWER	1	1508	1508	ADL_5G_3
		1 (MARKED)				
		4 WALKER/CANE	1	1509	1509	ADL_5G_4
		1 (MARKED)				
		5 RUBBER MAT	1	1510	1510	ADL_5G_5
		1 (MARKED)				
	083	6 OTHER DEVICE	1	1511	1511	ADL_5G_6
		1 (MARKED)				
5H	084	HOW OFTEN DID...RECEIVE HELP/USE SPCL EQPMNT	1	1512	1512	ADL_5H
		1 MOST OF THE TIME				
		2 SOME OF THE TIME				
		3 ONLY OCCASIONALLY				
5I	085	HOW LONG HAS...HAD HELP/USED SPCL EQPMNT	1	1513	1513	ADL_5I
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
5J	086	DID...WASH...BODY AT A SINK OR BASIN	1	1514	1514	ADL_5J
		1 YES				

		2 NO				
5K	087	IN PAST WEEK, DID...HAVE A BED BATH 1 YES 2 NO	1	1515	1515	ADL_5K
5L	088	HOW LONG HAS...BEEN UNABLE TO BATHE 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1516	1516	ADL_5L
6A	089	DURING THE PAST WEEK: DID ANY PERSON HELP...GET TO BATHROOM/USE TOILET 1 YES 2 NO 3 DID NOT USE THE TOILET AT ALL	1	1517	1517	ADL_6A
6B	090	DID...USE SPCL EQPMNT TO USE TOILET 1 YES 2 NO	1	1518	1518	ADL_6B
6C	091	DID SOMEONE STAY NEARBY IN CASE...NEEDED HELP 1 YES 2 NO	1	1519	1519	ADL_6C
6D	092	DID SOMEONE HELP...GET TO THE TOILET 1 YES 2 NO	1	1520	1520	ADL_6D
6E	093	DID SOMEONE HELP...GET ON/OFF TOILET/ARRANGE CLOTHING/CLEAN SELF 1 YES 2 NO	1	1521	1521	ADL_6E
6F	094	DID...ALSO USE SPCL EQPMNT TO USE THE TOILET 1 YES 2 NO	1	1522	1522	ADL_6F
6G	095	TYPE OF SPECIAL EQUIPMENT USED 1 RAISED TOILET 1 (MARKED) 2 PORTABLE TOILET/BEDSIDE COMMODE 1 (MARKED) 3 RAIL/GRAB BAR 1 (MARKED) 4 BEDPAN OR URINAL 1 (MARKED) 5 CANE/WALKER 1 (MARKED)	1	1523	1523	ADL_6G_1
	096	6 OTHER DEVICE 1 (MARKED)	1	1528	1528	ADL_6G_6
6H	097	DID...USE ANY *OTHER* SPCL EQPMNT TO USE TOILET 1 YES 2 NO	1	1529	1529	ADL_6H

6I	098	WHAT OTHER SPECIAL EQUIPMENT				
		1 BED PAN	1	1530	1530	ADL_6I_1
		1 (MARKED)				
		2 PORTABLE TOILET/BEDSIDE COMMODE	1	1531	1531	ADL_6I_2
		1 (MARKED)				
		3 SPECIAL UNDERWEAR/DIAPERS	1	1532	1532	ADL_6I_3
		1 (MARKED)				
	099	4 OTHER DEVICE	1	1533	1533	ADL_6I_4
		1 (MARKED)				
6J	100	HOW OFTEN DID...RECEIVE HELP/USE SPCL EQPMNT	1	1534	1534	ADL_6J
		1 MOST OF THE TIME				
		2 SOME OF THE TIME				
		3 ONLY OCCASIONALLY				
6K	101	HOW LONG HAS...HAD HELP/USED SPCL EQPMNT	1	1535	1535	ADL_6K
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
6L	102	DID...TAKE CARE OF TOILET NEEDS W/ SPCL EQPMNT	1	1536	1536	ADL_6L
		1 YES				
		2 NO				
6M	103	SPECIAL EQUIPMENT USED				
		1 BED PAN	1	1537	1537	ADL_6M_1
		1 (MARKED)				
		2 PORTABLE TOILET/BEDSIDE COMMODE	1	1538	1538	ADL_6M_2
		1 (MARKED)				
		3 SPECIAL UNDERWEAR/DIAPERS	1	1539	1539	ADL_6M_3
		1 (MARKED)				
		4 CATHETER	1	1540	1540	ADL_6M_4
		1 (MARKED)				
	104	5 OTHER DEVICE	1	1541	1541	ADL_6M_5
		1 (MARKED)				
6N	105	HOW LONG HAS...BEEN UNABLE TO USE TOILET	1	1542	1542	ADL_6N
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
6O	106	DOES...USE URINARY CATHETER/COLOSTOMY BAG	1	1543	1543	ADL_6O
		1 YES				
		2 NO				
6P	107	DOES SOMEONE HELP OR SELF...TAKE CARE OF ABOVE	1	1544	1544	ADL_6P
		1 SELF CARE				
		2 WITH HELP				
6Q	108	HOW LONG HAS...BEEN USING CATHETER/COLOSOMY BAG	1	1545	1545	ADL_6Q
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				

- 3 6 MONTHS TO LESS THAN 1 YEAR
- 4 1 YEAR TO LESS THAN 5 YEARS
- 5 5 YEARS OR OVER

		DURING THE PAST WEEK:				
6R	109	HAS...HAD TROUBLE CONTROLLING BLADDER OR BOWELS	1	1546	1546	ADL_6R
		1 YES				
		2 NO				
6S	110	DOES SOMEONE HELP CLEAN UP OR DOES...CLEAN UP	1	1547	1547	ADL_6S
		1 SELF CARE				
		2 WITH HELP				
6T	111	HOW LONG HAS...HAD ABOVE PROBLEM	1	1548	1548	ADL_6T
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
A.4	112	CHECK ITEM A.4: ADL ITEMS MARKED ON FLAP ITEM 1				
		1 EATING	1	1549	1549	ADL_CK3_1
		1 (MARKED)				
		2 GETTING IN/OUT BED	1	1550	1550	ADL_CK3_2
		1 (MARKED)				
		4 GETTING AROUND INSIDE	1	1551	1551	ADL_CK3_4
		1 (MARKED)				
		7 DRESSING	1	1552	1552	ADL_CK3_7
		1 (MARKED)				
		8 BATHING	1	1553	1553	ADL_CK3_8
		1 (MARKED)				
		9 GETTING TO THE BATHROOM/USING THE TOILET	1	1554	1554	ADL_CK3_9
		1 (MARKED)				
7A	113	DID SOMEONE STAY NEARBY IN CASE...NEEDED HELP WITH ANY UNMARKED ADL ITEMS	1	1555	1555	ADL_7A
		1 YES				
		2 NO				
7B	114	FOR WHICH ADL ITEMS DID SOMEONE STAY NEARBY				
		1 EATING	1	1556	1556	ADL_7B_1
		1 (MARKED)				
		2 GETTING IN/OUT OF BED	1	1557	1557	ADL_7B_2
		1 (MARKED)				
		4 GETTING AROUND INSIDE	1	1558	1558	ADL_7B_4
		1 (MARKED)				
		7 DRESSING	1	1559	1559	ADL_7B_7
		1 (MARKED)				
		8 BATHING	1	1560	1560	ADL_7B_8
		1 (MARKED)				
		9 GETTING TO THE BATHROOM/USING THE TOILET	1	1561	1561	ADL_7B_9
		1 (MARKED)				
7C	115	HOW LONG HAS...HAD SOMEONE STAY NEARBY IN CASE ...NEEDED HELP WITH UNMARKED ADL ITEMS	1	1562	1562	ADL_7C
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				

- 3 6 MONTHS TO LESS THAN 1 YEAR
- 4 1 YEAR TO LESS THAN 5 YEARS
- 5 5 YEARS OR OVER

A.5	116	CHECK ITEM A.5: REFER TO CHECK ITEM A.4 1 ALL ITEMS MARKED 2 ONE OR MORE ITEMS MARKED	1	1563	1563	ADL_CK4
8A	117	DOES...*NEED* HELP W/ UNMARKED ADL ITEMS 1 YES 2 NO	1	1564	1564	ADL_8A
8B	118	WHICH UNMARKED ADL ITEMS DOES...NEED HELP WITH 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	1565	1565	ADL_8B_1
			1	1566	1566	ADL_8B_2
			1	1567	1567	ADL_8B_4
			1	1568	1568	ADL_8B_7
			1	1569	1569	ADL_8B_8
			1	1570	1570	ADL_8B_9
A.6	119	CHECK ITEM A.6: WAS THE SAMPLE PERSON HELPED BY ANOTHER PERSON IN ANY ADL ITEM? 1 YES 2 NO	1	1571	1571	ADL_CK5
9A	120	WHICH MARKED ADL ITEMS COULD...HAVE USED MORE HELP WITH 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED) 0 NONE 1 (MARKED)	1	1572	1572	ADL_9A_1
			1	1573	1573	ADL_9A_2
			1	1574	1574	ADL_9A_4
			1	1575	1575	ADL_9A_7
			1	1576	1576	ADL_9A_8
			1	1577	1577	ADL_9A_9
			1	1578	1578	ADL_9A_0
9B	121	HOW OFTEN DID THIS HAPPEN IN THE PAST WEEK 1 OFTEN 2 SOMETIMES 3 ALMOST NEVER	1	1579	1579	ADL_9B

----- SECTION A PART 3: INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) --

ITEM	SC	DESCRIPTION	LEN	CHARACTER
------	----	-------------	-----	-----------

				LOCATION	SAS NAME
A.7	122	CHECK ITEM A.7: REFER TO FLAP ITEM 1 1 CODE 3 AND/OR CODE 5 MARKED 2 ALL OTHERS	1	1580 1580	IDL_CK2
1A	123	DOES...USUALLY DO HEAVY WORK AROUND HOUSE 1 YES 2 NO	1	1581 1581	IDL_1A
1B	124	COULD...DO HEAVY WORK AROUND HOUSE 1 YES 2 NO	1	1582 1582	IDL_1B
1C		REASON...CANNOT DO HEAVY WORK AROUND THE HOUSE			
	125	1 DISABILITY OR HEALTH PROBLEM	1	1583 1583	IDL_1C_1
	126	2 OTHER REASON	1	1584 1584	IDL_1C_2
2A	127	DOES...USUALLY DO LIGHT WORK AROUND HOUSE 1 YES 2 NO	1	1585 1585	IDL_2A
2B	128	COULD...DO LIGHT WORK AROUND HOUSE 1 YES 2 NO	1	1586 1586	IDL_2B
2C		REASON...CANNOT DO LIGHT WORK AROUND THE HOUSE			
	129	1 DISABILITY OR HEALTH PROBLEM	1	1587 1587	IDL_2C_1
	130	2 OTHER REASON	1	1588 1588	IDL_2C_2
3A	131	DOES...USUALLY DO OWN LAUNDRY 1 YES 2 NO	1	1589 1589	IDL_3A
3B	132	COULD...DO OWN LAUNDRY 1 YES 2 NO	1	1590 1590	IDL_3B
3C		REASON...CANNOT DO OWN LAUNDRY			
	133	1 DISABILITY OR HEALTH PROBLEM	1	1591 1591	IDL_3C_1
	134	2 OTHER REASON	1	1592 1592	IDL_3C_2
A.8	135	CHECK ITEM A.8: REFER TO FLAP ITEMS 1A 2A 3A 1 "NO" ANSWERED TO ONE OR MORE 2 ALL OTHERS	1	1593 1593	IDL_CK3
3D	136	DOES SOMEONE HELP...WITH HOUSEWORK/LAUNDRY 1 YES 2 NO	1	1594 1594	IDL_3D
3G	137	DOES...*NEED* HELP WITH HOUSEWORK/LAUNDRY 1 YES 2 NO	1	1595 1595	IDL_3H
4A	138	DOES...USUALLY PREPARE OWN MEALS 1 YES 2 NO	1	1596 1596	IDL_4A

4B	139	COULD...PREPARE OWN MEALS 1 YES 2 NO	1	1597	1597	IDL_4B
4C		REASON...CANNOT PREPARE OWN MEALS				
	140	1 DISABILITY OR HEALTH PROBLEM	1	1598	1598	IDL_4C_1
	141	2 OTHER REASON	1	1599	1599	IDL_4C_2
4D	142	DOES ANOTHER PERSON/ORGANIZATION USUALLY PREPARE MEALS FOR...TO EAT HERE 1 YES 2 NO	1	1600	1600	IDL_4D
4G	143	DOES...*NEED* MEALS PREPARED 1 YES 2 NO	1	1601	1601	IDL_4H
5A	144	DOES...USUALLY SHOP FOR GROCERIES (GO TO STORE/SELECT ITEMS/BRING ITEMS HOME) 1 YES 2 NO	1	1602	1602	IDL_5A
5B	145	COULD...DO OWN GROCERY SHOPPING 1 YES 2 NO	1	1603	1603	IDL_5B
5C	146	REASON...CANNOT DO OWN GROCERY SHOPPING 1 DISABILITY OR HEALTH PROBLEM 2 OTHER REASON	1	1604	1604	IDL_5C
5D	147	DOES SOMEONE USUALLY HELP...GROCERY SHOP 1 YES 2 NO	1	1605	1605	IDL_5D
5G	148	DOES...*NEED* HELP SHOPPING FOR GROCERIES 1 YES 2 NO	1	1606	1606	IDL_5H
6A	149	DOES...GET AROUND OUTSIDE AT ALL (WITH OR WITHOUT HELP) 1 YES 2 NO	1	1607	1607	IDL_6A
6B	150	WHEN OUTSIDE DOES SOMEONE USUALLY HELP... 1 YES 2 NO	1	1608	1608	IDL_6B
6E	151	WHEN OUTSIDE DOES...USE SECIAL EQUIPMENT TO GET AROUND 1 YES 2 NO	1	1609	1609	IDL_6E
6F		SPECIAL EQUIPMENT USED TO GET AROUND OUTSIDE				
	152	01 GUIDE DOG 1 (MARKED)	1	1610	1610	IDL_F01
		02 CANE	1	1611	1611	IDL_F02

		1 (MARKED)					
	03	WALKER	1	1612	1612	IDL_F03	
		1 (MARKED)					
	04	WHEELCHAIR	1	1613	1613	IDL_F04	
		1 (MARKED)					
	05	CRUTCHES	1	1614	1614	IDL_F05	
		1 (MARKED)					
	06	ORTHOPEdic SHOES	1	1615	1615	IDL_F06	
		1 (MARKED)					
153	07	BRACE (LEG OR BACK)	1	1616	1616	IDL_F07	
		1 (MARKED)					
	08	PROSTHESIS	1	1617	1617	IDL_F08	
		1 (MARKED)					
	09	OXYGEN/RESPIRATOR	1	1618	1618	IDL_F09	
		1 (MARKED)					
154	10	RAMP	1	1619	1619	IDL_F10	
		1 (MARKED)					
	11	HANDRAIL	1	1620	1620	IDL_F11	
		1 (MARKED)					
155	12	OTHER DEVICE	1	1621	1621	IDL_F12	
		1 (MARKED)					
6G	156	DOES...USE (MARKED) EQPMNT BY SELF OR WITH HELP	1	1622	1622	IDL_6G	
		1 BY SELF					
		2 WITH HELP					
6H	157	DOES...*NEED* ANY HELP GETTING AROUND OUTSIDE	1	1623	1623	IDL_6H	
		1 YES					
		2 NO					
6I		REASON...DOES NOT GET AROUND OUSIDE					
	158	1 DISABILITY OR HEALTH PROBLEM	1	1624	1624	IDL_6I_1	
	159	2 OTHER REASON	1	1625	1625	IDL_6I_2	
7A	160	HOW DOES...*USUALLY* GO PLACES OUTSIDE OF WALKING DISTANCE	1	1626	1626	IDL_7A	
		1 CAR					
		2 VAN					
		3 TAXI					
		4 BUS					
		5 OTHER PUBLIC TRANSPORTATION					
		6 OTHER					
		7 DOES NOT TRAVEL AT ALL					
7B	161	DOES SOMEONE USUALLY HELP...GO PLACES OUTSIDE OF WALKING DISTANCE	1	1627	1627	IDL_7B	
		1 YES					
		2 NO					
7C	162	COULD...GO PLACES OUTSIDE OF WALKING DISTANCE BY SELF	1	1628	1628	IDL_7C	
		1 YES					
		2 NO					
7F		REASON...CANNOT GO PLACES OUTSIDE OF WALKING DISTANCE BY SELF					
	163	1 DISABILITY OR HEALTH PROBLEM	1	1629	1629	IDL_7F_1	

	164	2 OTHER REASON	1	1630	1630	IDL_7F_2
7G	165	COULD...GO PLACES OUTSIDE OF WALKING DISTANCE BY SELF 1 YES 2 NO	1	1631	1631	IDL_7G
7H	166	DOES...*NEED* HELP GETTING AROUND OUTSIDE OF WALKING DISTANCE 1 YES 2 NO	1	1632	1632	IDL_7H
8A	167	WHO REGULARLY HELPS...WITH HOUSEWORK/LAUNDRY 1 NO ONE HELPS 2 SOMEONE HELPS	1	1633	1633	IDL_8A
8B	168	WHO REGULARLY PREPARES MEALS FOR...TO EAT HERE 1 NO ONE HELPS 2 SOMEONE HELPS	1	1634	1634	IDL_8B
8C	169	WHO REGULARLY HELPS...GROCERY SHOP OR DOES IT 1 NO ONE HELPS 2 SOMEONE HELPS	1	1635	1635	IDL_8C
9A	170	DOES...USUALLY MANAGE OWN MONEY (BILLS/CASH) 1 YES 2 NO	1	1636	1636	IDL_9A
9B	171	COULD...MANAGE OWN MONEY 1 YES 2 NO	1	1637	1637	IDL_9B
9C		REASON...CANNOT MANAGE OWN MONEY				
	172	1 DISABILITY OR HEALTH PROBLEM	1	1638	1638	IDL_9C_1
	173	2 OTHER REASON	1	1639	1639	IDL_9C_2
9D	174	DOES SOMEONE USUALLY HELP...WITH MANAGING MONEY 1 YES 2 NO	1	1640	1640	IDL_9D
9G	175	DOES...*NEED* HELP MANAGING MONEY (BILLS/CASH) 1 YES 2 NO	1	1641	1641	IDL_9H
10A	176	DOES SOMEONE USUALLY HELP...TAKE MEDICINE 1 YES 2 NO	1	1642	1642	IDL_10A
10D	177	DOES...*NEED* HELP TAKING MEDICINE 1 YES 2 NO	1	1643	1643	IDL_10E
11A	178	IS THERE A TELEPHONE IN THIS HOUSE/APARTMENT 1 YES 2 NO	1	1644	1644	IDL_11A
11B	179	IS IT A REGULAR PHONE OR ONE WITH SPCL EQPMNT	1	1645	1645	IDL_11B

		1 REGULAR				
		2 SPECIAL EQUIPMENT				
11C	180	DOES...USUALLY MAKE OWN PHONE CALLS W/OUT HELP	1	1646	1646	IDL_11C
		1 YES				
		2 NO				
11D	181	COULD...MAKE OWN TELEPHONE CALLS	1	1647	1647	IDL_11D
		1 YES				
		2 NO				
11E		REASON...CANNOT MAKE OWN CALLS				
	182	1 DISABILITY OR HEALTH PROBLEM	1	1648	1648	IDL_11E_1
	183	2 OTHER REASON	1	1649	1649	IDL_11E_2
A.9	184	CHECK ITEM A.9: REFER TO FLAP ITEMS 1 & 2	1	1650	1650	IDL_CK4
		1 ONE/MORE IADL ITEMS MARKED IN FLAP ITEM 2				
		2 NO IADL ITEMS MARKED IN FLAP ITEM 2,				
		ONE/MORE ADL ITEMS MARKED IN FLAP ITEM 1				
		3 NO ADL OR IADL ITEMS MARKED				
12	185	HOW LONG HAS...HAD PROBLEMS DOING MARKED	1	1651	1651	IDL_12
		IADL ITEM(S)				
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
13C	186-9	MAIN MEDICAL CONDITION	1	1652	1652	IDL_1311
13A		HEALTH CONDITIONS CAUSING PROBLEMS				
		WITH MARKED IADL/ADL ITEMS				
13B		ANY OTHER CONDITIONS				
		RECODED ITEMS TO OPEN-ENDED RESPONSES IN 13A&B				
	190	CODED PROBLEM	3	1653	1655	IDL_13_190
	191	CODED PROBLEM	3	1656	1658	IDL_13_191
	192	CODED PROBLEM	3	1659	1661	IDL_13_192
	193	CODED PROBLEM	3	1662	1664	IDL_13_193
A.10	194	CHECK ITEM A.10: REFER TO FLAP ITEM 3	1	1665	1665	IDL_CK6
		1 HELPER(S) REPORTED				
		2 NO HELPER REPORTED				

----- SECTION A PART 4: HELPERS -----

****| SECTION A PART 4 BELONGS TO PROGRAM 7 |****
 ****| AND IS FOUND FOLLOWING PROGRAM 6 |****

----- SECTION A PART 5: RANGE OF MOTION AND IMPAIRMENT -----

PGM 6

ITEM	SC	DESCRIPTION	LEN	CHARACTER	LOCATION	SAS NAME
------	----	-------------	-----	-----------	----------	----------

1A	195	IS...MISSING ANY FINGERS, A HAND, OR AN ARM	1	1666	1666	RMI_1A
		1 YES				
		2 NO				
1B		WHAT IS MISSING				
	196	1 ENTIRE LEFT ARM	1	1667	1667	RMI_1B01
		1 (MARKED)				
		2 ENTIRE RIGHT ARM	1	1668	1668	RMI_1B03
		1 (MARKED)				
		3 BOTH ARMS	1	1669	1669	RMI_1B05
		1 (MARKED)				
	197	4 LEFT LOWER ARM	1	1670	1670	RMI_1B07
		1 (MARKED)				
		5 RIGHT LOWER ARM	1	1671	1671	RMI_1B09
		1 (MARKED)				
		6 BOTH LOWER ARMS	1	1672	1672	RMI_1B11
		1 (MARKED)				
	198	7 LEFT HAND	1	1673	1673	RMI_1B02
		1 (MARKED)				
		8 RIGHT HAND	1	1674	1674	RMI_1B04
		1 (MARKED)				
		9 BOTH HANDS	1	1675	1675	RMI_1B06
		1 (MARKED)				
	199	10 LEFT HAND FINGERS	1	1676	1676	RMI_1B08
		1 (MARKED)				
		11 RIGHT HAND FINGERS	1	1677	1677	RMI_1B10
		1 (MARKED)				
		12 BOTH HAND FINGERS	1	1678	1678	RMI_1B12
		1 (MARKED)				
2A	200	IS...MISSING ANY TOES, A FOOT, OR A LEG	1	1679	1679	RMI_2A
		1 YES				
		2 NO				
2B		WHAT IS MISSING				
	201	1 ENTIRE LEFT LEG	1	1680	1680	RMI_01
		1 (MARKED)				
		2 ENTIRE RIGHT LEG	1	1681	1681	RMI_03
		1 (MARKED)				
		3 BOTH LEGS	1	1682	1682	RMI_05
		1 (MARKED)				
	202	4 LEFT LOWER LEG	1	1683	1683	RMI_07
		1 (MARKED)				
		5 RIGHT LOWER LEG	1	1684	1684	RMI_09
		1 (MARKED)				
		6 BOTH LOWER LEGS	1	1685	1685	RMI_11
		1 (MARKED)				
	203	7 LEFT FOOT	1	1686	1686	RMI_02
		1 (MARKED)				
		8 RIGHT FOOT	1	1687	1687	RMI_04
		1 (MARKED)				
		9 BOTH FEET	1	1688	1688	RMI_06
		1 (MARKED)				
	204	10 LEFT FOOT TOES	1	1689	1689	RMI_08
		1 (MARKED)				
		11 RIGHT FOOT TOES	1	1690	1690	RMI_10

		1 (MARKED)				
		12 BOTH FEET TOES	1	1691	1691	RMI_12
		1 (MARKED)				
A.14	205	CHECK ITEM A.14: MARK FIRST APPLICABLE BOX	1	1692	1692	RMI_CK2
		1 CODE 3 MARKED IN FLAP ITEM 1				
		2 CODE 5 AND/OR 6 MARKED IN FLAP ITEM 1				
		3 ALL OTHERS				
3		HOW DIFFICULT IS IT FOR...TO:				
3A	206	CLIMB ONE FLIGHT OF STAIRS	1	1693	1693	RMI_3A
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				
3B	207	WALK TO THE END OF A ROOM AND BACK	1	1694	1694	RMI_3B
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				
3C	208	BEND TO PUT ON SOCKS/STOCKINGS	1	1695	1695	RMI_3C
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				
3D	209	LIFT 10LB PACKAGE & HOLD IT FOR A FEW MINUTES	1	1696	1696	RMI_3D
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				
3E	210	REACH ABOVE HEAD	1	1697	1697	RMI_3E
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				
3F	211	COMB OR BRUSH HAIR	1	1698	1698	RMI_3F
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				
3G	212	WASH HAIR	1	1699	1699	RMI_3G
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				
3H	213	USE FINGERS TO GRASP/HANDLE SMALL OBJECTS	1	1700	1700	RMI_3H
		1 NOT DIFFICULT				
		2 SOMEWHAT DIFFICULT				
		3 VERY DIFFICULT				
		4 CAN'T DO IT AT ALL				

4	214	DOES..USUALLY SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT, WITH/WITHOUT GLASSES/CONTACTS 1 YES 2 NO	1	1701	1701	RMI_4
A.15	215	CHECK ITEM A.15: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1702	1702	RMI_CK3
5A	216	CAN MOST PEOPLE UNDERSTAND...SPEECH 1 YES 2 NO	1	1703	1703	RMI_5A
5B	217	HOW DOES...USUALLY MAKE SELF UNDERSTOOD 1 WRITING 2 STANDARD SIGN LANGUAGE 3 GESTURES,GRUNTS,SOME OTHER MOTION 4 TALKING SLOW/REPEATING SELF 5 USING AN INTERPRETER 6 COMPUTER	1	1704	1704	RMI_5B_1
	218	7 SOME OTHER WAY	1	1705	1705	RMI_5B_7
	219	8 DOES NOT MAKE SELF UNDERSTOOD	1	1706	1706	RMI_5B_8
6A	220	DOES...USUALLY HEAR & UNDERSTAND WHAT IS SAID 1 YES 2 NO	1	1707	1707	RMI_6A
6B	221	WHAT DOES...USUALLY USE TO UNDERSTAND 1 READING WRITTEN MATERIALS/LIP READING 2 STANDARD SIGN LANGUAGE 3 GESTURES,GRUNTS,SOME OTHER MOTION 4 HEARING AID 5 TALK LOUDLY/SLOWLY/REPEATING/FACE SPEAKER 6 WITH INTERPRETER/FACILITATOR	1	1708	1708	RMI_6B_1
	222	7 SOME OTHER WAY	1	1709	1709	RMI_B_7
	223	8 DOES NOT UNDERSTAND WHAT IS SAID	1	1710	1710	RMI_B_8
7	224	WHICH OF THESE DEVICES DOES...USE 1 GLASSES/CONTACT LENSES 1 (MARKED) 2 HEARING AID 1 (MARKED) 3 ARTIFICIAL LARYNX (VOICE BOX) 1 (MARKED)	1	1711	1711	RMI_7_1
			1	1712	1712	RMI_7_2
			1	1713	1713	RMI_7_3
	225	4 OTHER 1 (MARKED)	1	1714	1714	RMI_7_4
	226	5 NONE OF THE ABOVE 1 (MARKED)	1	1715	1715	RMI_7_5
A.16	227	CHECK ITEM A.13: FLAP ITEM 1, CODE 3/5 MARKED 1 YES 2 NO	1	1716	1716	RMI_CK

----- SECTION A PART 6: ACTIVITY LIST -----

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1A		WHICH OF THE FOLLOWING ACTIVITIES DID YOU DO IN THE PAST 2 WEEKS			
	228	1 WALKING FOR EXCERCISE 1 MARKED	1	1717 1717	AL_1A_1
	229	2 JOGGING OR RUNNING 1 MARKED	1	1718 1718	AL_1A_2
	230	3 HIKING 1 MARKED	1	1719 1719	AL_1A_3
	231	4 GARDENING OR YARDWORK 1 MARKED	1	1720 1720	AL_1A_4
	232	5 AEROBICS OR AEROBIC DANCING 1 MARKED	1	1721 1721	AL_1A_5
	233	6 OTHER DANCING 1 MARKED	1	1722 1722	AL_1A_6
	234	7 CALISTHENICS OR GENERAL EXERCISE 1 MARKED	1	1723 1723	AL_1A_7
	235	8 GOLF 1 MARKED	1	1724 1724	AL_1A_8
	236	9 TENNIS 1 MARKED	1	1725 1725	AL_1A_9
	237	10 BOWLING 1 MARKED	1	1726 1726	AL_1A_10
	238	11 BIKING 1 MARKED	1	1727 1727	AL_1A_11
	239	12 SWIMMING OR WATER EXERCISE 1 MARKED	1	1728 1728	AL_1A_12
	240	13 YOGA 1 MARKED	1	1729 1729	AL_1A_13
	241	14 WEIGHTLIFTING OR TRAINING 1 MARKED	1	1730 1730	AL_1A_14
	242	15 BASKETBALL 1 MARKED	1	1731 1731	AL_1A_15
	243	16 BASEBALL OR SOFTBALL 1 MARKED	1	1732 1732	AL_1A_16
	244	17 FOOTBALL 1 MARKED	1	1733 1733	AL_1A_17
	245	18 SOCCER 1 MARKED	1	1734 1734	AL_1A_18
	246	19 VOLLEYBALL 1 MARKED	1	1735 1735	AL_1A_19
	247	20 HANDBALL, RACQUETBALL OR SQUASH 1 MARKED	1	1736 1736	AL_1A_20
	248	21 SKATING 1 MARKED	1	1737 1737	AL_1A_21
	249	22 SKIING 1 MARKED	1	1738 1738	AL_1A_22
	250	23 ANY OTHER PHYSICALLY ACTIVE HOBBIES 1 MARKED	1	1739 1739	AL_1A_23
	252	24 NONE 1 MARKED	1	1740 1740	AL_1A_24
	*NOTE: SC251 DOES NOT EXIST				
1B		HOW MANY TIMES IN PAST WEEK DID YOU DO THESE			
	253	1 WALKING FOR EXCERCISE	2	1741 1742	AL_1B_1

254	2 JOGGING OR RUNNING	2	1743	1744	AL_1B_2
255	3 HIKING	2	1745	1746	AL_1B_3
256	4 GARDENING OR YARDWORK	2	1747	1748	AL_1B_4
257	5 AEROBICS OR AEROBIC DANCING	2	1749	1750	AL_1B_5
258	6 OTHER DANCING	2	1751	1752	AL_1B_6
259	7 CALISTHENICS OR GENERAL EXERCISE	2	1753	1754	AL_1B_7
260	8 GOLF	2	1755	1756	AL_1B_8
261	9 TENNIS	2	1757	1758	AL_1B_9
262	10 BOWLING	2	1759	1760	AL_1B_10
263	11 BIKING	2	1761	1762	AL_1B_11
264	12 SWIMMING OR WATER EXERCISE	2	1763	1764	AL_1B_12
265	13 YOGA	2	1765	1766	AL_1B_13
266	14 WEIGHTLIFTING OR TRAINING	2	1767	1768	AL_1B_14
267	15 BASKETBALL	2	1769	1770	AL_1B_15
268	16 BASEBALL OR SOFTBALL	2	1771	1772	AL_1B_16
269	17 FOOTBALL	2	1773	1774	AL_1B_17
270	18 SOCCER	2	1775	1776	AL_1B_18
271	19 VOLLEYBALL	2	1777	1778	AL_1B_19
272	20 HANDBALL, RACQUETBALL OR SQUASH	2	1779	1780	AL_1B_20
273	21 SKATING	2	1781	1782	AL_1B_21
274	22 SKIING	2	1783	1784	AL_1B_22
275	23 ANY OTHER PHYSICALLY ACTIVE HOBBIES	2	1785	1786	AL_1B_23

1C AVERAGE # MINUTES SPENT ON EACH OCCASION

276	1 WALKING FOR EXERCISE	3	1787	1789	AL_1C_1
277	2 JOGGING OR RUNNING	3	1790	1792	AL_1C_2
278	3 HIKING	3	1793	1795	AL_1C_3
279	4 GARDENING OR YARDWORK	3	1796	1798	AL_1C_4
280	5 AEROBICS OR AEROBIC DANCING	3	1799	1801	AL_1C_5
281	6 OTHER DANCING	3	1802	1804	AL_1C_6
282	7 CALISTHENICS OR GENERAL EXERCISE	3	1805	1807	AL_1C_7
283	8 GOLF	3	1808	1810	AL_1C_8
284	9 TENNIS	3	1811	1813	AL_1C_9
285	10 BOWLING	3	1814	1816	AL_1C_10
286	11 BIKING	3	1817	1819	AL_1C_11
287	12 SWIMMING OR WATER EXERCISE	3	1820	1822	AL_1C_12
288	13 YOGA	3	1823	1825	AL_1C_13
289	14 WEIGHTLIFTING OR TRAINING	3	1826	1828	AL_1C_14
290	15 BASKETBALL	3	1829	1831	AL_1C_15
291	16 BASEBALL OR SOFTBALL	3	1832	1834	AL_1C_16
292	17 FOOTBALL	3	1835	1837	AL_1C_17
293	18 SOCCER	3	1838	1840	AL_1C_18
294	19 VOLLEYBALL	3	1841	1843	AL_1C_19
295	20 HANDBALL, RACQUETBALL OR SQUASH	3	1844	1846	AL_1C_20
296	21 SKATING	3	1847	1849	AL_1C_21
297	22 SKIING	3	1850	1852	AL_1C_22
298	23 ANY OTHER PHYSICALLY ACTIVE HOBBIES	3	1853	1855	AL_1C_23

1D INCREASE IN HEART-RATE/BREATHING WHILE PARTICIPATING IN THESE ACTIVITIES

299	1 WALKING FOR EXERCISE	1	1856	1856	AL_1D_1
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
300	2 JOGGING OR RUNNING	1	1857	1857	AL_1D_2
	1 SMALL				

	2 MODERATE				
	3 LARGE				
	4 NONE				
301	3 HIKING	1	1858	1858	AL_1D_3
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
302	4 GARDENING OR YARDWORK	1	1859	1859	AL_1D_4
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
303	5 AEROBICS OR AEROBIC DANCING	1	1860	1860	AL_1D_5
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
304	6 OTHER DANCING	1	1861	1861	AL_1D_6
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
305	7 CALISTHENICS OR GENERAL EXERCISE	1	1862	1862	AL_1D_7
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
306	8 GOLF	1	1863	1863	AL_1D_8
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
307	9 TENNIS	1	1864	1864	AL_1D_9
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
308	10 BOWLING	1	1865	1865	AL_1D_10
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
309	11 BIKING	1	1866	1866	AL_1D_11
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
310	12 SWIMMING OR WATER EXERCISE	1	1867	1867	AL_1D_12
	1 SMALL				
	2 MODERATE				
	3 LARGE				
	4 NONE				
311	13 YOGA	1	1868	1868	AL_1D_13
	1 SMALL				
	2 MODERATE				
	3 LARGE				

		4 NONE				
312	14	WEIGHTLIFTING OR TRAINING	1	1869	1869	AL_1D_14
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
313	15	BASKETBALL	1	1870	1870	AL_1D_15
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
314	16	BASEBALL OR SOFTBALL	1	1871	1871	AL_1D_16
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
315	17	FOOTBALL	1	1872	1872	AL_1D_17
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
316	18	SOCCER	1	1873	1873	AL_1D_18
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
317	19	VOLLEYBALL	1	1874	1874	AL_1D_19
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
318	20	HANDBALL, RACQUETBALL OR SQUASH	1	1875	1875	AL_1D_20
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
319	21	SKATING	1	1876	1876	AL_1D_21
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
320	22	SKIING	1	1877	1877	AL_1D_22
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
321	23	ANY OTHER PHYSICALLY ACTIVE HOBBIES	1	1878	1878	AL_1D_23
		1 SMALL				
		2 MODERATE				
		3 LARGE				
		4 NONE				
2	322	DO YOU EXERCISE OR PLAY SPORTS REGULARLY	1	1879	1879	AL_2
		1 YES				
		2 NO				
3		EXERCISED/PLAYED SPORTS REGULARLY FOR HOW LONG				

323A	UNIT OF MEASURE	1	1880	1880	AL_3A
	1 DAYS				
	2 WEEKS				
	3 MONTHS				
	4 YEARS				
323B	LENGTH	6	1881	1886	AL_3B
4A	324 ARE YOU PHYSICALLY MORE/LESS ACTIVE THAN OTHER PERSONS YOUR AGE	1	1887	1887	AL_4A
	1 MORE ACTIVE				
	2 LESS ACTIVE				
	3 ABOUT AS ACTIVE				
4B	325 ARE YOU A LOT/LITTLE MORE/LESS ACTIVE	1	1888	1888	AL_4B
	1 A LOT MORE				
	2 A LITTLE MORE				
	3 A LOT LESS				
	4 A LITTLE LESS				
5	HOW DIFFICULT IS IT FOR YOU TO:				
5A	326 RUN OR JOG ABOUT A MILE	1	1889	1889	AL_5A
	1 NOT AT ALL DIFFICULT				
	2 A LITTLE DIFFICULT				
	3 SOMEWHAT DIFFICULT				
	4 VERY DIFFICULT/CAN'T DO AT ALL				
	5 DO NOT DO				
5B	327 WALK SEVERAL BLOCKS	1	1890	1890	AL_5B
	1 NOT AT ALL DIFFICULT				
	2 A LITTLE DIFFICULT				
	3 SOMEWHAT DIFFICULT				
	4 VERY DIFFICULT/CAN'T DO AT ALL				
	5 DO NOT DO				
5C	328 WALK ONE BLOCK	1	1891	1891	AL_5C
	1 NOT AT ALL DIFFICULT				
	2 A LITTLE DIFFICULT				
	3 SOMEWHAT DIFFICULT				
	4 VERY DIFFICULT/CAN'T DO AT ALL				
	5 DO NOT DO				
5D	329 WALK ACROSS A ROOM	1	1892	1892	AL_5D
	1 NOT AT ALL DIFFICULT				
	2 A LITTLE DIFFICULT				
	3 SOMEWHAT DIFFICULT				
	4 VERY DIFFICULT/CAN'T DO AT ALL				
	5 DO NOT DO				
5E	330 SIT FOR ABOUT 2 HOURS	1	1893	1893	AL_5E
	1 NOT AT ALL DIFFICULT				
	2 A LITTLE DIFFICULT				
	3 SOMEWHAT DIFFICULT				
	4 VERY DIFFICULT/CAN'T DO AT ALL				
	5 DO NOT DO				
5F	331 GET UP FROM CHAIR AFTER SITTING FOR LONG TIME	1	1894	1894	AL_5F
	1 NOT AT ALL DIFFICULT				

- 2 A LITTLE DIFFICULT
- 3 SOMEWHAT DIFFICULT
- 4 VERY DIFFICULT/CAN'T DO AT ALL
- 5 DO NOT DO

5G	332	GET IN/OUT OF BED WITHOUT HELP	1	1895	1895	AL_5G
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5H	333	CLIMB SEVERAL FLIGHTS OF STAIRS W/OUT RESTING	1	1896	1896	NSA_5H
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5I	334	CLIMB 1 FLIGHT OF STAIRS WITHOUT RESTING	1	1897	1897	AL_5I
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5J	335	LIFT/CARRY WEIGHTS OVER 10 LBS	1	1898	1898	AL_5J
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5K	336	STOOP, KNEEL, OR CROUCH	1	1899	1899	AL_5K
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5L	337	PICK UP A DIME FROM A TABLE	1	1900	1900	AL_5L
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5M	338	BATHE OR SHOWER WITHOUT HELP	1	1901	1901	AL_5M
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5N	339	REACH/EXTEND ARMS ABOVE SHOULDER LEVEL	1	1902	1902	AL_5N
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				

- 3 SOMEWHAT DIFFICULT
- 4 VERY DIFFICULT/CAN'T DO AT ALL
- 5 DO NOT DO

5O	340	PULL/PUSH LARGE OBJECTS LIKE LIVING ROOM CHAIR	1	1903	1903	AL_5O
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5P	341	EAT WITHOUT HELP	1	1904	1904	AL_5P
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5Q	342	DRESS WITHOUT HELP	1	1905	1905	AL_5Q
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5R	343	USE A MAP TO FIND WAY AROUND IN STRANGE PLACE	1	1906	1906	AL_5R
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5S	344	USE A MICROWAVE OVEN AFTER READING DIRECTIONS	1	1907	1907	AL_5S
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5T	345	USE A CALCULATOR TO HELP BALANCE CHECKBOOK	1	1908	1908	AL_5T
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				
5U	346	USE A COMPUTER OR WORDPROCESSOR	1	1909	1909	AL_5U
		1 NOT AT ALL DIFFICULT				
		2 A LITTLE DIFFICULT				
		3 SOMEWHAT DIFFICULT				
		4 VERY DIFFICULT/CAN'T DO AT ALL				
		5 DO NOT DO				

----- SECTION A PART 7: NUTRITION AND SOCIAL ACTIVITIES

ITEM	SC	DESCRIPTION	LEN	CHARACTER
------	----	-------------	-----	-----------

				LOCATION	SAS NAME
1		WHAT IS...CURRENT HEIGHT (WITHOUT SHOES)			
	347	FEET	1	1910 1910	NSA_1_T1
	348	INCHES	2	1911 1912	NSA_1_T2
2	349	WHAT IS...CURRENT WEIGHT (LBS)	3	1913 1915	NSA_2
3	350	WHAT WAS...WEIGHT AT 50 YEARS OF AGE (LBS)	3	1916 1918	NSA_3
4	351	WHAT WAS...WEIGHT ONE YEAR AGO (LBS)	3	1919 1921	NSA_4
5A	352	DO/DOES...REGULARLY GO TO A SENIORS CENTER	1	1922 1922	NSA_5A
		1 YES			
		2 NO			
5B	353	DOES...REGULARLY GO TO ADULT DAY CARE CENTER	1	1923 1923	NSA_5B
		1 YES			
		2 NO			
5C	354	ARE HEALTH SERVICE/THERAPY RECEIVED AT CENTER	1	1924 1924	NSA_5C
		1 YES			
		2 NO			
5D	355	DOES THE CENTER PROVIDE...TRANSPORTATION BETWEEN THE CENTER AND...HOME	1	1925 1925	NSA_5D
		1 YES			
		2 NO			
6A	356	IN A DAY HOW MANY MEALS DO/DOES...EAT (TOTAL#)	2	1926 1927	NSA_6A
6B	357	HOW MANY OTHER TIMES DO/DOES...EAT (#)	2	1928 1929	NSA_6B
7A	358	IN A WEEK, HOW MANY MEALS DO/DOES...EAT AT HOME	2	1930 1931	NSA_7A
7B	359	OF THOSE MEALS EATEN AT HOME HOW MANY ARE BROUGHT IN BY SOMEONE ELSE (# OF MEALS)	2	1932 1933	NSA_7B
7C	360	DO/DOES...NOW REGULARLY EAT MEALS AT SENIOR CENTER/OTHER PLACE W/SPCL MEAL FOR ELDERLY	1	1934 1934	NSA_7C
		1 YES			
		2 NO			
7D	361	IN A WEEK HOW MANY MEALS DO/DOES...EAT IN A MEALS CENTER/SOCIAL PROGRAM (TOTAL #)	2	1935 1936	NSA_7D
7E	362	ARE MEALS DELIVERED TO...HOME BY AN AGENCY	1	1937 1937	NSA_7E
		1 YES			
		2 NO			
7F	363	IN A WEEK HOW MANY OF...MEALS ARE FROM HOME DELIVERED MEAL PROGRAMS (TOTAL #)	2	1938 1939	NSA_7F
8A	364	DO/DOES...TAKE VITAMIN/MINERAL SUPPLEMENTS	1	1940 1940	NSA_8A
		1 YES			
		2 NO			

8B		TYPE OF VITAMINS TAKEN				
	365	VITAMIN/SUPPLEMENT NAME	25	1941	1965	NSA_18B1
	366	VITAMIN/SUPPLEMENT NAME	25	1966	1990	NSA_18B2
	367	VITAMIN/SUPPLEMENT NAME	25	1991	2015	NSA_18B3
	368	VITAMIN/SUPPLEMENT NAME	25	2016	2040	NSA_18B4
		AMOUNT PER DAY				
	369	AMOUNT FOR FIRST SUPPLEMENT LISTED	20	2041	2060	NSA_28B1
	370	AMOUNT FOR SECOND SUPPLEMENT LISTED	20	2061	2080	NSA_28B2
	371	AMOUNT FOR THIRD SUPPLEMENT LISTED	20	2081	2100	NSA_28B3
	372	AMOUNT FOR FOURTH SUPPLEMENT LISTED	20	2101	2120	NSA_28B4
		TIMES PER DAY				
	373	TIMES FOR FIRST SUPPLEMENT LISTED	2	2121	2122	NSA_38B1
	374	TIMES FOR SECOND SUPPLEMENT LISTED	2	2123	2124	NSA_38B2
	375	TIMES FOR THIRD SUPPLEMENT LISTED	2	2125	2126	NSA_38B3
	376	TIMES FOR FOURTH SUPPLEMENT LISTED	2	2127	2128	NSA_38B4

9		ON A USUAL DAY HOW MUCH TIME DO YOU SPEND ON:				
9A		VIGOROUS ACTIVITIES				
	377	MINUTES	2	2129	2130	NSA_9A_1
	378	HOURS	2	2131	2132	NSA_9A_2
9B		MODERATE ACTIVITIES				
	379	MINUTES	2	2133	2134	NSA_9B_1
	380	HOURS	2	2135	2136	NSA_9B_2
9C		LIGHT ACTIVITIES				
	381	MINUTES	2	2137	2138	NSA_9C_1
	382	HOURS	2	2139	2140	NSA_9C_2

----- SECTION A PART 8: ALCOHOL CONSUMPTION & SMOKING

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1	383	DO/DOES...CURRENTLY DRINK ALCOHOLIC BEVERAGES 1 YES 2 NO	1	2141 2141	ACS_1
2	384	HOW OFTEN DO\DOES...DRINK ALCOHOLIC BEVERAGES 1 EVERY DAY 2 3 TO 6 TIMES A WEEK 3 1 OR 2 TIMES A WEEK 4 1 TO 3 TIMES A MONTH 5 LESS THAN ONCE A MONTH	1	2142 2142	ACS_2
3	385	HOW MANY DRINKS PER DAY IF DRINKING THAT DAY 1 12 OR MORE 2 7 TO 11 3 5 OR 6 4 3 OR 4 5 2 6 1	1	2143 2143	ACS_3
4	386	DO/DOES...CURRENTLY SMOKE 1 YES 2 NO	1	2144 2144	ACS_4
5		HOW MANY CIGARETTES DO/DOES...SMOKE PER DAY			

387	# OF CIGARETTES	2	2145	2146	ACS_T1
	OR				
388	# OF PACKS	1	2147	2147	ACS_T2

SECTION B: OTHER FUNCTIONING

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1	389	COMPARED TO OTHERS THE SAME AGE IS...HEALTH 1 EXCELLENT 2 GOOD 3 FAIR 4 POOR	1	2148 2148	OFN_1
B.1	390	CHECK ITEM B.1: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	2149 2149	OFN_CK2
2	391	HOW OFTEN AVOID DOING THINGS BECAUSE NO ENERGY 1 ALL OF THE TIME 2 MOST OF THE TIME 3 SOME OF THE TIME 4 ONCE IN A WHILE 5 NEVER	1	2150 2150	OFN_2
3	392	DO YOU EVER FEEL NEED FOR FOR HELP OF DOCTOR FOR A MENTAL OR EMOTIONAL PROBLEM 1 YES 2 NO	1	2151 2151	OFN_3
4A	393	WAS...EVER HOSPITALIZED FOR MENTAL/EMOTION PROB 1 YES 2 NO 3 DON'T KNOW	1	2152 2152	OFN_4A
4B	394	WAS...HOSPITALIZED FOR MENTAL PROB IN LAST 5YRS 1 YES 2 NO 3 DON'T KNOW	1	2153 2153	OFN_4B
5A	395	HAS A DOCTOR *EVER* ADVISED...TO GET TREATMENT FOR A MENTAL/EMOTIONAL PROBLEM 1 YES 2 NO 3 DON'T KNOW	1	2154 2154	OFN_5A
5B	396	HAS A DOCTOR TOLD...THAT IN PAST 5YRS 1 YES 2 NO	1	2155 2155	OFN_5B
6	397	DO/DOES...LOSE TEMPER, THROW/SLAM/DESTROY THINGS 1 FREQUENTLY 2 OCCASIONALLY	1	2156 2156	OFN_6

3 NOT AT ALL

7		IN PAST MONTH DID...AT ANY TIME:				
7A	398	LOSE...WAY AND NOT FIND THE WAY BACK	1	2157	2157	OFN_7A
		1 YES				
		2 NO				
7B	399	TAKE MONEY OR ANYTHING ELSE NOT BELONGING TO... WITHOUT REALIZING IT	1	2158	2158	OFN_7B
		1 YES				
		2 NO				
7C	400	FORGET TO DO IMPORTANT THINGS (EAT/TAKE MED)	1	2159	2159	OFN_7C
		1 YES				
		2 NO				
8A	401	DOES ANYONE PHONE/CHECK ON...REGULARLY TO MAKE SURE...IS ALL RIGHT	1	2160	2160	OFN_8A
		1 YES				
		2 NO				
8B		WHO REGULARLY PHONES/CHECKS ON...				
	402	FIRST PERSON	1	2161	2161	OFN_8B1
		1 SPOUSE				
		2 DAUGHTER				
		3 SON				
		4 OTHER RELATIVE				
		5 NEIGHBOR				
		6 FRIEND				
		7 PERSON FROM HELPING ORGANIZATION				
		8 SOMEONE WHO WORKS HERE				
		9 OTHER				
	403	SECOND PERSON	1	2162	2162	OFN_8B2
		1 SPOUSE				
		2 DAUGHTER				
		3 SON				
		4 OTHER RELATIVE				
		5 NEIGHBOR				
		6 FRIEND				
		7 PERSON FROM HELPING ORGANIZATION				
		8 SOMEONE WHO WORKS HERE				
		9 OTHER				
	404	THIRD PERSON	1	2163	2163	OFN_8B3
		1 SPOUSE				
		2 DAUGHTER				
		3 SON				
		4 OTHER RELATIVE				
		5 NEIGHBOR				
		6 FRIEND				
		7 PERSON FROM HELPING ORGANIZATION				
		8 SOMEONE WHO WORKS HERE				
		9 OTHER				
	405	FOURTH PERSON	1	2164	2164	OFN_8B4

- 1 SPOUSE
- 2 DAUGHTER
- 3 SON
- 4 OTHER RELATIVE
- 5 NEIGHBOR
- 6 FRIEND
- 7 PERSON FROM HELPING ORGANIZATION
- 8 SOMEONE WHO WORKS HERE
- 9 OTHER

406	FIFTH PERSON	1	2165	2165	OFN_8B5
	1 SPOUSE				
	2 DAUGHTER				
	3 SON				
	4 OTHER RELATIVE				
	5 NEIGHBOR				
	6 FRIEND				
	7 PERSON FROM HELPING ORGANIZATION				
	8 SOMEONE WHO WORKS HERE				
	9 OTHER				
407	SIXTH PERSON	1	2166	2166	OFN_8B6
	1 SPOUSE				
	2 DAUGHTER				
	3 SON				
	4 OTHER RELATIVE				
	5 NEIGHBOR				
	6 FRIEND				
	7 PERSON FROM HELPING ORGANIZATION				
	8 SOMEONE WHO WORKS HERE				
	9 OTHER				
8C	408 DOES...*NEED* SOMEONE TO CHECK ON...	1	2167	2167	OFN_8C
	1 YES				
	2 NO				
9A	409 DOES...KEEP IN TOUCH WITH RELATIVES	1	2168	2168	OFN_9A
	1 YES				
	2 NO				
9B	410 HOW OFTEN IN PAST MONTH DID...SEE RELATIVES	1	2169	2169	OFN_9B
	1 NONE				
	2 ONCE OR TWICE				
	3 THREE TO FIVE TIMES				
	4 SIX TO TEN TIMES				
	5 ELEVEN TO TWENTY-NINE TIMES				
	6 THIRTY OR MORE TIMES				
9C	411 HOW OFTEN IN PAST MONTH DID...SPEAK WITH RELATIVE ON THE TELEPHONE	1	2170	2170	OFN_9C
	1 NONE				
	2 ONCE OR TWICE				
	3 THREE TO FIVE TIMES				
	4 SIX TO TEN TIMES				
	5 ELEVEN TO TWENTY-NINE TIMES				
	6 THIRTY OR MORE TIMES				

B.2	412	CHECK ITEM B.2: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	2171	2171	OFN_CK3
9D	413	WOULD YOU LIKE TO SEE/TALK TO RELATIVES: 1 MORE OFTEN 2 LESS OFTEN 3 AS OFTEN AS NOW	1	2172	2172	OFN_9D
10A	414	DOES...KEEP IN TOUCH WITH FRIENDS 1 YES 2 NO	1	2173	2173	OFN_10A
10B	415	HOW MANY TIMES IN PAST MONTH DID...SEE FRIENDS 1 NONE 2 ONCE OR TWICE 3 THREE TO FIVE TIMES 4 SIX TO TEN TIMES 5 ELEVEN TO TWENTY-NINE TIMES 6 THIRTY OR MORE TIMES	1	2174	2174	OFN_10B
10C	416	HOW OFTEN IN PAST MONTH DID...SPEAK WITH FRIENDS ON THE TELEPHONE 1 NONE 2 ONCE OR TWICE 3 THREE TO FIVE TIMES 4 SIX TO TEN TIMES 5 ELEVEN TO TWENTY-NINE TIMES 6 THIRTY OR MORE TIMES	1	2175	2175	OFN_10C
B.3	417	CHECK ITEM B.3: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	2176	2176	OFN_CK4
10D	418	WOULD YOU LIKE TO SEE/TALK TO FRIENDS: 1 MORE OFTEN 2 LESS OFTEN 3 AS OFTEN AS NOW	1	2177	2177	OFN_10D
B.4	419	CHECK ITEM B.4: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	2178	2178	OFN_CK5
11	420	DO YOU FEEL YOU HAVE NOBODY TO TELL TROUBLES TO 1 MOST OF THE TIME 2 SOME OF THE TIME 3 HARDLY EVER 4 NEVER	1	2179	2179	OFN_11
12A	421	HOW MANY HOURS PER DAY DO/DOES..LISTEN TO RADIO 01-24 NUMBER OF HOURS ENTERED 25 LESS THAN 1 HOUR 26 NONE	2	2180	2181	OFN_12A
12B	422	IS THERE A RADIO HERE THAT...CAN LISTEN TO 1 YES 2 NO	1	2182	2182	OFN_12B

13A	423	HOW MANY HOURS PER DAY DO/DOES...WATCH TV 01-24 NUMBER OF HOURS ENTERED 25 LESS THAN 1 HOUR 26 NONE	2	2183	2184	OFN_13A
13B	424	IS THERE A TELEVISION SET HERE THAT...CAN WATCH 1 YES 2 NO	1	2185	2185	OFN_13B
14	425	DO/DOES... HAVE ANY PETS 1 YES 2 NO	1	2186	2186	OFN_14
15		DURING PAST WEEK DID...:				
15A	426	READ A BOOK, MAGAZINE, OR NEWSPAPER 1 YES 2 NO	1	2187	2187	OFN_15A
15B	427	WORK ON A HOBBY LIKE PAINTING/SEWING/CRAFTS 1 YES 2 NO	1	2188	2188	OFN_15B
15C	428	PLAY GAMES SUCH AS SOLITAIRE/WORK ON PUZZLES 1 YES 2 NO	1	2189	2189	OFN_15C
15D	429	LISTEN TO RECORDS, TAPES, OR COMPACT DISCS 1 YES 2 NO	1	2190	2190	OFN_15D
16		DURING THE PAST MONTH DID...:				
16A	430	GO TO RELIGIOUS SERVICES 1 YES 2 NO	1	2191	2191	OFN_16A
16B	431	ATTEND A MEETING OF A CIVIC/REL/PROF/REC CLUB 1 YES 2 NO	1	2192	2192	OFN_16B
B.5	432	CHECK ITEM B.5: RESPONDENT IS: 1 SAMPLE PERSON 2 PROXY	1	2193	2193	OFN_CK6
17		DURING LAST 2 WEEKS HAS...FELT SO SAD/DOWN THAT:				
17A	433	DID NOT FEEL LIKE DOING THINGS...USUALLY DO	1	2194	2194	OFN_17A
17B	434	COULD NOT SLEEP LIKE...USUALLY DO/DOES	1	2195	2195	OFN_17B
17C	435	LOST APPETITE/COULDN'T EAT AS USUALLY DO/DOES	1	2196	2196	OFN_17C
18	436	ALL TOGETHER WOULD YOU SAY YOU ARE THESE DAYS 1 VERY HAPPY 2 PRETTY HAPPY 3 NOT TOO HAPPY	1	2197	2197	OFN_18
19	437	HOW SATISFIED ARE YOU WITH YOUR LIFE AS WHOLE	1	2198	2198	OFN_19

- 1 VERY SATISFIED
- 2 SATISFIED
- 3 NOT SATISFIED

SECTION C: HOUSING AND NEIGHBORHOOD CHARACTERISTICS

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
C.1	438	CHECK ITEM C.1: TYPE OF AREA 1 OPEN COUNTRY/NOT A FARM 2 RURAL OR FARMING COMMUNITY 3 SM CITY/TOWN/VILLAGE (<50000, NOT SUBURB) 4 MEDIUM-SIZED CITY (50,000-100,000) 5 SUBURB OF A MEDIUM-SIZED CITY 6 LARGE CITY (100,000-500,000) 7 SUBURB OF A LARGE CITY 8 VERY LARGE CITY (OVER 500,000) 9 SUBURB OF A VERY LARGE CITY 10 AN INDIAN RESERVATION	2	2199 2200	HNC_CK2
C.2	439	CHECK ITEM C.2: TYPE OF LIVING QUARTERS 01 DETACHED HOUSE 02 DUPLEX OR ROW HOUSE 03 APARTMENT OR FLAT IN BLDG W/ELEVATOR 04 APARTMENT OR FLAT IN BLDG W/OUT ELEVATOR 05 ROOM IN HOTEL/MOTEL W/ELEVATOR 06 ROOM IN HOTEL/MOTEL W/OUT ELEVATOR 07 ROOM IN ROOMING OR BOARDING HOUSE 08 RENTED ROOM IN PRIVATE HOUSE 09 MOBILE HOME/TRAILER (NO PERMANENT ROOMS) 10 MOBILE HOME/TRAILER (ONE/MORE PERM ROOMS)	2	2201 2202	HNC_CK3
	440	11 OTHER			
C.3	441	CHECK ITEM C.3:ARE ADULTS OVER 18 LIVING WITH SAMPLE PERSON NOW (NOT SPOUSE) 1 YES 2 NO	1	2203 2203	HNC_CK4
1		WHAT IS REASON THAT...& OTHERS LIVING TOGETHER			
1A	442	BECAUSE OF A HEALTH/PHYSICAL PROBLEM...HAS 1 YES 2 NO	1	2204 2204	HNC_1A
1B	443	IS IT TO SHARE LIVING EXPENSES 1 YES 2 NO	1	2205 2205	HNC_1B
1C	444	DID...COME TO LIVE W/OTHERS OR VICE-VERSA 1 SAMPLE PERSON CAME TO LIVE W/OTHERS 2 OTHERS CAME TO LIVE W/SAMPLE PERSON	1	2206 2206	HNC_1C_1
	445	3 OTHER	1	2207 2207	HNC_1C_2
1D	446	DATE...&OTHERS START LIVING TOGETHER (MMDDYY)	6	2208 2213	HNC_1D

C.4	447	CHECK ITEM C.4: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	2214	2214	HNC_CK5
2A	448	HOW SATISFIED ARE YOU W/THE PLACE YOU ARE LIVING 1 VERY SATISFIED 2 SATISFIED 3 NOT SATISFIED	1	2215	2215	HNC_2A
2B	449	IS PLACE PART OF BUILDING/COMMUNITY INTENDED FOR OLDER, OR RETIRED, OR DISABLED PERSONS 1 YES 2 NO	1	2216	2216	HNC_2B
3		WHICH OF THESE DOES...HAVE IN HOUSE/APARTMENT				
	450	1 EXTRA HANDRAILS OR GRAB BARS 1 (MARKED)	1	2217	2217	HNC_3_1
		2 RAMPES 1 (MARKED)	1	2218	2218	HNC_3_2
		3 ELEVATORS OR STAIR LIFTS 1 (MARKED)	1	2219	2219	HNC_3_3
		4 EXTRA WIDE DOORS OR HALLWAYS 1 (MARKED)	1	2220	2220	HNC_3_4
		5 PUSH BARS ON DOORS 1 (MARKED)	1	2221	2221	HNC_3_5
		6 RAISED TOILET 1 (MARKED)	1	2222	2222	HNC_3_6
	451	7 NONE 1 (MARKED)	1	2223	2223	HNC_3_0
4		WHICH OF THESE THINGS WOULD MAKE THINGS EASIER OR MORE COMFORTABLE FOR...				
	452	1 EXTRA HANDRAILS OR GRAB BARS 1 (MARKED)	1	2224	2224	HNC_4_1
		2 RAMPES 1 (MARKED)	1	2225	2225	HNC_4_2
		3 ELEVATORS OR STAIR LIFTS 1 (MARKED)	1	2226	2226	HNC_4_3
		4 EXTRA WIDE DOORS OR HALLWAYS 1 (MARKED)	1	2227	2227	HNC_4_4
		5 PUSH BARS ON DOORS 1 (MARKED)	1	2228	2228	HNC_4_5
		6 RAISED TOILET 1 (MARKED)	1	2229	2229	HNC_4_6
	453	7 NONE 1 (MARKED)	1	2230	2230	HNC_4_0
5A	454	IS THERE TOILET/PORTABLE TOILET CONVENIENTLY LOCATED TO THE ROOM WHERE...SLEEPS 1 YES 2 NO	1	2231	2231	HNC_5A
5B	455	IS THERE TOILET/PORTABLE TOILET CONVENIENTLY LOCATED TO THE ROOM...SPENDS MOST OF DAY 1 YES	1	2232	2232	HNC_5B

2 NO

C.5	456	CHECK ITEM C.5: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	2233	2233	HNC_CK6
6	457	HOW SATISFIED ARE YOU WITH THIS NEIGHBORHOOD 1 VERY SATISFIED 2 SATISFIED 3 NOT SATISFIED	1	2234	2234	HNC_6
7A	458	IS THERE CONVENIENT FOOD/GROCERY STORE IN NEIGH 1 YES 2 NO	1	2235	2235	HNC_7A
7B	459	IS THERE CONVENIENT DRUG STORE/PHARMACY IN NEIGH 1 YES 2 NO	1	2236	2236	HNC_7B
8A	460	IS CRIME A SERIOUS PROBLEM IN THIS NEIGHBORHOOD 1 YES 2 NO	1	2237	2237	HNC_8A
8B	461	IN PAST YEAR, HAS... (OR OTHERS IN HH) BEEN A VICTIM OF A CRIME IN THIS NEIGHBORHOOD 1 YES 2 NO	1	2238	2238	HNC_8B

SECTION D: HEALTH INSURANCE

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1	462	IS...NOW COVERED BY MEDICARE 1 YES 2 NO 99 DK	2	2239 2240	INS_1
2A	463	IN PAST 12 MONTHS HAS...RECEIVED CARE WHICH WAS/WILL BE PAID BY MEDICAID 1 YES 2 NO 99 DK	2	2241 2242	INS_2A
2B	464	DOES...*NOW* HAVE A MEDICAID CARD 1 YES 2 NO	1	2243 2243	INS_2B
2C	465	MAY I PLEASE SEE...CARD 1 CURRENT MEDICAID CARD SEEN 2 EXPIRED MEDICAID CARD SEEN 3 NO CARD SEEN	1	2244 2244	INS_2C_1
	466	4 OTHER CARD SEEN			

	467	WHAT IS ...'S MEDICAID NUMBER (BLANKED FIELD)	20	2245	2264	
	468	88 REFUSED	2	2265	2266	INS_C_2
		99 DON'T KNOW				
3	469	IS...*NOW* COVERED BY ANY *OTHER* PUBLIC ASSISTANCE PROGRAM THAT PAYS FOR HEALTH CARE	2	2267	2268	INS_3A
		1 YES				
		2 NO				
		99 DK				
4	470	IS...*NOW* COVERED BY CHAMPUS/CHAMPVA	1	2269	2269	INS_4
		1 YES				
		2 NO				
5A	471	IS...COVERED BY A PRIVATE HEALTH PLAN	1	2270	2270	INS_5A
		1 YES				
		2 NO				
		PLAN 1:				
5B	472	WHAT IS THE NAME OF THIS PLAN	6	2271	2276	INS_5B1
5C	473	IS THIS PLAN AN HMO	1	2277	2277	INS_5C1
		1 YES				
		2 NO				
5D	474	DOES THIS PLAN PAY ANY PART OF HOSP EXPENSES	1	2278	2278	INS_5D1
		1 YES				
		2 NO				
5E	475	DOES THIS PLAN PAY ANY PART OF DOCTORS' OR SURGEONS' BILLS FOR OPERATIONS	1	2279	2279	INS_5E1
		1 YES				
		2 NO				
		PLAN 2:				
5B	476	WHAT IS THE NAME OF THIS PLAN	6	2280	2285	INS_5B2
5C	477	IS THIS PLAN AN HMO	1	2286	2286	INS_5C2
		1 YES				
		2 NO				
5D	478	DOES THIS PLAN PAY ANY PART OF HOSP EXPENSES	1	2287	2287	INS_5D2
		1 YES				
		2 NO				
5E	479	DOES THIS PLAN PAY ANY PART OF DOCTORS' OR SURGEONS' BILLS FOR OPERATIONS	1	2288	2288	INS_5E2
		1 YES				
		2 NO				
		PLAN 3:				
5B	480	WHAT IS THE NAME OF THIS PLAN	6	2289	2294	INS_5B3
5C	481	IS THIS PLAN AN HMO	1	2295	2295	INS_5C3

		1 YES				
		2 NO				
5D	482	DOES THIS PLAN PAY ANY PART OF HOSP EXPENSES	1	2296	2296	INS_5D3
		1 YES				
		2 NO				
5E	483	DOES THIS PLAN PAY ANY PART OF DOCTORS' OR SURGEONS' BILLS FOR OPERATIONS	1	2297	2297	INS_5E3
		1 YES				
		2 NO				
6A	484	IS...NOW COVERED BY HEALTH INS WHICH PAYS ANY PART OF NURSING HOME STAY/IN-HOME LTC	1	2298	2298	INS_6A
		1 YES				
		2 NO				
6B		IS THIS A GROUP/INDIVIDUAL PLAN	2	2299	2300	INS_6B
	485	1 GROUP PLAN				
		2 INDIVIDUAL PLAN				
	486	3 OTHER				
	487	99 DK				
6C	488	DOES THE GROUP PAY ALL/PART/NONE OF THE PREMIUM	2	2301	2302	INS_6C
		1 ALL				
		2 PART				
		3 NONE				
		99 DK				
6D	489	WHAT IS THE AMOUNT OF PREMIUM THAT...PAYS	6	2303	2308	INS_D_1
	490	1 PER MONTH	2	2309	2310	INS_D_3
		2 PER QUARTER				
		3 PER SIX MONTHS				
		4 PER YEAR				
		5 OTHER				
	491	99 DK				
D.1	492	REFER TO 6C: DOES GROUP PAY PART OF PREMIUM	1	2311	2311	INS_CK3
		1 BOX 2 MARKED IN 6C				
		2 ALL OTHERS				
6E		WHAT PERCENTAGE OF THE PREMIUM DOES...PAY				
	493	000-100 PERCENT	3	2312	2314	INS_6E_1
	494	99 DK	2	2315	2316	INS_6E_2

SECTION E: MEDICAL PROVIDERS AND PRESCRIPTION MEDICINES

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1A	495	HAS...*EVER* BEEN A PATIENT IN NURSING/REST/ CONVALESCENT HOME	1	2317 2317	MPP_1A
		1 YES			
		2 NO			

1B	496	HOW MANY TIMES (01-99)	2	2318	2319	MPP_1B
1C		WHEN WAS ... ADMITTED: THAT TIME/LAST TIME				
	497	MONTH	2	2320	2321	MPP_1C_1
	498	YEAR	2	2322	2323	MPP_1C_2
		NEXT TO LAST TIME				
	499	MONTH	2	2324	2325	MPP_1C21
	500	YEAR	2	2326	2327	MPP_1C22
		TIME BEFORE THAT				
	501	MONTH	2	2328	2329	MPP_1C31
	502	YEAR	2	2330	2331	MPP_1C32
1D		HOW LONG WAS...IN NURSING HOME: THAT TIME/LAST TIME (DAYS *OR* MONTHS)				
	503	DAYS (01-99)	2	2332	2333	MPP_1D_1
	504	MONTHS (01-99)	2	2334	2335	MPP_1D_2
		NEXT TO LAST TIME (DAYS *OR* MONTHS)				
	505	DAYS (01-99)	2	2336	2337	MPP_1D21
	506	MONTHS (01-99)	2	2338	2339	MPP_1D22
		TIME BEFORE THAT (DAYS *OR* MONTHS)				
	507	DAYS (01-99)	2	2340	2341	MPP_1D31
	508	MONTHS (01-99)	2	2342	2343	MPP_1D32
1E	509	IS...NOW ON WAITING LIST TO GO TO NURSING HOME 1 YES 2 NO	1	2344	2344	MPP_1E
2A	510	HAS...BEEN A PATIENT IN HOSP OVERNIGHT/LONGER IN PAST 12 MONTHS 1 YES 2 NO	1	2345	2345	MPP_2A
2B	511	HOW MANY TIMES (01-99)	2	2346	2347	MPP_2B
2C		WHEN WAS ... ADMITTED: THAT TIME/LAST TIME				
	512	MONTH	2	2348	2349	MPP_2C_1
	513	YEAR	2	2350	2351	MPP_2C_2
		NEXT TO LAST TIME				
	514	MONTH	2	2352	2353	MPP_2C21
	515	YEAR	2	2354	2355	MPP_2C22
		TIME BEFORE THAT				
	516	MONTH	2	2356	2357	MPP_2C31
	517	YEAR	2	2358	2359	MPP_2C32
2D		LENGTH IN HOSPITAL: THAT TIME/LAST TIME (DAYS *OR* MONTHS)				
	518	DAYS (01-99)	2	2360	2361	MPP_2D_1
	519	MONTHS (01-99)	2	2362	2363	MPP_2D_2
		NEXT TO LAST TIME (DAYS *OR* MONTHS)				
	520	DAYS (01-99)	2	2364	2365	MPP_2D21
	521	MONTHS (01-99)	2	2366	2367	MPP_2D22
		TIME BEFORE THAT (DAYS *OR* MONTHS)				
	522	DAYS (01-99)	2	2368	2369	MPP_2D31
	523	MONTHS (01-99)	2	2370	2371	MPP_2D32

3A	524	IN PAST 12 MO DID...SEE A PHYSICAL/OCCUPATIONAL/ SPEECH/HEARING THERAPIST-NOT WHILE IN HOSP 1 YES 2 NO	1	2372	2372	MPP_3A
3B	525	WHICH OF THESE THERAPISTS DID...SEE 1 PHYSICAL	1	2373	2373	MPP_3B_1
3C	526	HOW MANY TIMES DID...SEE A PHYSICAL THERAPIST IN PAST MONTH (01-99 TIMES)	2	2374	2375	MPP_3CP
3D	527	DID...SEE THIS THERAPIST AT HOME/ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2376	2376	MPP_3DP
3B	528	WHICH OF THESE THERAPISTS WAS SEEN 2 OCCUPATIONAL	1	2377	2377	MPP_3B_2
3C	529	HOW MANY TIMES DID...SEE OCCUPATIONAL THERAPIST IN PAST MONTH (01-99 TIMES)	2	2378	2379	MPP_3CO
3D	530	DID...SEE THIS THERAPIST AT HOME/ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2380	2380	MPP_DO
3B	531	WHICH OF THESE THERAPISTS WAS SEEN 3 SPEECH	1	2381	2381	MPP_B_3
3C	532	HOW MANY TIMES DID...SEE A SPEECH THERAPIST IN PAST MONTH (01-99 TIMES)	2	2382	2383	MPP_3CS
3D	533	DID...SEE THIS THERAPIST AT HOME/ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2384	2384	MPP_DS
3B	534	WHICH OF THESE THERAPISTS WAS SEEN 4 HEARING	1	2385	2385	MPP_B_4
3C	535	HOW MANY TIMES DID...SEE A HEARING THERAPIST IN PAST MONTH (01-99 TIMES)	2	2386	2387	MPP_3CH
3D	356	DID...SEE THERAPIST AT HOME/ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2388	2388	MPP_3DH
3E	537	WILL...PAY ANY OF THE CHARGES FOR VISITS 1 YES 2 NO 3 INCLUDED WITH OTHER CHARGES	1	2389	2389	MPP_E
3F	538	HOW MUCH DOLLARS (000001-999999)	6	2390	2395	MPP_F_1

	539	PERCENT 001-100	3	2396	2398	MPP_F_2
	540	99 DK	2	2399	2400	MPP_F_3
3G	541	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY 1 YES 2 NO	1	2401	2401	MPP_3G
E.1	542	CHECK ITEM E.1: REFER TO ITEMS 3E & 3G 1 SAMPLE PERSON PAID NOTHING *AND* NO ONE ELSE WILL PAY 2 ALL OTHERS	1	2402	2402	MPP_CK6
3H		WHY WAS THERE NO CHARGE				
	543	1 ONE GENERAL FEE/BLANKET CHARGE 1 (MARKED)	1	2403	2403	MPP_3H_1
		2 GROUP PRACTICE PREPAYMENT/HMO 1 (MARKED)	1	2404	2404	MPP_3H_2
		3 WELFARE/PUBLIC ASSISTANCE 1 (MARKED)	1	2405	2405	MPP_3H_3
		4 PRIVATE ORGANIZATION/CHARITY 1 (MARKED)	1	2406	2406	MPP_3H_4
		5 FEDERAL/STATE/CITY HOSP/CLINIC/HEALTH DEPT 1 (MARKED)	1	2407	2407	MPP_3H_5
		6 PROFESSIONAL COURTESY 1 (MARKED)	1	2408	2408	MPP_3H_6
	544	7 OTHER 1 (MARKED)	1	2409	2409	MPP_3H_7
3I		WHO BELOW WILL END UP PAYING				
	545	11 FEE FOR SERVICE INSURANCE PLANS 1 (MARKED)	1	2410	2410	MPP_3I01
		12 HMO/PREPAID GROUP 1 (MARKED)	1	2411	2411	MPP_3I03
		13 MEDICARE 1 (MARKED)	1	2412	2412	MPP_3I05
	546	14 MEDICAID 1 (MARKED)	1	2413	2413	MPP_3I07
		15 VETERANS ADMINISTRATION (VA) 1 (MARKED)	1	2414	2414	MPP_3I09
		16 HOUSEHOLD MEMBERS 1 (MARKED)	1	2415	2415	MPP_3I11
	547	PERSON NUMBER (02-20,99)	2	2416	2417	MPP_3I11_2
	548	PERSON NUMBER (02-20,99)	2	2418	2419	MPP_3I11_3
	549	17 CHILDREN NOT LIVING AT HOME 1 (MARKED)	1	2420	2420	MPP_3I13
	550	PERSON NUMBER (31-48,99)	2	2421	2422	MPP_3I13_2
	551	PERSON NUMBER (31-48,99)	2	2423	2424	MPP_3I13_3
	552	PERSON NUMBER (31-48,99)	2	2425	2426	MPP_3I13_4
	553	PERSON NUMBER (31-48,99)	2	2427	2428	MPP_3I13_5
		OTHER NONHOUSEHOLD MEMBERS				
	554	18 FATHER 1 (MARKED)	1	2429	2429	MPP_3I16
		19 MOTHER 1 (MARKED)	1	2430	2430	MPP_3I18
		20 SON-IN-LAW 1 (MARKED)	1	2431	2431	MPP_3I02

555	21	DAUGHTER-IN-LAW 1 (MARKED)	1	2432	2432	MPP_3I04
	22	BROTHER 1 (MARKED)	1	2433	2433	MPP_3I06
	23	SISTER 1 (MARKED)	1	2434	2434	MPP_3I08
556	24	OTHER MALE RELATIVE 1 (MARKED)	1	2435	2435	MPP_3I10
	25	OTHER FEMALE RELATIVE 1 (MARKED)	1	2436	2436	MPP_3I12
	26	MALE FRIEND 1 (MARKED)	1	2437	2437	MPP_3I14
557	27	FEMALE FRIEND 1 (MARKED)	1	2438	2438	MPP_3I15
558	28	OTHER 1 (MARKED)	1	2439	2439	MPP_3I17
4A	559	IN PAST MONTH DID...DISCUSS ANY PERSONAL PROBLEM WITH A MENTAL HEALTH PROFESSIONAL 1 YES 2 NO	1	2440	2440	MPP_4A
4B	560	HOW MANY TIMES HAS...SEE A MENTAL HEALTH PROFESSIONAL IN PAST MONTH (01-99 TIMES)	2	2441	2442	MPP_4B
4C	561	WILL...PAY ANY OF THE CHARGES FOR THE VISIT 1 YES 2 NO 3 INCLUDED WITH OTHER CHARGES	1	2443	2443	MPP_4C
4D		HOW MUCH				
	562	DOLLARS (000001-999999)	6	2444	2449	MPP_4D_1
	563	PERCENT 001-100	3	2450	2452	MPP_4D_2
	564	99 DK	2	2453	2454	MPP_D_3
4E	565	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY 1 YES 2 NO	1	2455	2455	MPP_4E
E.2	566	CHECK ITEM E.2: REFER TO ITEMS 4C & 4E 1 SAMPLE PERSON PAID NOTHING *AND* NO ONE ELSE WILL PAY 2 ALL OTHERS	1	2456	2456	MPP_CK8
4F		WHY WAS THERE NO CHARGE				
	567	1 ONE GENERAL FEE/BLANKET CHARGE 1 (MARKED)	1	2457	2457	MPP_4F_1
		2 GROUP PRACTICE PREPAYMENT/HMO 1 (MARKED)	1	2458	2458	MPP_4F_2
		3 WELFARE/PUBLIC ASSISTANCE 1 (MARKED)	1	2459	2459	MPP_4F_3
		4 PRIVATE ORGANIZATION/CHARITY 1 (MARKED)	1	2460	2460	MPP_4F_4
		5 FEDERAL/STATE/CITY HOSP/CLINIC/HEALTH DEPT 1 (MARKED)	1	2461	2461	MPP_4F_5
		6 PROFESSIONAL COURTESY	1	2462	2462	MPP_4F_6

	1 (MARKED)					
568	7 OTHER	1	2463	2463	MPP_4F_7	
	1 (MARKED)					
4G	WHO BELOW WILL END UP PAYING					
569	11 FEE FOR SERVICE INSURANCE PLANS	1	2464	2464	MPP_4G01	
	1 (MARKED)					
	12 HMO/PREPAID GROUP	1	2465	2465	MPP_4G03	
	1 (MARKED)					
	13 MEDICARE	1	2466	2466	MPP_4G05	
	1 (MARKED)					
570	14 MEDICAID	1	2467	2467	MPP_4G07	
	1 (MARKED)					
	15 VETERANS ADMINISTRATION (VA)	1	2468	2468	MPP_4G09	
	1 (MARKED)					
	16 HOUSEHOLD MEMBERS	1	2469	2469	MPP_4G11	
	1 (MARKED)					
571	PERSON NUMBER (02-20,99)	2	2470	2471	MPP_4G11_2	
572	PERSON NUMBER (02-20,99)	2	2472	2473	MPP_4G11_3	
573	17 CHILDREN NOT LIVING AT HOME	1	2474	2474	MPP_4G13	
	1 (MARKED)					
574	PERSON NUMBER (31-48,99)	2	2475	2476	MPP_4G13_2	
575	PERSON NUMBER (31-48,99)	2	2477	2478	MPP_4G13_3	
576	PERSON NUMBER (31-48,99)	2	2479	2480	MPP_4G13_4	
577	PERSON NUMBER (31-48,99)	2	2481	2482	MPP_4G13_5	
	OTHER NONHOUSEHOLD MEMBERS					
578	18 FATHER	1	2483	2483	MPP_4G16	
	1 (MARKED)					
	19 MOTHER	1	2484	2484	MPP_4G18	
	1 (MARKED)					
	20 SON-IN-LAW	1	2485	2485	MPP_4G02	
	1 (MARKED)					
579	21 DAUGHTER-IN-LAW	1	2486	2486	MPP_4G04	
	1 (MARKED)					
	22 BROTHER	1	2487	2487	MPP_4G06	
	1 (MARKED)					
	23 SISTER	1	2488	2488	MPP_4G08	
	1 (MARKED)					
580	24 OTHER MALE RELATIVE	1	2489	2489	MPP_4G10	
	1 (MARKED)					
	25 OTHER FEMALE RELATIVE	1	2490	2490	MPP_4G12	
	1 (MARKED)					
	26 MALE FRIEND	1	2491	2491	MPP_4G14	
	1 (MARKED)					
581	27 FEMALE FRIEND	1	2492	2492	MPP_4G15	
	1 (MARKED)					
582	28 OTHER	1	2493	2493	MPP_4G17	
	1 (MARKED)					
5A	583 IN PAST MONTH DID...RECEIVE CARE FROM DENTIST/ FOOT DOCTOR/OPTOMETRIST/CHIROPRACTOR	1	2494	2494	MPP_5A	
	1 YES					
	2 NO					
5B	WHICH WAS SEEN					
584	1 DENTIST	1	2495	2495	MPP_5B_1	

5C	585	HOW MANY TIMES DID...SEE DENTIST IN PAST MONTH 01-99 TIMES	2	2496	2497	MPP_5CD
5D	586	DID...SEE DENTIST AT HOME/ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2498	2498	MPP_5DD
5B	587	WHICH WAS SEEN 2 FOOT DOCTOR	1	2499	2499	MPP_5B_2
5C	588	HOW MANY TIMES DID...SEE FOOT DOCTOR IN THE PAST MONTH (01-99 TIMES)	2	2500	2501	MPP_5CF
5D	589	DID...SEE FOOT DOCTOR AT HOME/ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2502	2502	MPP_5DF
5B	590	WHICH WAS SEEN 3 OPTOMETRIST	1	2503	2503	MPP_5B_3
5C	591	HOW MANY TIMES DID...SEE OPTOMETRIST IN IN PAST MONTH (01-99 TIMES)	2	2504	2505	MPP_5CT
5D	592	DID...SEE OPTOMETRIST AT HOME/ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2506	2506	MPP_DT
5B	593	WHICH WAS SEEN 4 CHIROPRACTOR	1	2507	2507	MPP_5B_4
5C	594	HOW MANY TIMES DID...SEE CHIROPRACTOR IN PAST MONTH (01-99 TIMES)	2	2508	2509	MPP_5CC
5D	595	DID...SEE CHIROPRACTOR AT HOME\ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	2510	2510	MPP_DC
6A	596	IN PAST MONTH DID...GO TO EMERGENCY ROOM/CLINIC AND DID *NOT* STAY OVERNIGHT 1 YES 2 NO	1	2511	2511	MPP_6A
6B	597	HOW MANY TIMES DID...GO TO EMERG IN PAST MONTH 01-99 TIMES	2	2512	2513	MPP_6B
7A	598	IN PAST MONTH DID...GO TO DOCTORS OFFICE 1 YES 2 NO	1	2514	2514	MPP_7A
7B	599	HOW MANY TIME DID...GO TO DOCTORS OFFICE IN PAST MONTH (01-99 TIMES)	2	2515	2516	MPP_7B
8A	600	IN PAST MONTH DID...SEE A DOCTOR IN OWN HOME	1	2517	2517	MPP_8A

		1 YES				
		2 NO				
8B	601	HOW MANY TIME DID...SEE DOCTOR IN OWN HOME IN PAST MONTH (01-99 TIMES)	2	2518	2519	MPP_8B
9	602	DOES...HAVE A REGULAR SOURCE OF MEDICAL CARE	1	2520	2520	MPP_9
		1 YES				
		2 NO				
10A	603	IN PAST MONTH DID...RECEIVE NURSING CARE AT HOME FROM VISITING NURSE	1	2521	2521	MPP_10A
		1 YES				
		2 NO				
E.3	604	CHECK ITEM E.3: RESPONDENT IS	1	2522	2522	MPP_CK12
		1 SAMPLE PERSON				
		2 PROXY				
11A	605	IN LAST MONTH DID YOU HAVE A HEALTH PROBLEM & DID NOT SEE DOCTOR BUT WOULD HAVE LIKED TO	1	2523	2523	MPP_11A
		1 YES				
		2 NO				
11B		WHAT IS THE REASON YOU DID NOT SEE DOCTOR				
	606	1 FINANCIAL	1	2524	2524	MPP_1105
		1 (MARKED)				
		2 TIME	1	2525	2525	MPP_1106
		1 (MARKED)				
		3 AVAILABILITY OF A DOCTOR	1	2526	2526	MPP_1107
		1 (MARKED)				
	607	4 TRANSPORTATION	1	2527	2527	MPP_1108
		1 (MARKED)				
		5 NOT FREE TO LEAVE	1	2528	2528	MPP_1109
		1 (MARKED)				
		6 PROBLEM NOT SERIOUS	1	2529	2529	MPP_1110
		1 (MARKED)				
	608	7 AFRAID TO FIND OUT WHAT'S WRONG	1	2530	2530	MPP_1111
		1 (MARKED)				
		8 WEATHER	1	2531	2531	MPP_1112
		1 (MARKED)				
	609	9 OTHER REASONS	1	2532	2532	MPP_1113
		1 (MARKED)				
12A		IN LAST MONTH HOW MANY PRESCRIPTIONS WERE BOUGHT/OBTAINED FOR...	2	2533	2534	MPP_12A
	610	01-99				
	611	00 NONE				
12B	612	WILL...PAY ANY OF THE CHARGES FOR PRESCRIPTIONS	1	2535	2535	MPP_12B
		1 YES				
		2 NO				
		3 INCLUDED WITH OTHER CHARGES				
12C		HOW MUCH				
	613	DOLLARS (000001-999999)	6	2536	2541	MPP_12C1
	614	PERCENT	3	2542	2544	MPP_12C2

		001-100				
	615	99 DK	2	2545	2546	MPP_12C3
12D	616	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	2547	2547	MPP_12D
		1 YES				
		2 NO				
E.4	617	CHECK ITEM E.4: REFER TO ITEMS 12B & 12D	1	2548	2548	MPP_CK13
		1 SAMPLE PERSON PAID NOTHING *AND* NO ONE ELSE WILL PAY				
		2 ALL OTHERS				
12E		WHY WAS THERE NO CHARGE				
	618	1 ONE GENERAL FEE/BLANKET CHARGE	1	2549	2549	MPP_1202
		1 (MARKED)				
		2 GROUP PRACTICE PREPAYMENT/HMO	1	2550	2550	MPP_1203
		1 (MARKED)				
		3 WELFARE/PUBLIC ASSISTANCE	1	2551	2551	MPP_1204
		1 (MARKED)				
		4 PRIVATE ORGANIZATION/CHARITY	1	2552	2552	MPP_1205
		1 (MARKED)				
		5 FEDERAL/STATE/CITY HOSP/CLINIC/HEALTH DEPT	1	2553	2553	MPP_1206
		1 (MARKED)				
		6 PROFESSIONAL COURTESY	1	2554	2554	MPP_1207
		1 (MARKED)				
	619	7 OTHER	1	2555	2555	MPP_1208
		1 (MARKED)				
12F		WHO BELOW WILL END UP PAYING				
	620	11 FEE FOR SERVICE INSURANCE PLANS	1	2556	2556	MPP_1213
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	2557	2557	MPP_1215
		1 (MARKED)				
		13 MEDICARE	1	2558	2558	MPP_1217
		1 (MARKED)				
	621	14 MEDICAID	1	2559	2559	MPP_1219
		1 (MARKED)				
		15 VETERANS ADMINISTRATION (VA)	1	2560	2560	MPP_1221
		1 (MARKED)				
		16 HOUSEHOLD MEMBERS	1	2561	2561	MPP_1223
		1 (MARKED)				
	622	PERSON NUMBER (02-20,99)	2	2562	2563	MPP_1223_2
	623	PERSON NUMBER (02-20,99)	2	2564	2565	MPP_1223_3
	624	17 CHILDREN NOT LIVING AT HOME	1	2566	2566	MPP_1225
		1 (MARKED)				
	625	PERSON NUMBER (31-48,99)	2	2567	2568	MPP_1225_2
	626	PERSON NUMBER (31-48,99)	2	2569	2570	MPP_1225_3
	627	PERSON NUMBER (31-48,99)	2	2571	2572	MPP_1225_4
	628	PERSON NUMBER (31-48,99)	2	2573	2574	MPP_1225_5
		OTHER NONHOUSEHOLD MEMBERS				
	629	18 FATHER	1	2575	2575	MPP_1228
		1 (MARKED)				
		19 MOTHER	1	2576	2576	MPP_1230
		1 (MARKED)				
		20 SON-IN-LAW	1	2577	2577	MPP_1214
		1 (MARKED)				
	630	21 DAUGHTER-IN-LAW	1	2578	2578	MPP_1216

		1 (MARKED)				
	22	BROTHER	1	2579	2579	MPP_1218
		1 (MARKED)				
	23	SISTER	1	2580	2580	MPP_1220
		1 (MARKED)				
631	24	OTHER MALE RELATIVE	1	2581	2581	MPP_1222
		1 (MARKED)				
	25	OTHER FEMALE RELATIVE	1	2582	2582	MPP_1224
		1 (MARKED)				
	26	MALE FRIEND	1	2583	2583	MPP_1226
		1 (MARKED)				
632	27	FEMALE FRIEND	1	2584	2584	MPP_2127
		1 (MARKED)				
	28	PUBLIC PROGRAM (NON-MEDICAID)	1	2585	2585	MPP_1231
		1 (MARKED)				
	29	PRIVATE CHARITY	1	2586	2586	MPP_1232
		1 (MARKED)				
633	31	OTHER	1	2587	2587	MPP_1229
		1 (MARKED)				
13	634	IS...TAKING PRESCRIPTION MEDICATION TO HELP CALM DOWN/RELIEVE DEPRESSION	1	2588	2588	MPP_13
		1 YES				
		2 NO				

SECTION F: COGNITIVE FUNCTIONING

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
F.1	635	CHECK ITEM F.1: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	2589 2589	MNT_CK1
**NOTE: THE FOLLOWING ITEMS ARE SCORES BASED ON THE SAMPLE PERSONS ANSWERS TO THE QUESTIONS					
1	636	WHAT IS THE DATE TODAY 1 PLUS (+) 2 MINUS (-)	1	2590 2590	MNT_1
2	637	WHAT DAY OF THE WEEK IS IT 1 PLUS (+) 2 MINUS (-)	1	2591 2591	MNT_2
3	638	WHAT IS YOUR STREET ADDRESS 1 PLUS (+) 2 MINUS (-)	1	2592 2592	MNT_3
4	639	IN WHAT STATE IS THIS 1 PLUS (+) 2 MINUS (-)	1	2593 2593	MNT_4
5	640	HOW OLD ARE YOU	1	2594 2594	MNT_5

		1 PLUS (+)				
		2 MINUS (-)				
6	641	WHEN WERE YOU BORN	1	2595	2595	MNT_6
		1 PLUS (+)				
		2 MINUS (-)				
7	642	WHO IS THE PRESIDENT OF THE U.S. NOW	1	2596	2596	MNT_7
		1 PLUS (+)				
		2 MINUS (-)				
8	643	WHO WAS THE PRESIDENT JUST BEFORE HIM	1	2597	2597	MNT_8
		1 PLUS (+)				
		2 MINUS (-)				
9	644	WHAT WAS YOUR MOTHERS MAIDEN NAME	1	2598	2598	MNT_9
		1 PLUS (+)				
		2 MINUS (-)				
10	645	SUBTRACT 3 FROM 20 AND KEEP SUBTRACTING 3 FROM EACH NEW NUMBER YOU GET, ALL THE WAY DOWN. CAN YOU SUBTRACT 3 FROM THE LAST NUMBER	1	2599	2599	MNT_10
		1 PLUS (+)				
		2 MINUS (-)				

SECTION G: MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
G.1	646	CHECK ITEM G.1: FIRST CHARACTER OF CNTL # "N"	1	2600 2600	INC_CK2
		1 YES			
		2 NO			
1A	647	DID...*EVER* SERVE ACTIVE DUTY IN ARMED FORCES	1	2601 2601	INC_1A
		1 YES			
		2 NO			
1B	648	WHEN DID ... SERVE			
		1 WORLD WAR I	1	2602 2602	INC_1B_1
		1 (MARKED)			
		2 WORLD WAR II	1	2603 2603	INC_1B_2
		1 (MARKED)			
		3 KOREAN WAR	1	2604 2604	INC_1B_3
		1 (MARKED)			
		4 VIETNAM ERA	1	2605 2605	INC_1B_4
		1 (MARKED)			
		5 POST-VIETNAM	1	2606 2606	INC_1B_5
		1 (MARKED)			
		6 OTHER SERVICE (ALL OTHER PERIODS)	1	2607 2607	INC_1B_6
		1 (MARKED)			
1C	649	WAS...*EVER* ACTIVE MEMBER OF NATL GUARD/RESERVE	1	2608 2608	INC_1C
		1 YES			

- 2 NO
- 3 DK

1D	650	WAS *ALL*...ACTIVE DUTY RELATED TO NATIONAL GUARD/MILITARY RESERVE TRAINING	1	2609	2609	INC_1D
		1 YES				
		2 NO				
2A	651	DOES...HAVE DISABILITY RELATED TO FORCES SERVICE	1	2610	2610	INC_2A
		1 YES				
		2 NO				
2B	652	WHAT IS...CURRENT VA DISABILITY RATING 001-100 PERCENT	3	2611	2613	INC_2B
3A	653	IS...OF SPANISH/HISPANIC ORIGIN	1	2614	2614	INC_3A
		1 YES				
		2 NO				
3B		WHAT IS... 'S RACE	1	2615	2615	INC_3B
	654	1 WHITE				
		2 BLACK				
		3 AMERICAN INDIAN,ESKIMO,OR ALEUT				
		4 ASIAN OR PACIFIC ISLANDER				
	655	5 OTHER				
4		TYPE OF PLACE...NOW LIVING	1	2616	2616	INC_4
	656	1 ALONE/WITH OTHERS IN HOME (INDEPENDENT)				
		2 RETIREMENT HOME				
		3 BOARDING HOUSE/ROOMING HOUSE/RENTED ROOM				
		4 FOSTER OR FAMILY CARE HOME				
		5 GROUP HOME/COMMUNITY RESIDENTIAL FACILITY				
		6 ASSISTED-LIVING SETTING				
	657	7 ANOTHER PLACE				
	658	9 DON'T KNOW				

****| SECTION G QUESTIONS 5 THROUGH 12 BELONG TO |****
 ****| PROGRAM 8 AND ARE FOUND FOLLOWING PROGRAM 7 |****

PGM 6						
13A	659	DID...RECEIVE FOOD STAMPS LAST MONTH	1	2617	2617	INC_13A
		1 YES				
		2 NO				
13B	660	WHAT WAS THE VALUE OF THE STAMPS RECEIVED 0000-9999	6	2618	2623	INC_13B
13C	661	HOW LONG HAS/HAVE...RECEIVED FOOD STAMPS YEARS	2	2624	2625	INC_13C1
		MONTHS	2	2626	2627	INC_13C2
G.2	662	CHECK ITEM G.2: SAM PERSON'S FAM IN HH *NOW* HAS	1	2628	2628	INC_CK2A
		1 ONE OR MORE PERSONS UNDER 21 YEARS OF AGE				
		2 NO PERSONS UNDER 21 YRS				

14A	663	DID...RECEIVE ANY PYMT FROM AFDC/ADC LAST MONTH 1 YES 2 NO	1	2629	2629	INC_14A
14B	664	WHOSE NAME WAS ON THE CHECK PERSON NUMBER (01-48,99)	2	2630	2631	INC_14B
14C	665	HOW MUCH WAS THE CHECK FOR (0001-9999 DOLLARS)	6	2632	2637	INC_14C
14D		WHOM DID THE CHECK COVER				
	666	PERSON NUMBER (01-48,99)	2	2638	2639	INC_14D1
	667	PERSON NUMBER (01-48,99)	2	2640	2641	INC_14D2
	668	PERSON NUMBER (01-48,99)	2	2642	2643	INC_14D3
	669	PERSON NUMBER (01-48,99)	2	2644	2645	INC_14D4
15A	670	DID...RECEIVE ANY OTHER WELFARE PYMT LAST MONTH 1 YES 2 NO	1	2646	2646	INC_15A
15B	671	WHOSE NAME WAS ON THE CHECK PERSON NUMBER (01-48,99)	2	2647	2648	INC_15B
15C	672	HOW MUCH WAS THE CHECK FOR (0001-9999 DOLLARS)	6	2649	2654	INC_15C
15D		WHOM DID THE CHECK COVER				
	673	PERSON NUMBER (01-48,99)	2	2655	2656	INC_15D1
	674	PERSON NUMBER (01-48,99)	2	2657	2658	INC_15D2
	675	PERSON NUMBER (01-48,99)	2	2659	2660	INC_15D3
	676	PERSON NUMBER (01-48,99)	2	2661	2662	INC_15D4

**** | SECTION G QUESTIONS 16 THROUGH 17 BELONGS TO |****
 **** | PROGRAM 9 AND ARE FOUND FOLLOWING PROGRAM 8 |****

PGM 6

18A	677	TOTAL COMBINED HH INCOME DURING *LAST* 12 MONTHS (INCLUDE ALL FAMILY LIVING W/ SAM PER)	2	2663	2664	INC_18A
		01 UNDER \$3,000				
		02 \$ 3,000 - \$ 3,999				
		03 4,000 - 4,999				
		04 5,000 - 5,999				
		05 6,000 - 6,999				
		06 7,000 - 7,999				
		07 8,000 - 8,999				
		08 9,000 - 9,999				
		09 10,000 - 11,999				
		10 12,000 - 14,999				
		11 15,000 - 19,999				
		12 20,000 - 24,999				
		13 25,000 - 29,999				
		14 30,000 - 39,999				
		15 40,000 - 49,999				
		16 50,000 - 59,999				
		17 60,000 - 74,999				
		18 75,000 OR MORE				

88 REFUSED
99 DK

G.3	678	CHECK ITEM: REFER TO CNTL CARD ITEMS 12C,14,15 FAMILY MEMBERS OVER 15 YRS-OTHER THAN SPOUSE- LIVING WITH SAMPLE PERSON *NOW* 1 YES 2 NO	1	2665	2665	INC_CK3
18B	679	TOTAL COMBINED INCOME DURING LAST 12 MONTHS (INCLUDE ONLY INCOME FROM...AND SPOUSE) 01 UNDER \$3,000 02 \$ 3,000 - \$ 3,999 03 4,000 - 4,999 04 5,000 - 5,999 05 6,000 - 6,999 06 7,000 - 7,999 07 8,000 - 8,999 08 9,000 - 9,999 09 10,000 - 11,999 10 12,000 - 14,999 11 15,000 - 19,999 12 20,000 - 24,999 13 25,000 - 29,999 14 30,000 - 39,999 15 40,000 - 49,999 16 50,000 - 59,999 17 60,000 - 74,999 18 75,000 OR MORE 88 REFUSED 99 DK	2	2666	2667	INC_18B
19	680	HOW MANY VEHICLES ARE OWNED BY...& HH FAMILY 00 NONE 01-99	2	2668	2669	INC_19
20A	681	SINCE 1989 HAS.../SPOUSE SOLD A HOUSE 1 YES 2 NO	1	2670	2670	INC_20A
20B	682	WHAT YEAR WAS HOUSE SOLD 89-94 1989 TO 1994 99 DK	2	2671	2672	INC_20B
20C	683	WHY DID...SELL THIS HOUSE 1 NO LONGER NEEDED/WANTED/ABLE TO MAINTAIN 1 (MARKED) 2 WANTED LESS EXPENSIVE HOUSE TO MAINTAIN 1 (MARKED) 3 MARRIED/WIDOWED/DIVORCED/SEPARATED 1 (MARKED) 4 TO BE CLOSER TO FAMILY/FRIENDS 1 (MARKED) 5 TO HELP COVER MEDICAL EXPENSES 1 (MARKED) 6 EMPLOYMENT RELATED 1 (MARKED)	1 1 1 1 1 1	2673 2674 2675 2676 2677 2678	2673 2674 2675 2676 2677 2678	INC_20C1 INC_20C2 INC_20C3 INC_20C4 INC_20C5 INC_20C6

684	7	RETIRED AND RELOCATED	1	2679	2679	INC_20C7
	1	(MARKED)				
	8	TO BE CONVENIENT TO PUBLIC TRANSIT/SERVICES	1	2680	2680	INC_20C8
	1	(MARKED)				
	9	OTHER	1	2681	2681	INC_20C9
	1	(MARKED)				
20D	685	WERE ANY OF SALE PROCEEDS USED FOR MED EXPENSES	1	2682	2682	INC_20D
	1	YES				
	2	NO				
21A	686	ARE...LIVING QUARTERS OWNED/BEING BOUGHT BY SOMEONE IN HOUSEHOLD	1	2683	2683	INC_21A
	1	YES				
	2	NO				
21B	687	ARE...LVNG QRTRS RENTED FOR CASH/ W/OUT PYMT	1	2684	2684	INC_21B
	1	RENTED FOR CASH				
	2	OCCUPIED W/OUT PAYMENT OF RENT				
22	688	ABOUT HOW MUCH IS THE RENT EACH MONTH 000001-999999 DOLLARS	6	2685	2690	INC_22
23		IN WHOSE NAME IS HOUSE/APT RENTED				
	689	1 HOUSEHOLD MEMBER(S)	1	2691	2691	INC_23_1
		1 (MARKED)				
	690	PERSON NUMBER (02-20,99)	2	2692	2693	INC_23_1A
	691	PERSON NUMBER (02-20,99)	2	2694	2695	INC_23_1B
	692	2 CHILDREN NONHOUSEHOLD MEMBERS	1	2696	2696	INC_23_2
		1 (MARKED)				
	693	PERSON NUMBER (31-48,99)	2	2697	2698	INC_23_2A
	694	PERSON NUMBER (31-48,99)	2	2699	2700	INC_23_2B
	695	PERSON NUMBER (31-48,99)	2	2701	2702	INC_23_2C
	696	PERSON NUMBER (31-48,99)	2	2703	2704	INC_23_2D
	697	3 OTHER NONHOUSEHOLD MEMBER(S)	1	2705	2705	INC_23_3
		1 (MARKED)				
24A	698	WHAT IS THE PRESENT VALUE OF THIS HOME	6	2706	2711	INC_24A
	699	88 REFUSED	2	2712	2713	INC_24A_DK
		99 DON'T KNOW				
24B	700	WHICH CATEGORY REPRESENTS PRESENT VALUE OF HOME	1	2714	2714	INC_24B
	1	UNDER \$20,000				
	2	\$ 20,000 - \$ 34,999				
	3	35,000 - 49,999				
	4	50,000 - 74,999				
	5	75,000 - 99,999				
	6	100,000 - 149,999				
	7	150,000 OR MORE				
24C	701	IS THERE A MORTGAGE/INDEBTEDNESS AT PRESENT	1	2715	2715	INC_24C
	1	YES				
	2	NO				
24D	702	ABOUT HOW MUCH IS STILL OWED 000000-999999 DOLLARS	6	2716	2721	INC_24D

24E	703	ABOUT HOW MUCH IS...MONTHLY MORTGAGE PAYMENT 000000-999999 DOLLARS	6	2722	2727	INC_24E
25		WHO OWNS THIS HOUSE/APARTMENT				
	704	1 HOUSEHOLD MEMBER(S) 1 (MARKED)	1	2728	2728	INC_25_1
	705	PERSON NUMBER (02-20,99)	2	2729	2730	INC_25_1A
	706	PERSON NUMBER (02-20,99)	2	2731	2732	INC_25_1B
	707	2 CHILDREN NONHOUSEHOLD MEMBERS 1 (MARKED)	1	2733	2733	INC_25_2
	708	PERSON NUMBER (31-48,99)	2	2734	2735	INC_25_2A
	709	PERSON NUMBER (31-48,99)	2	2736	2737	INC_25_2B
	710	PERSON NUMBER (31-48,99)	2	2738	2739	INC_2F_2C
	711	PERSON NUMBER (31-48,99)	2	2740	2741	INC_25_2D
	712	3 OTHER NONHOUSEHOLD MEMBER(S) 1 (MARKED)	1	2742	2742	INC_25_3
26		DURING LAST MONTH DID.../SPOUSE OWN:				
26A	713	1 SAVINGS ACCOUNTS IN BANK/S&L/CREDIT UNION 1 YES 2 NO	1	2743	2743	INC_26A1
26B		TOTAL VALUE AS OF TODAY				
	714	DOLLARS (000000-999999)	6	2744	2749	INC_26B1
	715	88 REFUSED 99 DK	2	2750	2751	INC_26B1_DK
26C	716	ARE ACCOUNTS JOINTLY OWNED 1 YES 2 NO	1	2752	2752	INC_26C1
26A	717	2 CERTIFICATES OF DEPOSIT/OTHER SAVINGS CERT 1 YES 2 NO	1	2753	2753	INC_26A2
26B		TOTAL VALUE AS OF TODAY				
	718	DOLLARS (000000-999999)	6	2754	2759	INC_26B2
	719	88 REFUSED 99 DK	2	2760	2761	INC_26B2_DK
26C	720	ARE CERTIFICATES JOINTLY OWNED 1 YES 2 NO	1	2762	2762	INC_26C2
26A	721	3 MONEY MARKET FUNDS 1 YES 2 NO	1	2763	2763	INC_26A3
26B		TOTAL VALUE AS OF TODAY				
	722	DOLLARS (000000-999999)	6	2764	2769	INC_26B3
	723	88 REFUSED 99 DK	2	2770	2771	INC_26B3_DK
26C	724	ARE MM FUNDS JOINTLY OWNED 1 YES 2 NO	1	2772	2772	INC_26C3
26A	725	4 U.S. GOVT SECURITIES/BONDS 1 YES 2 NO	1	2773	2773	INC_26A4
26B		TOTAL VALUE AS OF TODAY				
	726	DOLLARS (000000-999999)	6	2774	2779	INC_26B4
	727	88 REFUSED	2	2780	2781	INC_26B4_DK

26C	728	99 DK ARE GOVT SECURITIES JOINTLY OWNED 1 YES 2 NO	1	2782	2782	INC_26C4
26A	729	5 MUNICIPAL OR CORPORATE BONDS 1 YES 2 NO	1	2783	2783	INC_26A5
26B		TOTAL VALUE AS OF TODAY				
	730	DOLLARS (000000-999999)	6	2784	2789	INC_26B5
	731	88 REFUSED 99 DK	2	2790	2791	INC_26B5_DK
26C	732	ARE BONDS JOINTLY OWNED 1 YES 2 NO	1	2792	2792	INC_26C5
26A	733	6 MONEY MARKET ACCOUNTS 1 YES 2 NO	1	2793	2793	INC_26A6
26B		TOTAL VALUE AS OF TODAY				
	734	DOLLARS (000000-999999)	6	2794	2799	INC_26B6
	735	88 REFUSED 99 DK	2	2800	2801	INC_26B6_DK
26C	736	ARE MM ACCOUNTS JOINTLY OWNED 1 YES 2 NO	1	2802	2802	INC_26C6
26A	737	7 MORTGAGES 1 YES 2 NO	1	2803	2803	INC_26A7
26B		TOTAL VALUE AS OF TODAY				
	738	DOLLARS (000000-999999)	6	2804	2809	INC_26B7
	739	88 REFUSED 99 DK	2	2810	2811	INC_26B7_DK
26C	740	ARE MORTGAGES JOINTLY OWNED 1 YES 2 NO	1	2812	2812	INC_26C7
26A	741	8 OTHER INTEREST-EARNING ASSETS 1 YES 2 NO	1	2813	2813	INC_26A8
26B		TOTAL VALUE AS OF TODAY				
	742	DOLLARS (000000-999999)	6	2814	2819	INC_26B8
	743	88 REFUSED 99 DK	2	2820	2821	INC_26B8_DK
26C	744	ARE ASSETS JOINTLY OWNED 1 YES 2 NO	1	2822	2822	INC_26C8
27		DURING LAST MONTH DID.../SPOUSE HAVE:				
27A	745	1 STOCKS OR MUTUAL FUND SHARES 1 YES 2 NO	1	2823	2823	INC_27A1
27B		TOTAL VALUE AS OF TODAY				
	746	DOLLARS (000000-999999)	6	2824	2829	INC_27B1
	747	88 REFUSED 99 DK	2	2830	2831	INC_27B1_DK

27C	748	ARE SHARES JOINTLY OWNED	1	2832	2832	INC_27C1
		1 YES				
		2 NO				
27A	749	2 PROPERTY FROM WHICH...RECEIVED RENTAL INC	1	2833	2833	INC_27A2
		1 YES				
		2 NO				
27B		TOTAL VALUE AS OF TODAY				
	750	DOLLARS (000000-999999)	6	2834	2839	INC_27B2
	751	88 REFUSED	2	2840	2841	INC_27B2_DK
		99 DK				
27C	752	IS PROPERTY JOINTLY OWNED	1	2842	2842	INC_27C2
		1 YES				
		2 NO				
27A	753	3 FINANCIAL INTEREST IN A BUSINESS	1	2843	2843	INC_27A3
		1 YES				
		2 NO				
27B		TOTAL VALUE AS OF TODAY				
	754	DOLLARS (000000-999999)	6	2844	2849	INC_27B3
	755	88 REFUSED	2	2850	2851	INC_27B3_DK
		99 DK				
27C	756	ARE INVESTMENTS JOINTLY OWNED	1	2852	2852	INC_27C3
		1 YES				
		2 NO				
27A	757	4 ANY OTHER FINANCIAL INVESTMENTS	1	2853	2853	INC_27A4
		1 YES				
		2 NO				
27B		TOTAL VALUE AS OF TODAY				
	758	DOLLARS (000000-999999)	6	2854	2859	INC_27B4
	759	88 REFUSED	2	2860	2861	INC_27B4_DK
		99 DK				
27C	760	ARE INVESTMENTS JOINTLY OWNED	1	2862	2862	INC_27C4
		1 YES				
		2 NO				
28	761	WHAT IS YOU SOCIAL SECURITY # (BLANKED FIELD)	20	2863	2882	
	762	88 REFUSED	2	2883	2884	INC_28_DK
		99 DON'T KNOW				

SECTION H: FIELD REPRESENTATIVE OBSERVATIONS

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
H.1	763	CHECK ITEM H.1:	1	2885 2885	OBS_FR1
		1 SAMPLE PER ANSWERED ALL QUESTIONS			
		2 PROXY ANSWERED ALL QUESTIONS			
		3 BOTH SAMPLE PERSON AND PROXY ANSWERED ALL QUESTIONS			
1		WHAT IS THE PROXY'S PERSON NUMBER			
	764	PERSON NUMBER (01-48,99)	2	2886 2887	OBS_PRN1
	765	PERSON NUMBER (01-48,99)	2	2888 2889	OBS_PRN2

2		WHAT IS THE PROXY'S RELATIONSHIP TO...	2	2890	2891	OBS_2_1
		RELATIVES				
766		1 SPOUSE				
		2 FATHER				
		3 MOTHER				
		4 SON				
		5 DAUGHTER				
		6 BROTHER				
		7 SISTER				
		8 SON-IN-LAW				
		9 DAUGHTER-IN-LAW				
		10 OTHER MALE RELATIVE				
		11 OTHER FEMALE RELATIVE				
		OTHERS				
767		12 MALE FRIEND				
		13 FEMALE FRIEND				
		14 AN EMPLOYEE				
		15 SOMEONE FROM HELPING ORGANIZATION				
768		16 SOMEONE ELSE				
3	769	HOW MANY YEARS HAS PROXY KNOWN...	1	2892	2892	OBS_3
		1 LESS THAN ONE YEAR				
		2 1 YEAR TO LESS THAN 3 YEARS				
		3 3 YEARS TO LESS THAN 6 YEARS				
		4 6 YEARS TO LESS THAN 11 YEARS				
		5 11 YEARS TO LESS THAN 16 YEARS				
		6 16 YEARS TO LESS THAN 21 YEARS				
		7 21 YEARS TO LESS THAN 31 YEARS				
		8 31 YEARS OR MORE				
4	770	IS PROXY PAID TO HELP	1	2893	2893	OBS_4
		1 YES				
		2 NO				
5	771	DO PROXY AND...LIVE TOGETHER	1	2894	2894	OBS_5A
		1 YES				
		2 NO				
	772	WHAT IS PROXY'S MAILING ADDRESS				
		CITY (BLANKED FIELD)	15	2895	2909	
		STATE	2	2910	2911	OBS_5C_3
		ZIP CODE (BLANKED FIELD)	9	2912	2920	
6	773	WHAT IS PROXY'S BIRTH DATE (MMDDYY)	6	2921	2926	OBS_6_P3
7		DID SAMPLE PERSON SHOW ANY SIGNS OF CONFUSION				
		AT ANY TIME DURING THE INTERVIEW				
774		1 GENERAL CONFUSION	2	2927	2928	OBS_7
		2 DATES				
		3 PLACES				
		4 OTHER THINGS YOU ASKED ABOUT				
775		5 OTHER THINGS				
776		99 DK				

BACKFLAP - PROGRAM 6

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1		ACTIVITIES OF DAILY LIVING			
	777	1 EATING 1 (MARKED)	1	2929 2929	ADL_EAT
		2 GETTING IN/OUT OF BED 1 (MARKED)	1	2930 2930	ADL_BED
		3 DID NOT GET OUT OF BED AT ALL 1 (MARKED)	1	2931 2931	ADL_IBD
		4 GETTING AROUND INSIDE 1 (MARKED)	1	2932 2932	ADL_INS
		5 DID NOT GET AROUND INSIDE AT ALL 1 (MARKED)	1	2933 2933	ADL_OUT
		6 CONFINED TO A WHEELCHAIR 1 (MARKED)	1	2934 2934	ADL_WHL
	778	7 DRESSING 1 (MARKED)	1	2935 2935	ADL_DRS
		8 BATHING 1 (MARKED)	1	2936 2936	ADL_BTH
		9 GETTING TO THE BATHROOM OR USING THE TOILET 1 (MARKED)	1	2937 2937	ADL_TOI
2		INSTRUMENTAL ACT OF DAILY LIVING			
	779	1 DOING HEAVY WORK 1 (MARKED)	1	2938 2938	IDL_HVW
		2 DOING LIGHT WORK 1 (MARKED)	1	2939 2939	IDL_LTW
		3 DOING LAUNDRY 1 (MARKED)	1	2940 2940	IDL_LND
		4 PREPARING MEALS 1 (MARKED)	1	2941 2941	IDL_MLS
		5 SHOPPING FOR GROCERIES 1 (MARKED)	1	2942 2942	IDL_SHP
	780	6 GETTING AROUND OUTSIDE 1 (MARKED)	1	2943 2943	IDL_OUT
		7 GOING PLACES OUTSIDE OF WALKING DISTANCE 1 (MARKED)	1	2944 2944	IDL_WLK
		8 MANAGING MONEY 1 (MARKED)	1	2945 2945	IDL_MON
		9 MAKING TELEPHONE CALLS 1 (MARKED)	1	2946 2946	IDL_TEL

PROGRAM 7 (SECTION A PART 4 - HELPERS) WITH
PROGRAM 10 (HELPERS-BACKFLAP) AT END OF EACH HELPER

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN A: HELPER #1 IN PROGRAM 7, SECTION A, PART 4-----					
	001	PERSON NUMBER (02-48,99)	2	2947 2948	HPA_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	2949 2949	HPA_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	2950 2950	HPA_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	2951 2951	HPA_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	2952 2952	HPA_1C01
			1	2953 2953	HPA_1C02
			1	2954 2954	HPA_1C04
			1	2955 2955	HPA_1C07
			1	2956 2956	HPA_1C08
			1	2957 2957	HPA_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	2958 2959	HPA_1D
	007	0 NONE	1	2960 2960	HPA_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	2961 2961	HPA_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	2962 2963	HPA_1E
	010	0 NONE	1	2964 2964	HPA_1E_0
1F		WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES	2	2965 2966	HPA_1F

011	11	SPOUSE				
	12	FATHER				
	13	MOTHER				
	14	SON				
	15	DAUGHTER				
	16	BROTHER				
	17	SISTER				
	18	SON-IN-LAW				
	19	DAUGHTER-IN-LAW				
	20	OTHER MALE RELATIVE				
	21	OTHER FEMALE RELATIVE				
		OTHERS				
012	22	MALE FRIEND				
	23	FEMALE FRIEND				
	24	SOMEONE HIRED				
	25	SOMEONE FROM HELPING ORGANIZATION				
013	26	SOMEONE ELSE				
1G	015	IS HELPER PAID TO HELP...	1	2967	2967	HPA_1G
	1	YES				
	2	NO				
1H	016	IS HELPER PAID BY THE HOUR TO HELP...	1	2968	2968	HPA_1H
	1	YES				
	2	NO				
1I		WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH				
	017	0000-9999 DOLLARS PER HOUR	4	2969	2972	HPA_1I
	018	88 REFUSED	2	2973	2974	HPA_1I_DK
		99 DK				
1J		WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS				
	019	0000-9999 DOLLARS PER HOUR	4	2975	2978	HPA_1J
	020	88 REFUSED	2	2979	2980	HPA_1J_DK
		99 DK				
1K	021	WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	2981	2981	HPA_1K
	1	YES				
	2	NO				
1L	022	HOW MUCH	4	2982	2985	HPA_1L
		0001-9999 DOLLARS PER HOUR				
	023	88 REFUSED	2	2986	2987	HPA_1L_DK
		99 DK				
1M	024	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	2988	2988	HPA_1M
	1	YES				
	2	NO				
1N		WHO WILL END UP PAYING				
	026	11 FEE FOR SERVICE INSURANCE PLANS	1	2989	2989	HPA_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	2990	2990	HPA_1N12
		1 (MARKED)				
		13 MEDICARE	1	2991	2991	HPA_1N13
		1 (MARKED)				
		14 MEDICAID	1	2992	2992	HPA_1N14

	1 (MARKED)				
	15 HOUSEHOLD MEMBERS	1	2993	2993	HPA_1N15
	1 (MARKED)				
027	PERSON NUMBER (02-20,99)	2	2994	2995	HPA_1N15A
	PERSON NUMBER (02-20,99)	2	2996	2997	HPA_1N15B
028	16 CHILDREN NOT IN HOUSEHOLD	1	2998	2998	HPA_1N16
	1 (MARKED)				
029	PERSON NUMBER (20-48,99)	2	2999	3000	HPA_1N16A
	PERSON NUMBER (20-48,99)	2	3001	3002	HPA_1N16B
	PERSON NUMBER (20-48,99)	2	3003	3004	HPA_1N16C
	PERSON NUMBER (20-48,99)	2	3005	3006	HPA_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3007	3007	HPA_1N17
	1 (MARKED)				
	18 MOTHER	1	3008	3008	HPA_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3009	3009	HPA_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3010	3010	HPA_1N20
	1 (MARKED)				
	21 BROTHER	1	3011	3011	HPA_1N21
	1 (MARKED)				
	22 SISTER	1	3012	3012	HPA_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3013	3013	HPA_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3014	3014	HPA_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3015	3015	HPA_N125
	1 (MARKED)				
	26 FEMALE FRIEND	1	3016	3016	HPA_1N26
	1 (MARKED)				
031	27 OTHER	1	3017	3017	HPA_1N27
	1 (MARKED)				

-----COLUMN A: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3018	3019	HPABF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3020	3020	HPABF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3021	3021	HPABF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3022	3022	HPABF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3023	3023	HPABF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3024	3024	HPABF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3025	3025	HPABF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3026	3026	HPABF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3027	3027	HPABF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3028	3028	HPABF_3C9
	1 (MARKED)				

-----COLUMN B: HELPER #2 IN PROGRAM 7, SECTION A, PART 4-----
 (SAME DEFINITIONS AS ABOVE)

	001	PERSON NUMBER (02-48,99)	2	3029	3030	HPB_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	3031	3031	HPB_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	3032	3032	HPB_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	3033	3033	HPB_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	3034	3034	HPB_1C01
			1	3035	3035	HPB_1C02
			1	3036	3036	HPB_1C04
			1	3037	3037	HPB_1C07
			1	3038	3038	HPB_1C08
			1	3039	3039	HPB_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	3040	3041	HPB_1D
	007	0 NONE	1	3042	3042	HPB_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	3043	3043	HPB_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	3044	3045	HPB_1E
	010	0 NONE	1	3046	3046	HPB_1E_0
1F	011	WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER	2	3047	3048	HPB_1F

		16 BROTHER				
		17 SISTER				
		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		OTHERS				
012		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
013		26 SOMEONE ELSE				
1G	015	IS HELPER PAID TO HELP...	1	3049	3049	HPB_1G
		1 YES				
		2 NO				
1H	016	IS HELPER PAID BY THE HOUR TO HELP...	1	3050	3050	HPB_1H
		1 YES				
		2 NO				
1I		WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH				
	017	0000-9999 DOLLARS PER HOUR	4	3051	3054	HPB_1I
	018	88 REFUSED	2	3055	3056	HPB_1I_DK
		99 DK				
1J		WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS				
	019	0000-9999 DOLLARS PER HOUR	4	3057	3060	HPB_1J
	020	88 REFUSED	2	3061	3062	HPB_1J_DK
		99 DK				
1K	021	WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	3063	3063	HPB_1K
		1 YES				
		2 NO				
1L	022	HOW MUCH	4	3064	3067	HPB_1L
		0001-9999 DOLLARS PER HOUR				
	023	88 REFUSED	2	3068	3069	HPB_1L_DK
		99 DK				
1M	024	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	3070	3070	HPB_1M
		1 YES				
		2 NO				
1N		WHO WILL END UP PAYING				
	026	11 FEE FOR SERVICE INSURANCE PLANS	1	3071	3071	HPB_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	3072	3072	HPB_1N12
		1 (MARKED)				
		13 MEDICARE	1	3073	3073	HPB_1N13
		1 (MARKED)				
		14 MEDICAID	1	3074	3074	HPB_1N14
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	3075	3075	HPB_1N15
		1 (MARKED)				
	027	PERSON NUMBER (02-20,99)	2	3076	3077	HPB_1N15A
		PERSON NUMBER (02-20,99)	2	3078	3079	HPB_1N15B

028	16 CHILDREN NOT IN HOUSEHOLD	1	3080	3080	HPB_1N16
	1 (MARKED)				
029	PERSON NUMBER (20-48,99)	2	3081	3082	HPB_1N16A
	PERSON NUMBER (20-48,99)	2	3083	3084	HPB_1N16B
	PERSON NUMBER (20-48,99)	2	3085	3086	HPB_1N16C
	PERSON NUMBER (20-48,99)	2	3087	3088	HPB_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3089	3089	HPB_1N17
	1 (MARKED)				
	18 MOTHER	1	3090	3090	HPB_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3091	3091	HPB_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3092	3092	HPB_1N20
	1 (MARKED)				
	21 BROTHER	1	3093	3093	HPB_1N21
	1 (MARKED)				
	22 SISTER	1	3094	3094	HPB_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3095	3095	HPB_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3096	3096	HPB_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3097	3097	HPB_N125
	1 (MARKED)				
	26 FEMALE FRIEND	1	3098	3098	HPB_1N26
	1 (MARKED)				
031	27 OTHER	1	3099	3099	HPB_1N27
	1 (MARKED)				

-----COLUMN B: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3100	3101	HPBBF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3102	3102	HPBBF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3103	3103	HPBBF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3104	3104	HPBBF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3105	3105	HPBBF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3106	3106	HPBBF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3107	3107	HPBBF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3108	3108	HPBBF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3109	3109	HPBBF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3110	3110	HPBBF_3C9
	1 (MARKED)				

-----COLUMN C: HELPER #3 IN PROGRAM 7, SECTION A, PART 4-----
 (SAME DEFINITIONS AS ABOVE)

	001	PERSON NUMBER (02-48,99)	2	3111	3112	HPC_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	3113	3113	HPC_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	3114	3114	HPC_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	3115	3115	HPC_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	3116	3116	HPC_1C01
			1	3117	3117	HPC_1C02
			1	3118	3118	HPC_1C04
			1	3119	3119	HPC_1C07
			1	3120	3120	HPC_1C08
			1	3121	3121	HPC_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	3122	3123	HPC_1D
	007	0 NONE	1	3124	3124	HPC_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	3125	3125	HPC_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	3126	3127	HPC_1E
	010	0 NONE	1	3128	3128	HPC_1E_0
1F	011	WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER	2	3129	3130	HPC_1F

		17	SISTER					
		18	SON-IN-LAW					
		19	DAUGHTER-IN-LAW					
		20	OTHER MALE RELATIVE					
		21	OTHER FEMALE RELATIVE					
			OTHERS					
012		22	MALE FRIEND					
		23	FEMALE FRIEND					
		24	SOMEONE HIRED					
		25	SOMEONE FROM HELPING ORGANIZATION					
013		26	SOMEONE ELSE					
1G	015		IS HELPER PAID TO HELP...	1	3131	3131		HPC_1G
		1	YES					
		2	NO					
1H	016		IS HELPER PAID BY THE HOUR TO HELP...	1	3132	3132		HPC_1H
		1	YES					
		2	NO					
1I			WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH					
	017		0000-9999 DOLLARS PER HOUR	4	3133	3136		HPC_1I
	018		88 REFUSED	2	3137	3138		HPC_1I_DK
			99 DK					
1J			WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS					
	019		0000-9999 DOLLARS PER HOUR	4	3139	3142		HPC_1J
	020		88 REFUSED	2	3143	3144		HPC_1J_DK
			99 DK					
1K	021		WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	3145	3145		HPC_1K
		1	YES					
		2	NO					
1L	022		HOW MUCH	4	3146	3149		HPC_1L
			0001-9999 DOLLARS PER HOUR					
	023		88 REFUSED	2	3150	3151		HPC_1L_DK
			99 DK					
1M	024		WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	3152	3152		HPC_1M
		1	YES					
		2	NO					
1N			WHO WILL END UP PAYING					
	026	11	FEE FOR SERVICE INSURANCE PLANS	1	3153	3153		HPC_1N11
			1 (MARKED)					
		12	HMO/PREPAID GROUP	1	3154	3154		HPC_1N12
			1 (MARKED)					
		13	MEDICARE	1	3155	3155		HPC_1N13
			1 (MARKED)					
		14	MEDICAID	1	3156	3156		HPC_1N14
			1 (MARKED)					
		15	HOUSEHOLD MEMBERS	1	3157	3157		HPC_1N15
			1 (MARKED)					
	027		PERSON NUMBER (02-20,99)	2	3158	3159		HPC_1N15A
			PERSON NUMBER (02-20,99)	2	3160	3161		HPC_1N15B
	028	16	CHILDREN NOT IN HOUSEHOLD	1	3162	3162		HPC_1N16

	1 (MARKED)				
029	PERSON NUMBER (20-48,99)	2	3163	3164	HPC_1N16A
	PERSON NUMBER (20-48,99)	2	3165	3166	HPC_1N16B
	PERSON NUMBER (20-48,99)	2	3167	3168	HPC_1N16C
	PERSON NUMBER (20-48,99)	2	3169	3170	HPC_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3171	3171	HPC_1N17
	1 (MARKED)				
	18 MOTHER	1	3172	3172	HPC_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3173	3173	HPC_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3174	3174	HPC_1N20
	1 (MARKED)				
	21 BROTHER	1	3175	3175	HPC_1N21
	1 (MARKED)				
	22 SISTER	1	3176	3176	HPC_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3177	3177	HPC_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3178	3178	HPC_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3179	3179	HPC_N125
	1 (MARKED)				
	26 FEMALE FRIEND	1	3180	3180	HPC_1N26
	1 (MARKED)				
031	27 OTHER	1	3181	3181	HPC_1N27
	1 (MARKED)				

-----COLUMN C: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3182	3183	HPCBF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3184	3184	HPCBF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3185	3185	HPCBF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3186	3186	HPCBF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3187	3187	HPCBF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3188	3188	HPCBF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3189	3189	HPCBF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3190	3190	HPCBF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3191	3191	HPCBF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3192	3192	HPCBF_3C9
	1 (MARKED)				

-----COLUMN D: HELPER #4 IN PROGRAM 7, SECTION A, PART 4-----
 (SAME DEFINITIONS AS ABOVE)

	001	PERSON NUMBER (02-48,99)	2	3193	3194	HPD_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	3195	3195	HPD_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	3196	3196	HPD_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	3197	3197	HPD_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	3198	3198	HPD_1C01
			1	3199	3199	HPD_1C02
			1	3200	3200	HPD_1C04
			1	3201	3201	HPD_1C07
			1	3202	3202	HPD_1C08
			1	3203	3203	HPD_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	3204	3205	HPD_1D
	007	0 NONE	1	3206	3206	HPD_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	3207	3207	HPD_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	3208	3209	HPD_1E
	010	0 NONE	1	3210	3210	HPD_1E_0
1F	011	WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER	2	3211	3212	HPD_1F

		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		OTHERS				
012		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
013		26 SOMEONE ELSE				
1G	015	IS HELPER PAID TO HELP...	1	3213	3213	HPD_1G
		1 YES				
		2 NO				
1H	016	IS HELPER PAID BY THE HOUR TO HELP...	1	3214	3214	HPD_1H
		1 YES				
		2 NO				
1I		WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH				
	017	0000-9999 DOLLARS PER HOUR	4	3215	3218	HPD_1I
	018	88 REFUSED	2	3219	3220	HPD_1I_DK
		99 DK				
1J		WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS				
	019	0000-9999 DOLLARS PER HOUR	4	3221	3224	HPD_1J
	020	88 REFUSED	2	3225	3226	HPD_1J_DK
		99 DK				
1K	021	WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	3227	3227	HPD_1K
		1 YES				
		2 NO				
1L	022	HOW MUCH	4	3228	3231	HPD_1L
		0001-9999 DOLLARS PER HOUR				
	023	88 REFUSED	2	3232	3233	HPD_1L_DK
		99 DK				
1M	024	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	3234	3234	HPD_1M
		1 YES				
		2 NO				
1N		WHO WILL END UP PAYING				
	026	11 FEE FOR SERVICE INSURANCE PLANS	1	3235	3235	HPD_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	3236	3236	HPD_1N12
		1 (MARKED)				
		13 MEDICARE	1	3237	3237	HPD_1N13
		1 (MARKED)				
		14 MEDICAID	1	3238	3238	HPD_1N14
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	3239	3239	HPD_1N15
		1 (MARKED)				
	027	PERSON NUMBER (02-20,99)	2	3240	3241	HPD_1N15A
		PERSON NUMBER (02-20,99)	2	3242	3243	HPD_1N15B
	028	16 CHILDREN NOT IN HOUSEHOLD	1	3244	3244	HPD_1N16
		1 (MARKED)				

029	PERSON NUMBER (20-48,99)	2	3245	3246	HPD_1N16A
	PERSON NUMBER (20-48,99)	2	3247	3248	HPD_1N16B
	PERSON NUMBER (20-48,99)	2	3249	3250	HPD_1N16C
	PERSON NUMBER (20-48,99)	2	3251	3252	HPD_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3253	3253	HPD_1N17
	1 (MARKED)				
	18 MOTHER	1	3254	3254	HPD_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3255	3255	HPD_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3256	3256	HPD_1N20
	1 (MARKED)				
	21 BROTHER	1	3257	3257	HPD_1N21
	1 (MARKED)				
	22 SISTER	1	3258	3258	HPD_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3259	3259	HPD_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3260	3260	HPD_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3261	3261	HPD_N125
	1 (MARKED)				
	26 FEMALE FRIEND	1	3262	3262	HPD_1N26
	1 (MARKED)				
031	27 OTHER	1	3263	3263	HPD_1N27
	1 (MARKED)				

-----COLUMN D: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3264	3265	HPDBF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3266	3266	HPDBF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3267	3267	HPDBF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3268	3268	HPDBF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3269	3269	HPDBF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3270	3270	HPDBF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3271	3271	HPDBF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3272	3272	HPDBF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3273	3273	HPDBF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3274	3274	HPDBF_3C9
	1 (MARKED)				

-----COLUMN E: HELPER #5 IN PROGRAM 7, SECTION A, PART 4-----
 (SAME DEFINITIONS AS ABOVE)

	001	PERSON NUMBER (02-48,99)	2	3275	3276	HPE_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	3277	3277	HPE_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	3278	3278	HPE_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	3279	3279	HPE_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	3280	3280	HPE_1C01
			1	3281	3281	HPE_1C02
			1	3282	3282	HPE_1C04
			1	3283	3283	HPE_1C07
			1	3284	3284	HPE_1C08
			1	3285	3285	HPE_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	3286	3287	HPE_1D
	007	0 NONE	1	3288	3288	HPE_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	3289	3289	HPE_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	3290	3291	HPE_1E
	010	0 NONE	1	3292	3292	HPE_1E_0
1F	011	WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER	2	3293	3294	HPE_1F

		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		OTHERS				
012		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
013		26 SOMEONE ELSE				
1G	015	IS HELPER PAID TO HELP...	1	3295	3295	HPE_1G
		1 YES				
		2 NO				
1H	016	IS HELPER PAID BY THE HOUR TO HELP...	1	3296	3296	HPE_1H
		1 YES				
		2 NO				
1I		WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH				
	017	0000-9999 DOLLARS PER HOUR	4	3297	3300	HPE_1I
	018	88 REFUSED	2	3301	3302	HPE_1I_DK
		99 DK				
1J		WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS				
	019	0000-9999 DOLLARS PER HOUR	4	3303	3306	HPE_1J
	020	88 REFUSED	2	3307	3308	HPE_1J_DK
		99 DK				
1K	021	WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	3309	3309	HPE_1K
		1 YES				
		2 NO				
1L	022	HOW MUCH	4	3310	3313	HPE_1L
		0001-9999 DOLLARS PER HOUR				
	023	88 REFUSED	2	3314	3315	HPE_1L_DK
		99 DK				
1M	024	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	3316	3316	HPE_1M
		1 YES				
		2 NO				
1N		WHO WILL END UP PAYING				
	026	11 FEE FOR SERVICE INSURANCE PLANS	1	3317	3317	HPE_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	3318	3318	HPE_1N12
		1 (MARKED)				
		13 MEDICARE	1	3319	3319	HPE_1N13
		1 (MARKED)				
		14 MEDICAID	1	3320	3320	HPE_1N14
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	3321	3321	HPE_1N15
		1 (MARKED)				
	027	PERSON NUMBER (02-20,99)	2	3322	3323	HPE_1N15A
		PERSON NUMBER (02-20,99)	2	3324	3325	HPE_1N15B
	028	16 CHILDREN NOT IN HOUSEHOLD	1	3326	3326	HPE_1N16
		1 (MARKED)				

029	PERSON NUMBER (20-48,99)	2	3327	3328	HPE_1N16A
	PERSON NUMBER (20-48,99)	2	3329	3330	HPE_1N16B
	PERSON NUMBER (20-48,99)	2	3331	3332	HPE_1N16C
	PERSON NUMBER (20-48,99)	2	3333	3334	HPE_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3335	3335	HPE_1N17
	1 (MARKED)				
	18 MOTHER	1	3336	3336	HPE_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3337	3337	HPE_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3338	3338	HPE_1N20
	1 (MARKED)				
	21 BROTHER	1	3339	3339	HPE_1N21
	1 (MARKED)				
	22 SISTER	1	3340	3340	HPE_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3341	3341	HPE_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3342	3342	HPE_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3343	3343	HPE_1N25
	1 (MARKED)				
	26 FEMALE FRIEND	1	3344	3344	HPE_1N26
	1 (MARKED)				
031	27 OTHER	1	3345	3345	HPE_1N27
	1 (MARKED)				

-----COLUMN E: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3346	3347	HPEBF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3348	3348	HPEBF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3349	3349	HPEBF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3350	3350	HPEBF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3351	3351	HPEBF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3352	3352	HPEBF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3353	3353	HPEBF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3354	3354	HPEBF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3355	3355	HPEBF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3356	3356	HPEBF_3C9
	1 (MARKED)				

-----COLUMN F: HELPER #6 IN PROGRAM 7, SECTION A, PART 4-----
 (SAME DEFINITIONS AS ABOVE)

	001	PERSON NUMBER (02-48,99)	2	3357	3358	HPF_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	3359	3359	HPF_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	3360	3360	HPF_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	3361	3361	HPF_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	3362	3362	HPF_1C01
			1	3363	3363	HPF_1C02
			1	3364	3364	HPF_1C04
			1	3365	3365	HPF_1C07
			1	3366	3366	HPF_1C08
			1	3367	3367	HPF_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	3368	3369	HPF_1D
	007	0 NONE	1	3370	3370	HPF_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	3371	3371	HPF_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	3372	3373	HPF_1E
	010	0 NONE	1	3374	3374	HPF_1E_0
1F	011	WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER	2	3375	3376	HPF_1F

		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		OTHERS				
012		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
013		26 SOMEONE ELSE				
1G	015	IS HELPER PAID TO HELP...	1	3377	3377	HPF_1G
		1 YES				
		2 NO				
1H	016	IS HELPER PAID BY THE HOUR TO HELP...	1	3378	3378	HPF_1H
		1 YES				
		2 NO				
1I		WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH				
	017	0000-9999 DOLLARS PER HOUR	4	3379	3382	HPF_1I
	018	88 REFUSED	2	3383	3384	HPF_1I_DK
		99 DK				
1J		WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS				
	019	0000-9999 DOLLARS PER HOUR	4	3385	3388	HPF_1J
	020	88 REFUSED	2	3389	3390	HPF_1J_DK
		99 DK				
1K	021	WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	3391	3391	HPF_1K
		1 YES				
		2 NO				
1L	022	HOW MUCH	4	3392	3395	HPF_1L
		0001-9999 DOLLARS PER HOUR				
	023	88 REFUSED	2	3396	3397	HPF_1L_DK
		99 DK				
1M	024	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	3398	3398	HPF_1M
		1 YES				
		2 NO				
1N		WHO WILL END UP PAYING				
	026	11 FEE FOR SERVICE INSURANCE PLANS	1	3399	3399	HPF_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	3400	3400	HPF_1N12
		1 (MARKED)				
		13 MEDICARE	1	3401	3401	HPF_1N13
		1 (MARKED)				
		14 MEDICAID	1	3402	3402	HPF_1N14
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	3403	3403	HPF_1N15
		1 (MARKED)				
	027	PERSON NUMBER (02-20,99)	2	3404	3405	HPF_1N15A
		PERSON NUMBER (02-20,99)	2	3406	3407	HPF_1N15B
	028	16 CHILDREN NOT IN HOUSEHOLD	1	3408	3408	HPF_1N16
		1 (MARKED)				

029	PERSON NUMBER (20-48,99)	2	3409	3410	HPF_1N16A
	PERSON NUMBER (20-48,99)	2	3411	3412	HPF_1N16B
	PERSON NUMBER (20-48,99)	2	3413	3414	HPF_1N16C
	PERSON NUMBER (20-48,99)	2	3415	3416	HPF_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3417	3417	HPF_1N17
	1 (MARKED)				
	18 MOTHER	1	3418	3418	HPF_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3419	3419	HPF_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3420	3420	HPF_1N20
	1 (MARKED)				
	21 BROTHER	1	3421	3421	HPF_1N21
	1 (MARKED)				
	22 SISTER	1	3422	3422	HPF_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3423	3423	HPF_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3424	3424	HPF_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3425	3425	HPF_1N25
	1 (MARKED)				
	26 FEMALE FRIEND	1	3426	3426	HPF_1N26
	1 (MARKED)				
031	27 OTHER	1	3427	3427	HPF_1N27
	1 (MARKED)				

-----COLUMN F: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3428	3429	HPFBF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3430	3430	HPFBF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3431	3431	HPFBF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3432	3432	HPFBF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3433	3433	HPFBF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3434	3434	HPFBF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3435	3435	HPFBF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3436	3436	HPFBF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3437	3437	HPFBF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3438	3438	HPFBF_3C9
	1 (MARKED)				

-----COLUMN G: HELPER #7 IN PROGRAM 7, SECTION A, PART 4-----
 (SAME DEFINITIONS AS ABOVE)

	001	PERSON NUMBER (02-48,99)	2	3439	3440	HPG_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	3441	3441	HPG_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	3442	3442	HPG_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	3443	3443	HPG_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	3444	3444	HPG_1C01
			1	3445	3445	HPG_1C02
			1	3446	3446	HPG_1C04
			1	3447	3447	HPG_1C07
			1	3448	3448	HPG_1C08
			1	3449	3449	HPG_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	3450	3451	HPG_1D
	007	0 NONE	1	3452	3452	HPG_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	3453	3453	HPG_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	3454	3455	HPG_1E
	010	0 NONE	1	3456	3456	HPG_1E_0
1F	011	WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER	2	3457	3458	HPG_1F

		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		OTHERS				
012		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
013		26 SOMEONE ELSE				
1G	015	IS HELPER PAID TO HELP...	1	3459	3459	HPG_1G
		1 YES				
		2 NO				
1H	016	IS HELPER PAID BY THE HOUR TO HELP...	1	3460	3460	HPG_1H
		1 YES				
		2 NO				
1I		WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH				
	017	0000-9999 DOLLARS PER HOUR	4	3461	3464	HPG_1I
	018	88 REFUSED	2	3465	3466	HPG_1I_DK
		99 DK				
1J		WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS				
	019	0000-9999 DOLLARS PER HOUR	4	3467	3470	HPG_1J
	020	88 REFUSED	2	3471	3472	HPG_1J_DK
		99 DK				
1K	021	WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	3473	3473	HPG_1K
		1 YES				
		2 NO				
1L	022	HOW MUCH	4	3474	3477	HPG_1L
		0001-9999 DOLLARS PER HOUR				
	023	88 REFUSED	2	3478	3479	HPG_1L_DK
		99 DK				
1M	024	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	3480	3480	HPG_1M
		1 YES				
		2 NO				
1N		WHO WILL END UP PAYING				
	026	11 FEE FOR SERVICE INSURANCE PLANS	1	3481	3481	HPG_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	3482	3482	HPG_1N12
		1 (MARKED)				
		13 MEDICARE	1	3483	3483	HPG_1N13
		1 (MARKED)				
		14 MEDICAID	1	3484	3484	HPG_1N14
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	3485	3485	HPG_1N15
		1 (MARKED)				
	027	PERSON NUMBER (02-20,99)	2	3486	3487	HPG_1N15A
		PERSON NUMBER (02-20,99)	2	3488	3489	HPG_1N15B
	028	16 CHILDREN NOT IN HOUSEHOLD	1	3490	3490	HPG_1N16
		1 (MARKED)				

029	PERSON NUMBER (20-48,99)	2	3491	3492	HPG_1N16A
	PERSON NUMBER (20-48,99)	2	3493	3494	HPG_1N16B
	PERSON NUMBER (20-48,99)	2	3495	3496	HPG_1N16C
	PERSON NUMBER (20-48,99)	2	3497	3498	HPG_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3499	3499	HPG_1N17
	1 (MARKED)				
	18 MOTHER	1	3500	3500	HPG_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3501	3501	HPG_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3502	3502	HPG_1N20
	1 (MARKED)				
	21 BROTHER	1	3503	3503	HPG_1N21
	1 (MARKED)				
	22 SISTER	1	3504	3504	HPG_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3505	3505	HPG_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3506	3506	HPG_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3507	3507	HPG_N125
	1 (MARKED)				
	26 FEMALE FRIEND	1	3508	3508	HPG_1N26
	1 (MARKED)				
031	27 OTHER	1	3509	3509	HPG_1N27
	1 (MARKED)				

-----COLUMN G: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3510	3511	HPGBF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3512	3512	HPGBF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3513	3513	HPGBF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3514	3514	HPGBF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3515	3515	HPGBF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3516	3516	HPGBF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3517	3517	HPGBF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3518	3518	HPGBF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3519	3519	HPGBF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3520	3520	HPGBF_3C9
	1 (MARKED)				

-----COLUMN H: HELPER #8 IN PROGRAM 7, SECTION A, PART 4-----
 (SAME DEFINITIONS AS ABOVE)

	001	PERSON NUMBER (02-48,99)	2	3521	3522	HPH_NO
1A	002	IN PAST WEEK # DAYS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 0 NONE 1-7 DAYS	1	3523	3523	HPH_1A
1B	003	HOW LONG HAS HELPER HELPED...BECAUSE OF A DISABILITY/HEALTH PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	3524	3524	HPH_1B
A.12	004	CHECK ITEM A.12: DOES HELPER ASSIST W/ ANY ADL 1 YES 2 NO	1	3525	3525	HPH_CK1
1C	005	WHICH ACTIVITIES...DOES HELPER ASSIST W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO THE BATHROOM/USING THE TOILET 1 (MARKED)	1	3526	3526	HPH_1C01
			1	3527	3527	HPH_1C02
			1	3528	3528	HPH_1C04
			1	3529	3529	HPH_1C07
			1	3530	3530	HPH_1C08
			1	3531	3531	HPH_1C09
1D	006	IN PAST WEEK # HOURS HELPER ASSIST...W/ ADL 01-99 HOURS	2	3532	3533	HPH_1D
	007	0 NONE	1	3534	3534	HPH_1D_0
A.13	008	CHECK ITEM A.13: DOES HELPER ASSIST W/ ANY IADL 1 YES 2 NO	1	3535	3535	HPH_CK2
1E	009	IN PAST WEEK # HOURS HELPER ASSIST...W/ IADL 01-99 HOURS	2	3536	3537	HPH_1E
	010	0 NONE	1	3538	3538	HPH_1E_0
1F	011	WHAT IS HELPERS RELATION TO SAMPLE PERSON RELATIVES 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER	2	3539	3540	HPH_1F

		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		OTHERS				
012		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
013		26 SOMEONE ELSE				
1G	015	IS HELPER PAID TO HELP...	1	3541	3541	HPH_1G
		1 YES				
		2 NO				
1H	016	IS HELPER PAID BY THE HOUR TO HELP...	1	3542	3542	HPH_1H
		1 YES				
		2 NO				
1I		WHAT WAS HELPER'S HOURLY RATE OF PAY LAST MONTH				
	017	0000-9999 DOLLARS PER HOUR	4	3543	3546	HPH_1I
	018	88 REFUSED	2	3547	3548	HPH_1I_DK
		99 DK				
1J		WHAT WAS TOTAL PAY FOR HELPER BEFORE DEDUCTIONS				
	019	0000-9999 DOLLARS PER HOUR	4	3549	3552	HPH_1J
	020	88 REFUSED	2	3553	3554	HPH_1J_DK
		99 DK				
1K	021	WILL...PAY ANY CHARGES FOR HELP FROM HELPER	1	3555	3555	HPH_1K
		1 YES				
		2 NO				
1L	022	HOW MUCH	4	3556	3559	HPH_1L
		0001-9999 DOLLARS PER HOUR				
	023	88 REFUSED	2	3560	3561	HPH_1L_DK
		99 DK				
1M	024	WILL INSURANCE/MEDICARE/MEDICAID/ANYONE ELSE PAY	1	3562	3562	HPH_1M
		1 YES				
		2 NO				
1N		WHO WILL END UP PAYING				
	026	11 FEE FOR SERVICE INSURANCE PLANS	1	3563	3563	HPH_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	3564	3564	HPH_1N12
		1 (MARKED)				
		13 MEDICARE	1	3565	3565	HPH_1N13
		1 (MARKED)				
		14 MEDICAID	1	3566	3566	HPH_1N14
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	3567	3567	HPH_1N15
		1 (MARKED)				
	027	PERSON NUMBER (02-20,99)	2	3568	3569	HPH_1N15A
		PERSON NUMBER (02-20,99)	2	3570	3571	HPH_1N15B
	028	16 CHILDREN NOT IN HOUSEHOLD	1	3572	3572	HPH_1N16
		1 (MARKED)				

029	PERSON NUMBER (20-48,99)	2	3573	3574	HPH_1N16A
	PERSON NUMBER (20-48,99)	2	3575	3576	HPH_1N16B
	PERSON NUMBER (20-48,99)	2	3577	3578	HPH_1N16C
	PERSON NUMBER (20-48,99)	2	3579	3580	HPH_1N16D
	OTHER NONHOUSEHOLD MEMBERS				
030	17 FATHER	1	3581	3581	HPH_1N17
	1 (MARKED)				
	18 MOTHER	1	3582	3582	HPH_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	3583	3583	HPH_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	3584	3584	HPH_1N20
	1 (MARKED)				
	21 BROTHER	1	3585	3585	HPH_1N21
	1 (MARKED)				
	22 SISTER	1	3586	3586	HPH_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	3587	3587	HPH_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	3588	3588	HPH_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	3589	3589	HPH_N125
	1 (MARKED)				
	26 FEMALE FRIEND	1	3590	3590	HPH_1N26
	1 (MARKED)				
031	27 OTHER	1	3591	3591	HPH_1N27
	1 (MARKED)				

-----COLUMN H: PROGRAM 10 BACKFLAP

002	PERSON NUMBER (02-48,99)	2	3592	3593	HPHBF_PNO
3C	TYPE OF HELP				
003	1 ANY ADL ACTIVITY	1	3594	3594	HPHBF_3C1
	1 (MARKED)				
	IADL ACTIVITIES				
	2 DOING HOUSEWORK/LAUNDRY	1	3595	3595	HPHBF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	3596	3596	HPHBF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	3597	3597	HPHBF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	3598	3598	HPHBF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE OF WALKING DISTANCES	1	3599	3599	HPHBF_3C6
	1 (MARKED)				
004	7 MANAGING MONEY	1	3600	3600	HPHBF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	3601	3601	HPHBF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	3602	3602	HPHBF_3C9
	1 (MARKED)				

=====

PROGRAM 8 SECTION G QUESTIONS 5 THROUGH 12
PART OF MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS (MEIC)

=====

NOTE: FOR THE FIRST SEGMENT ALL ITEMS WERE ASKED (FOLLOWING APPROPRIATE
SKIP PATTERNS). HOWEVER, FOR THE FOLLOWING SEGMENTS, THE LEAD-IN
QUESTIONS WERE NOT ASKED AND ARE BLANK ON THE RECORD. BOTH ARE
DOCUMENTED IN THE FOLLOWING PAGES.

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN A: PERSON #1 IN PGM 8 (MEIC), SECT.G, QUEST. 5 - 12-----					
	001	PERSON NUMBER (01-20,99)	2	3603 3604	INCA_PNO
5A	002	DURING THE PAST MONTH DID... (OR ANY MEMBERS OF ...FAMILY WHO LIVE HERE) RECEIVE: ...SOCIAL SECURITY BENEFITS/RR RETIREMENT PYMTS 1 YES 2 NO	1	3605 3605	INCA_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3606 3606	INCA_5B
5C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3607 3610	INCA_5C
	005	88 REFUSED 99 DK	2	3611 3612	INCA_5C_DK
6A	006	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	3613 3613	INCA_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3614 3614	INCA_6B
6C	008	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3615 3618	INCA_6C
	009	88 REFUSED 99 DK	2	3619 3620	INCA_6C_DK
7A	010	...OTHER RETIREMENT/PENSION/ANNUITY INCOME 1 YES 2 NO	1	3621 3621	INCA_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3622 3622	INCA_7B
7C	012	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3623 3626	INCA_7C
	013	88 REFUSED 99 DK	2	3627 3628	INCA_7C_DK

8A	014	...UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	3629	3629	INCA_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3630	3630	INCA_8B
8C		HOW MUCH DID...RECEIVE LAST MONTH				
	016	DOLLARS (0001-9999)	4	3631	3634	INCA_8C
	017	88 REFUSED 99 DK	2	3635	3636	INCA_8C_DK
9A	018	...SSI PAYMENTS FROM STATE/FEDERAL GOVT 1 YES 2 NO	1	3637	3637	INCA_9A
9B	019	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3638	3638	INCA_9B
9C		HOW MUCH DID...RECEIVE LAST MONTH				
	020	DOLLARS (0001-9999)	4	3639	3642	INCA_9C
	021	88 REFUSED 99 DK	2	3643	3644	INCA_9C_DK
10A	022	...EARNINGS FROM JOB/BUSINESS 1 YES 2 NO	1	3645	3645	INCA_10A
10B	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3646	3646	INCA_10B
10C		HOW MUCH DID...RECEIVE LAST MONTH				
	024	DOLLARS (0001-9999)	5	3647	3651	INCA_10C
	025	88 REFUSED 99 DK	2	3652	3653	INCA_10C_DK
11A	027	...NET INCOME FROM RENT OF APT/OTHER REAL ESTATE 1 YES 2 NO	1	3654	3654	INCA_11A
11B	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3655	3655	INCA_11B
11C		HOW MUCH DID...RECEIVE LAST MONTH				
	029	DOLLARS (0001-9999)	4	3656	3659	INCA_11C
	030	88 REFUSED 99 DK	2	3660	3661	INCA_11C_DK
12A	031	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES 1 YES 2 NO	1	3662	3662	INCA_12A
12B	032	WHO RECEIVED THESE PAYMENTS	1	3663	3663	INCA_12B

- 1 RECEIVED
- 2 DID NOT RECEIVE

12C	HOW MUCH DID...RECEIVE LAST MONTH			
033	DOLLARS (0001-9999)	4	3664 3667	INCA_12C
034	88 REFUSED	2	3668 3669	INCA_12C_DK
	99 DK			

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN B: PERSON #2 IN PGM 8 (MEIC), SECT.G, QUEST. 5 - 12----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	3670 3671	INCB_PNO
5A	002	DURING THE PAST MONTH DID... (OR ANY MEMBERS OF ...FAMILY WHO LIVE HERE) RECEIVE: ...SOCIAL SECURITY BENEFITS/RR RETIREMENT PYMTS 1 YES 2 NO	1	3672 3672	INCB_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3673 3673	INCB_5B
5C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3674 3677	INCB_5C
	005	88 REFUSED 99 DK	2	3678 3679	INCB_5C_DK
6A	006	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	3680 3680	INCB_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3681 3681	INCB_6B
6C	008	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3682 3685	INCB_6C
	009	88 REFUSED 99 DK	2	3686 3687	INCB_6C_DK
7A	010	...OTHER RETIREMENT/PENSION/ANNUITY INCOME 1 YES 2 NO	1	3688 3688	INCB_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3689 3689	INCB_7B
7C	012	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3690 3693	INCB_7C
	013	88 REFUSED 99 DK	2	3694 3695	INCB_7C_DK
8A	014	...UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	3696 3696	INCB_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3697 3697	INCB_8B
8C		HOW MUCH DID...RECEIVE LAST MONTH			

	016	DOLLARS (0001-9999)	4	3698	3701	INCB_8C
	017	88 REFUSED	2	3702	3703	INCB_8C_DK
		99 DK				
9A	018	...SSI PAYMENTS FROM STATE/FEDERAL GOVT	1	3704	3704	INCB_9A
		1 YES				
		2 NO				
9B	019	WHO RECEIVED THESE PAYMENTS	1	3705	3705	INCB_9B
		1 RECEIVED				
		2 DID NOT RECEIVE				
9C		HOW MUCH DID...RECEIVE LAST MONTH				
	020	DOLLARS (0001-9999)	4	3706	3709	INCB_9C
	021	88 REFUSED	2	3710	3711	INCB_9C_DK
		99 DK				
10A	022	...EARNINGS FROM JOB/BUSINESS	1	3712	3712	INCB_10A
		1 YES				
		2 NO				
10B	023	WHO RECEIVED THESE PAYMENTS	1	3713	3713	INCB_10B
		1 RECEIVED				
		2 DID NOT RECEIVE				
10C		HOW MUCH DID...RECEIVE LAST MONTH				
	024	DOLLARS (0001-9999)	5	3714	3718	INCB_10C
	025	88 REFUSED	2	3719	3720	INCB_10C_DK
		99 DK				
11A	027	...NET INCOME FROM RENT OF APT/OTHER REAL ESTATE	1	3721	3721	INCB_11A
		1 YES				
		2 NO				
11B	028	WHO RECEIVED THESE PAYMENTS	1	3722	3722	INCB_11B
		1 RECEIVED				
		2 DID NOT RECEIVE				
11C		HOW MUCH DID...RECEIVE LAST MONTH				
	029	DOLLARS (0001-9999)	4	3723	3726	INCB_11C
	030	88 REFUSED	2	3727	3728	INCB_11C_DK
		99 DK				
12A	031	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES	1	3729	3729	INCB_12A
		1 YES				
		2 NO				
12B	032	WHO RECEIVED THESE PAYMENTS	1	3730	3730	INCB_12B
		1 RECEIVED				
		2 DID NOT RECEIVE				
12C		HOW MUCH DID...RECEIVE LAST MONTH				
	033	DOLLARS (0001-9999)	4	3731	3734	INCB_12C
	034	88 REFUSED	2	3735	3736	INCB_12C_DK
		99 DK				

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN C: PERSON #3 IN PGM 8 (MEIC), SECT.G, QUEST. 5 - 12----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	3737 3738	INCC_PNO
5A	002	DURING THE PAST MONTH DID... (OR ANY MEMBERS OF ...FAMILY WHO LIVE HERE) RECEIVE: ...SOCIAL SECURITY BENEFITS/RR RETIREMENT PYMTS 1 YES 2 NO	1	3739 3739	INCC_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3740 3740	INCC_5B
5C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3741 3744	INCC_5C
	005	88 REFUSED 99 DK	2	3745 3746	INCC_5C_DK
6A	006	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	3747 3747	INCC_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3748 3748	INCC_6B
6C	008	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3749 3752	INCC_6C
	009	88 REFUSED 99 DK	2	3753 3754	INCC_6C_DK
7A	010	...OTHER RETIREMENT/PENSION/ANNUITY INCOME 1 YES 2 NO	1	3755 3755	INCC_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3756 3756	INCC_7B
7C	012	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3757 3760	INCC_7C
	013	88 REFUSED 99 DK	2	3761 3762	INCC_7C_DK
8A	014	...UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	3763 3763	INCC_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3764 3764	INCC_8B
8C		HOW MUCH DID...RECEIVE LAST MONTH			

	016	DOLLARS (0001-9999)		4	3765	3768	INCC_8C
	017	88 REFUSED		2	3769	3770	INCC_8C_DK
		99 DK					
9A	018	...SSI PAYMENTS FROM STATE/FEDERAL GOVT		1	3771	3771	INCC_9A
		1 YES					
		2 NO					
9B	019	WHO RECEIVED THESE PAYMENTS		1	3772	3772	INCC_9B
		1 RECEIVED					
		2 DID NOT RECEIVE					
9C		HOW MUCH DID...RECEIVE LAST MONTH					
	020	DOLLARS (0001-9999)		4	3773	3776	INCC_9C
	021	88 REFUSED		2	3777	3778	INCC_9C_DK
		99 DK					
10A	022	...EARNINGS FROM JOB/BUSINESS		1	3779	3779	INCC_10A
		1 YES					
		2 NO					
10B	023	WHO RECEIVED THESE PAYMENTS		1	3780	3780	INCC_10B
		1 RECEIVED					
		2 DID NOT RECEIVE					
10C		HOW MUCH DID...RECEIVE LAST MONTH					
	024	DOLLARS (0001-9999)		5	3781	3785	INCC_10C
	025	88 REFUSED		2	3786	3787	INCC_10C_DK
		99 DK					
11A	027	...NET INCOME FROM RENT OF APT/OTHER REAL ESTATE		1	3788	3788	INCC_11A
		1 YES					
		2 NO					
11B	028	WHO RECEIVED THESE PAYMENTS		1	3789	3789	INCC_11B
		1 RECEIVED					
		2 DID NOT RECEIVE					
11C		HOW MUCH DID...RECEIVE LAST MONTH					
	029	DOLLARS (0001-9999)		4	3790	3793	INCC_11C
	030	88 REFUSED		2	3794	3795	INCC_11C_DK
		99 DK					
12A	031	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES		1	3796	3796	INCC_12A
		1 YES					
		2 NO					
12B	032	WHO RECEIVED THESE PAYMENTS		1	3797	3797	INCC_12B
		1 RECEIVED					
		2 DID NOT RECEIVE					
12C		HOW MUCH DID...RECEIVE LAST MONTH					
	033	DOLLARS (0001-9999)		4	3798	3801	INCC_12C
	034	88 REFUSED		2	3802	3803	INCC_12C_DK
		99 DK					

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN D: PERSON #4 IN PGM 8 (MEIC), SECT.G, QUEST. 5 - 12----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	3804 3805	INCD_PNO
5A	002	DURING THE PAST MONTH DID... (OR ANY MEMBERS OF ...FAMILY WHO LIVE HERE) RECEIVE: ...SOCIAL SECURITY BENEFITS/RR RETIREMENT PYMTS 1 YES 2 NO	1	3806 3806	INCD_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3807 3807	INCD_5B
5C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3808 3811	INCD_5C
	005	88 REFUSED 99 DK	2	3812 3813	INCD_5C_DK
6A	006	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	3814 3814	INCD_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3815 3815	INCD_6B
6C	008	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3816 3819	INCD_6C
	009	88 REFUSED 99 DK	2	3820 3821	INCD_6C_DK
7A	010	...OTHER RETIREMENT/PENSION/ANNUITY INCOME 1 YES 2 NO	1	3822 3822	INCD_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3823 3823	INCD_7B
7C	012	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3824 3827	INCD_7C
	013	88 REFUSED 99 DK	2	3828 3829	INCD_7C_DK
8A	014	...UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	3830 3830	INCD_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3831 3831	INCD_8B
8C		HOW MUCH DID...RECEIVE LAST MONTH			

	016	DOLLARS (0001-9999)	4	3832	3835	INCD_8C
	017	88 REFUSED	2	3836	3837	INCD_8C_DK
		99 DK				
9A	018	...SSI PAYMENTS FROM STATE/FEDERAL GOVT	1	3838	3838	INCD_9A
		1 YES				
		2 NO				
9B	019	WHO RECEIVED THESE PAYMENTS	1	3839	3839	INCD_9B
		1 RECEIVED				
		2 DID NOT RECEIVE				
9C		HOW MUCH DID...RECEIVE LAST MONTH				
	020	DOLLARS (0001-9999)	4	3840	3843	INCD_9C
	021	88 REFUSED	2	3844	3845	INCD_9C_DK
		99 DK				
10A	022	...EARNINGS FROM JOB/BUSINESS	1	3846	3846	INCD_10A
		1 YES				
		2 NO				
10B	023	WHO RECEIVED THESE PAYMENTS	1	3847	3847	INCD_10B
		1 RECEIVED				
		2 DID NOT RECEIVE				
10C		HOW MUCH DID...RECEIVE LAST MONTH				
	024	DOLLARS (0001-9999)	5	3848	3852	INCD_10C
	025	88 REFUSED	2	3853	3854	INCD_10C_DK
		99 DK				
11A	027	...NET INCOME FROM RENT OF APT/OTHER REAL ESTATE	1	3855	3855	INCD_11A
		1 YES				
		2 NO				
11B	028	WHO RECEIVED THESE PAYMENTS	1	3856	3856	INCD_11B
		1 RECEIVED				
		2 DID NOT RECEIVE				
11C		HOW MUCH DID...RECEIVE LAST MONTH				
	029	DOLLARS (0001-9999)	4	3857	3860	INCD_11C
	030	88 REFUSED	2	3861	3862	INCD_11C_DK
		99 DK				
12A	031	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES	1	3863	3863	INCD_12A
		1 YES				
		2 NO				
12B	032	WHO RECEIVED THESE PAYMENTS	1	3864	3864	INCD_12B
		1 RECEIVED				
		2 DID NOT RECEIVE				
12C		HOW MUCH DID...RECEIVE LAST MONTH				
	033	DOLLARS (0001-9999)	4	3865	3868	INCD_12C
	034	88 REFUSED	2	3869	3870	INCD_12C_DK
		99 DK				

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN E: PERSON #5 IN PGM 8 (MEIC), SECT.G, QUEST. 5 - 12----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	3871 3872	INCE_PNO
5A	002	DURING THE PAST MONTH DID... (OR ANY MEMBERS OF ...FAMILY WHO LIVE HERE) RECEIVE: ...SOCIAL SECURITY BENEFITS/RR RETIREMENT PYMTS 1 YES 2 NO	1	3873 3873	INCE_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3874 3874	INCE_5B
5C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3875 3878	INCE_5C
	005	88 REFUSED 99 DK	2	3879 3880	INCE_5C_DK
6A	006	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	3881 3881	INCE_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3882 3882	INCE_6B
6C	008	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3883 3886	INCE_6C
	009	88 REFUSED 99 DK	2	3887 3888	INCE_6C_DK
7A	010	...OTHER RETIREMENT/PENSION/ANNUITY INCOME 1 YES 2 NO	1	3889 3889	INCE_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3890 3890	INCE_7B
7C	012	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3891 3894	INCE_7C
	013	88 REFUSED 99 DK	2	3895 3896	INCE_7C_DK
8A	014	...UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	3897 3897	INCE_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3898 3898	INCE_8B
8C		HOW MUCH DID...RECEIVE LAST MONTH			

	016	DOLLARS (0001-9999)	4	3899	3902	INCE_8C
	017	88 REFUSED	2	3903	3904	INCE_8C_DK
		99 DK				
9A	018	...SSI PAYMENTS FROM STATE/FEDERAL GOVT	1	3905	3905	INCE_9A
		1 YES				
		2 NO				
9B	019	WHO RECEIVED THESE PAYMENTS	1	3906	3906	INCE_9B
		1 RECEIVED				
		2 DID NOT RECEIVE				
9C		HOW MUCH DID...RECEIVE LAST MONTH				
	020	DOLLARS (0001-9999)	4	3907	3910	INCE_9C
	021	88 REFUSED	2	3911	3912	INCE_9C_DK
		99 DK				
10A	022	...EARNINGS FROM JOB/BUSINESS	1	3913	3913	INCE_10A
		1 YES				
		2 NO				
10B	023	WHO RECEIVED THESE PAYMENTS	1	3914	3914	INCE_10B
		1 RECEIVED				
		2 DID NOT RECEIVE				
10C		HOW MUCH DID...RECEIVE LAST MONTH				
	024	DOLLARS (0001-9999)	5	3915	3919	INCE_10C
	025	88 REFUSED	2	3920	3921	INCE_10C_DK
		99 DK				
11A	027	...NET INCOME FROM RENT OF APT/OTHER REAL ESTATE	1	3922	3922	INCE_11A
		1 YES				
		2 NO				
11B	028	WHO RECEIVED THESE PAYMENTS	1	3923	3923	INCE_11B
		1 RECEIVED				
		2 DID NOT RECEIVE				
11C		HOW MUCH DID...RECEIVE LAST MONTH				
	029	DOLLARS (0001-9999)	4	3924	3927	INCE_11C
	030	88 REFUSED	2	3928	3929	INCE_11C_DK
		99 DK				
12A	031	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES	1	3930	3930	INCE_12A
		1 YES				
		2 NO				
12B	032	WHO RECEIVED THESE PAYMENTS	1	3931	3931	INCE_12B
		1 RECEIVED				
		2 DID NOT RECEIVE				
12C		HOW MUCH DID...RECEIVE LAST MONTH				
	033	DOLLARS (0001-9999)	4	3932	3935	INCE_12C
	034	88 REFUSED	2	3936	3937	INCE_12C_DK
		99 DK				

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN F: PERSON #6 IN PGM 8 (MEIC), SECT.G, QUEST. 5 - 12----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	3938 3939	INCF_PNO
5A	002	DURING THE PAST MONTH DID... (OR ANY MEMBERS OF ...FAMILY WHO LIVE HERE) RECEIVE: ...SOCIAL SECURITY BENEFITS/RR RETIREMENT PYMTS 1 YES 2 NO	1	3940 3940	INCF_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3941 3941	INCF_5B
5C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3942 3945	INCF_5C
	005	88 REFUSED 99 DK	2	3946 3947	INCF_5C_DK
6A	006	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	3948 3948	INCF_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3949 3949	INCF_6B
6C	008	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3950 3953	INCF_6C
	009	88 REFUSED 99 DK	2	3954 3955	INCF_6C_DK
7A	010	...OTHER RETIREMENT/PENSION/ANNUITY INCOME 1 YES 2 NO	1	3956 3956	INCF_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3957 3957	INCF_7B
7C	012	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	3958 3961	INCF_7C
	013	88 REFUSED 99 DK	2	3962 3963	INCF_7C_DK
8A	014	...UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	3964 3964	INCF_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3965 3965	INCF_8B
8C		HOW MUCH DID...RECEIVE LAST MONTH			

	016	DOLLARS (0001-9999)	4	3966	3969	INCF_8C
	017	88 REFUSED	2	3970	3971	INCF_8C_DK
		99 DK				
9A	018	...SSI PAYMENTS FROM STATE/FEDERAL GOVT	1	3972	3972	INCF_9A
		1 YES				
		2 NO				
9B	019	WHO RECEIVED THESE PAYMENTS	1	3973	3973	INCF_9B
		1 RECEIVED				
		2 DID NOT RECEIVE				
9C		HOW MUCH DID...RECEIVE LAST MONTH				
	020	DOLLARS (0001-9999)	4	3974	3977	INCF_9C
	021	88 REFUSED	2	3978	3979	INCF_9C_DK
		99 DK				
10A	022	...EARNINGS FROM JOB/BUSINESS	1	3980	3980	INCF_10A
		1 YES				
		2 NO				
10B	023	WHO RECEIVED THESE PAYMENTS	1	3981	3981	INCF_10B
		1 RECEIVED				
		2 DID NOT RECEIVE				
10C		HOW MUCH DID...RECEIVE LAST MONTH				
	024	DOLLARS (0001-9999)	5	3982	3986	INCF_10C
	025	88 REFUSED	2	3987	3988	INCF_10C_DK
		99 DK				
11A	027	...NET INCOME FROM RENT OF APT/OTHER REAL ESTATE	1	3989	3989	INCF_11A
		1 YES				
		2 NO				
11B	028	WHO RECEIVED THESE PAYMENTS	1	3990	3990	INCF_11B
		1 RECEIVED				
		2 DID NOT RECEIVE				
11C		HOW MUCH DID...RECEIVE LAST MONTH				
	029	DOLLARS (0001-9999)	4	3991	3994	INCF_11C
	030	88 REFUSED	2	3995	3996	INCF_11C_DK
		99 DK				
12A	031	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES	1	3997	3997	INCF_12A
		1 YES				
		2 NO				
12B	032	WHO RECEIVED THESE PAYMENTS	1	3998	3998	INCF_12B
		1 RECEIVED				
		2 DID NOT RECEIVE				
12C		HOW MUCH DID...RECEIVE LAST MONTH				
	033	DOLLARS (0001-9999)	4	3999	4002	INCF_12C
	034	88 REFUSED	2	4003	4004	INCF_12C_DK
		99 DK				

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN G: PERSON #7 IN PGM 8 (MEIC), SECT.G, QUEST. 5 - 12----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	4005 4006	INCG_PNO
5A	002	DURING THE PAST MONTH DID... (OR ANY MEMBERS OF ...FAMILY WHO LIVE HERE) RECEIVE: ...SOCIAL SECURITY BENEFITS/RR RETIREMENT PYMTS 1 YES 2 NO	1	4007 4007	INCG_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4008 4008	INCG_5B
5C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	4009 4012	INCG_5C
	005	88 REFUSED 99 DK	2	4013 4014	INCG_5C_DK
6A	006	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	4015 4015	INCG_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4016 4016	INCG_6B
6C	008	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	4017 4020	INCG_6C
	009	88 REFUSED 99 DK	2	4021 4022	INCG_6C_DK
7A	010	...OTHER RETIREMENT/PENSION/ANNUITY INCOME 1 YES 2 NO	1	4023 4023	INCG_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4024 4024	INCG_7B
7C	012	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	4	4025 4028	INCG_7C
	013	88 REFUSED 99 DK	2	4029 4030	INCG_7C_DK
8A	014	...UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	4031 4031	INCG_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4032 4032	INCG_8B
8C		HOW MUCH DID...RECEIVE LAST MONTH			

	016	DOLLARS (0001-9999)	4	4033	4036	INCG_8C
	017	88 REFUSED	2	4037	4038	INCG_8C_DK
		99 DK				
9A	018	...SSI PAYMENTS FROM STATE/FEDERAL GOVT	1	4039	4039	INCG_9A
		1 YES				
		2 NO				
9B	019	WHO RECEIVED THESE PAYMENTS	1	4040	4040	INCG_9B
		1 RECEIVED				
		2 DID NOT RECEIVE				
9C		HOW MUCH DID...RECEIVE LAST MONTH				
	020	DOLLARS (0001-9999)	4	4041	4044	INCG_9C
	021	88 REFUSED	2	4045	4046	INCG_9C_DK
		99 DK				
10A	022	...EARNINGS FROM JOB/BUSINESS	1	4047	4047	INCG_10A
		1 YES				
		2 NO				
10B	023	WHO RECEIVED THESE PAYMENTS	1	4048	4048	INCG_10B
		1 RECEIVED				
		2 DID NOT RECEIVE				
10C		HOW MUCH DID...RECEIVE LAST MONTH				
	024	DOLLARS (0001-9999)	5	4049	4053	INCG_10C
	025	88 REFUSED	2	4054	4055	INCG_10C_DK
		99 DK				
11A	027	...NET INCOME FROM RENT OF APT/OTHER REAL ESTATE	1	4056	4056	INCG_11A
		1 YES				
		2 NO				
11B	028	WHO RECEIVED THESE PAYMENTS	1	4057	4057	INCG_11B
		1 RECEIVED				
		2 DID NOT RECEIVE				
11C		HOW MUCH DID...RECEIVE LAST MONTH				
	029	DOLLARS (0001-9999)	4	4058	4061	INCG_11C
	030	88 REFUSED	2	4062	4063	INCG_11C_DK
		99 DK				
12A	031	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES	1	4064	4064	INCG_12A
		1 YES				
		2 NO				
12B	032	WHO RECEIVED THESE PAYMENTS	1	4065	4065	INCG_12B
		1 RECEIVED				
		2 DID NOT RECEIVE				
12C		HOW MUCH DID...RECEIVE LAST MONTH				
	033	DOLLARS (0001-9999)	4	4066	4069	INCG_12C
	034	88 REFUSED	2	4070	4071	INCG_12C_DK
		99 DK				

=====

PROGRAM 9 SECTION G QUESTIONS 16 AND 17

PART OF MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS (MEIC)

=====

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN A: PERSON #1 IN PGM 9, SECT. G, QUESTIONS 16 & 17-----					
	001	PERSON NUMBER (01-20,99)	2	4072 4073	MEIC_APNO
16A	002	...INTEREST OR DIVIDENDS 1 YES 2 NO	1	4074 4074	INCA_16A
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4075 4075	INCA_16B
16C	004	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	5	4076 4080	INCA_16C
	005	88 REFUSED 99 DK	2	4081 4082	INCA_16C_DK
17A	006	...OTHER KINDS OF REGULAR INCOME NOT MENTIONED 1 YES 2 NO	1	4083 4083	INCA_17A
17B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4084 4084	INCA_17B
17C	008	WHAT KIND OF INCOME WAS IT	10	4085 4094	INCA_17C
17D	009	HOW MUCH DID...RECEIVE LAST MONTH DOLLARS (0001-9999)	5	4095 4099	INCA_17D
	010	88 REFUSED 99 DK	2	4100 4101	INCA_17D_DK

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN B: PERSON #2 IN PGM 9, SECT. G, QUESTIONS 16 & 17----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	4102 4103	MEIC_BPNO
16A	002	...INTEREST OR DIVIDENDS 1 YES 2 NO	1	4104 4104	INCB_16A
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4105 4105	INCB_16B
16C		HOW MUCH DID...RECEIVE LAST MONTH			
	004	DOLLARS (0001-9999)	5	4106 4110	INCB_16C
	005	88 REFUSED 99 DK	2	4111 4112	INCB_16C_DK
17A	006	...OTHER KINDS OF REGULAR INCOME NOT MENTIONED 1 YES 2 NO	1	4113 4113	INCB_17A
17B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4114 4114	INCB_17B
17C	008	WHAT KIND OF INCOME WAS IT	10	4115 4124	INCB_17C
17D		HOW MUCH DID...RECEIVE LAST MONTH			
	009	DOLLARS (0001-9999)	5	4125 4129	INCB_17D
	010	88 REFUSED 99 DK	2	4130 4131	INCB_17D_DK

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN C: PERSON #3 IN PGM 9, SECT. G, QUESTIONS 16 & 17----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	4132 4133	MEIC_CPNO
16A	002	...INTEREST OR DIVIDENDS 1 YES 2 NO	1	4134 4134	INCC_16A
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4135 4135	INCC_16B
16C		HOW MUCH DID...RECEIVE LAST MONTH			
	004	DOLLARS (0001-9999)	5	4136 4140	INCC_16C
	005	88 REFUSED 99 DK	2	4141 4142	INCC_16C_DK
17A	006	...OTHER KINDS OF REGULAR INCOME NOT MENTIONED 1 YES 2 NO	1	4143 4143	INCC_17A
17B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4144 4144	INCC_17B
17C	008	WHAT KIND OF INCOME WAS IT	10	4145 4154	INCC_17C
17D		HOW MUCH DID...RECEIVE LAST MONTH			
	009	DOLLARS (0001-9999)	5	4155 4159	INCC_17D
	010	88 REFUSED 99 DK	2	4160 4161	INCC_17D_DK

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN D: PERSON #4 IN PGM 9, SECT. G, QUESTIONS 16 & 17----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	4162 4163	MEIC_DPNO
16A	002	...INTEREST OR DIVIDENDS 1 YES 2 NO	1	4164 4164	INCD_16A
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4165 4165	INCD_16B
16C		HOW MUCH DID...RECEIVE LAST MONTH			
	004	DOLLARS (0001-9999)	5	4166 4170	INCD_16C
	005	88 REFUSED 99 DK	2	4171 4172	INCD_16C_DK
17A	006	...OTHER KINDS OF REGULAR INCOME NOT MENTIONED 1 YES 2 NO	1	4173 4173	INCD_17A
17B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4174 4174	INCD_17B
17C	008	WHAT KIND OF INCOME WAS IT	10	4175 4184	INCD_17C
17D		HOW MUCH DID...RECEIVE LAST MONTH			
	009	DOLLARS (0001-9999)	5	4185 4189	INCD_17D
	010	88 REFUSED 99 DK	2	4190 4191	INCD_17D_DK

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN E: PERSON #5 IN PGM 9, SECT. G, QUESTIONS 16 & 17----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	4192 4193	MEIC_EPNO
16A	002	...INTEREST OR DIVIDENDS 1 YES 2 NO	1	4194 4194	INCE_16A
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4195 4195	INCE_16B
16C		HOW MUCH DID...RECEIVE LAST MONTH			
	004	DOLLARS (0001-9999)	5	4196 4200	INCE_16C
	005	88 REFUSED 99 DK	2	4201 4202	INCE_16C_DK
17A	006	...OTHER KINDS OF REGULAR INCOME NOT MENTIONED 1 YES 2 NO	1	4203 4203	INCE_17A
17B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4204 4204	INCE_17B
17C	008	WHAT KIND OF INCOME WAS IT	10	4205 4214	INCE_17C
17D		HOW MUCH DID...RECEIVE LAST MONTH			
	009	DOLLARS (0001-9999)	5	4215 4219	INCE_17D
	010	88 REFUSED 99 DK	2	4220 4221	INCE_17D_DK

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN F: PERSON #6 IN PGM 9, SECT. G, QUESTIONS 16 & 17----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	4222 4223	MEIC_FPNO
16A	002	...INTEREST OR DIVIDENDS 1 YES 2 NO	1	4224 4224	INCF_16A
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4225 4225	INCF_16B
16C		HOW MUCH DID...RECEIVE LAST MONTH			
	004	DOLLARS (0001-9999)	5	4226 4230	INCF_16C
	005	88 REFUSED 99 DK	2	4231 4232	INCF_16C_DK
17A	006	...OTHER KINDS OF REGULAR INCOME NOT MENTIONED 1 YES 2 NO	1	4233 4233	INCF_17A
17B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4234 4234	INCF_17B
17C	008	WHAT KIND OF INCOME WAS IT	10	4235 4244	INCF_17C
17D		HOW MUCH DID...RECEIVE LAST MONTH			
	009	DOLLARS (0001-9999)	5	4245 4249	INCF_17D
	010	88 REFUSED 99 DK	2	4250 4251	INCF_17D_DK

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
-----COLUMN G: PERSON #7 IN PGM 9, SECT. G, QUESTIONS 16 & 17----- (SAME DEFINITIONS AS ABOVE)					
	001	PERSON NUMBER (01-20,99)	2	4252 4253	MEIC_GPNO
16A	002	...INTEREST OR DIVIDENDS 1 YES 2 NO	1	4254 4254	INCG_16A
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4255 4255	INCG_16B
16C		HOW MUCH DID...RECEIVE LAST MONTH			
	004	DOLLARS (0001-9999)	5	4256 4260	INCG_16C
	005	88 REFUSED 99 DK	2	4261 4262	INCG_16C_DK
17A	006	...OTHER KINDS OF REGULAR INCOME NOT MENTIONED 1 YES 2 NO	1	4263 4263	INCG_17A
17B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	4264 4264	INCG_17B
17C	008	WHAT KIND OF INCOME WAS IT	10	4265 4274	INCG_17C
17D		HOW MUCH DID...RECEIVE LAST MONTH			
	009	DOLLARS (0001-9999)	5	4275 4279	INCG_17D
	010	88 REFUSED 99 DK	2	4280 4281	INCG_17D_DK

=====

=====

INSTITUTIONAL QUESTIONNAIRE LTC-7

=====

=====

=====

PROGRAM 5

=====

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
1		REGIONAL OFFICE CODE	2	4282 4283	IROCODE
4		FIELD REPRESENTATIVE CODE	2	4284 4285	IFRCODE

=====

PROGRAM 6

=====

6		HCFA PROVIDER NUMBER (BLANKED FIELD)	12	4286 4297	
6		INSTITUTION ADDRESS			
		CITY (BLANKED FIELD)	15	4298 4312	
		COUNTY (BLANKED FIELD)	15	4313 4327	
		STATE	2	4328 4329	IPG6ST
		ZIP (BLANKED FIELD)	9	4330 4338	

=====

PROGRAM 7

=====

7		SECTION 2 PROXY ADDRESS			
		CITY (BLANKED FIELD)	15	4339 4353	
		STATE	2	4354 4355	IPG7ST2
		ZIP (BLANKED FIELD)	9	4356 4364	
		SECTION 3 PROXY ADDRESS			
		CITY (BLANKED FIELD)	15	4365 4379	
		STATE	2	4380 4381	IPG7ST3
		ZIP (BLANKED FIELD)	9	4382 4390	
		SECTION 4 PROXY ADDRESS			
		CITY (BLANKED FIELD)	15	4391 4405	
		STATE	2	4406 4407	IPG7ST4
		ZIP (BLANKED FIELD)	9	4408 4416	

=====

PROGRAM 8

=====

SECTION 1 - COGNITIVE FUNCTIONING

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
**NOTE: THE FOLLOWING ITEMS ARE SCORES BASED ON HOW THE SAMPLE PERSON ANSWERED THE QUESTIONS.					
1	001	WHAT IS THE DATE TODAY 1 PLUS (+) 2 MINUS (-)	1	4417 4417	ICF_1
2	002	WHAT DAY OF THE WEEK IS THIS 1 PLUS (+) 2 MINUS (-)	1	4418 4418	ICF_2
3	003	WHAT IS THE NAME OF THIS PLACE 1 PLUS (+) 2 MINUS (-)	1	4419 4419	ICF_3
4	004	IN WHAT STATE IS THIS 1 PLUS (+) 2 MINUS (-)	1	4420 4420	ICF_4
5	005	HOW OLD ARE YOU 1 PLUS (+) 2 MINUS (-)	1	4421 4421	ICF_5
6	006	WHEN WERE YOU BORN 1 PLUS (+) 2 MINUS (-)	1	4422 4422	ICF_6
7	007	WHO IS THE PRESIDENT OF THE U.S. NOW 1 PLUS (+) 2 MINUS (-)	1	4423 4423	ICF_7
8	008	WHO WAS PRESIDENT JUST BEFORE HIM 1 PLUS (+) 2 MINUS (-)	1	4424 4424	ICF_8
9	009	WHAT WAS YOUR MOTHER'S MAIDEN NAME 1 PLUS (+) 2 MINUS (-)	1	4425 4425	ICF_9
10	010	SUBTRACT 3 FROM 20 AND KEEP SUBTRACTING 3 FROM EACH NEW NUMBER YOU GET, ALL THE WAY DOWN. CAN YOU SUBTRACT 3 FROM THE LAST NUMBER 1 PLUS (+) 2 MINUS (-)	1	4426 4426	ICF_10

SECTION 2 - ACTIVITIES OF DAILY LIVING (ADL)

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
B.1	011	CHECK ITEM B.1: RESPONDENT IS:	1	4427 4427	IAD_WHO1

- 1 NURSING ASSISTANT
- 2 OTHER STAFF MEMBER
- 3 NONSTAFF MEMBER

1A	012	IN PAST WEEK, DID ANY PERSON HELP...EAT 1 YES 2 NO 3 DID NOT EAT AT ALL	1	4428	4428	IAD_1A
1B	013	DID SOMEONE FEED... 1 YES 2 NO	1	4429	4429	IAD_1B
1C	014	DID SOMEONE HELP...CUT MEAT OR BUTTER BREAD 1 YES 2 NO	1	4430	4430	IAD_1C
1D	015	DID...USE SPECIAL UTENSILS/DISHES TO HELP EAT 1 YES 2 NO	1	4431	4431	IAD_1D
2A	016	IN PAST WEEK DID...GET OUT OF BED FOR ANY REASON 1 YES 2 NO	1	4432	4432	IAD_2A
2B	017	DID ANY PERSON HELP...GET IN/OUT OF BED 1 YES 2 NO	1	4433	4433	IAD_2B
2C	018	DID SOMEONE ACTUALLY *LIFT*...IN/OUT OF BED 1 YES 2 NO	1	4434	4434	IAD_2C
2D	019	DOES...USE SPECIAL EQPMNT TO GET IN/OUT OF BED 1 YES 2 NO	1	4435	4435	IAD_2D
3A	020	IN PAST WEEK DID...GET AROUND INDOORS AT ALL 1 YES 2 NO	1	4436	4436	IAD_3A
3B	021	DID ANYONE HELP...GET AROUND INDOORS 1 YES 2 NO	1	4437	4437	IAD_3B
3C	022	DID...USE SPCL EQPMNT TO HELP GET AROUND INDOORS 1 YES 2 NO	1	4438	4438	IAD_3C
3D	023	DID...USE A WHEELCHAIR 1 YES 2 NO	1	4439	4439	IAD_3D
3E	024	IS...ABLE TO GET AROUND AT ALL W/OUT WHEELCHAIR 1 YES 2 NO	1	4440	4440	IAD_3E

4A	025	DURING PAST WEEK DID...GET DRESSED AT ALL 1 YES 2 NO	1	4441	4441	IAD_4A
4B	026	DID ANY PERSON USUALLY HELP...GET DRESSED 1 YES 2 NO	1	4442	4442	IAD_4B
4C	027	DID SOMEONE PUT ON ALL... 'S CLOTHES FOR HIM/HER 1 YES 2 NO	1	4443	4443	IAD_4C
4D	028	DID...WEAR SPCL CLTHNG/USE SPCL EQPMNT TO DRESS 1 YES 2 NO	1	4444	4444	IAD_4D
4E	029	DID SOMEONE HELP CHANGE...PAJAMAS/GOWN 1 YES 2 NO	1	4445	4445	IAD_4E
5A	030	DURING PAST WEEK, WAS...ABLE TO TAKE BATH/SHOWER 1 YES 2 NO	1	4446	4446	IAD_5A
5B	031	DID ANY PERSON HELP...TAKE A BATH/SHOWER 1 YES 2 NO	1	4447	4447	IAD_5B
5C	032	DID SOMEONE BATHE... 1 YES 2 NO	1	4448	4448	IAD_5C
5D	033	DID SOMEONE HELP...GET INTO/OUT OF TUB/SHOWER 1 YES 2 NO	1	4449	4449	IAD_5D
5E	034	DID...USE SPECIAL EQUIPMENT TO HELP BATHE 1 YES 2 NO	1	4450	4450	IAD_5E
5F	035	DID...WASH HIS/HER BODY AT A SINK OR BASIN 1 YES 2 NO	1	4451	4451	IAD_5F
5G	036	DURING PAST WEEK, DID...HAVE A BED BATH 1 YES 2 NO	1	4452	4452	IAD_5G
6A	037	DURING PAST WEEK, DID...USE THE TOILET AT ALL 1 YES 2 NO	1	4453	4453	IAD_6A
6B	038	DID ANY PERSON HELP...GET TO BATHROOM/USE TOILET 1 YES 2 NO	1	4454	4454	IAD_6B
6C	039	DID SOMEONE HELP...GET ON/OFF TOILET, ARRANGE	1	4455	4455	IAD_6C

CLOTHING, OR CLEAN HIMSELF/HERSELF

- 1 YES
- 2 NO

6D	040	DID...TAKE CARE OF TOILET NEEDS W/ SPCL EQPMNT	1	4456	4456	IAD_6D
		1 YES				
		2 NO				
6E	041	DOES...USE A URINARY CATHETER/COLSTOMY BAG	1	4457	4457	IAD_6E
		1 YES				
		2 NO				
6F	042	DOES.../SOMEONE ELSE TAKE CARE OF CATHETER/COLOS	1	4458	4458	IAD_6F
		1 SELF CARE				
		2 WITH HELP				
6G	043	DURING PAST WEEK, HAS...HAD TROUBLE CONTROLLING BLADDER OR BOWELS (SOILED/WET HIM/HERSELF)	1	4459	4459	IAD_6G
		1 YES				
		2 NO				
6H	044	DID.../SOMEONE ELSE CLEAN UP HIM/HERSELF AFTER	1	4460	4460	IAD_6H
		1 SELF CARE				
		2 WITH HELP				
7A	045	DOES...GET AROUND OUTDOORS (W/ OR W/OUT HELP)	1	4461	4461	IAD_7A
		1 YES				
		2 NO				
7B	046	DOES SOMEONE USUALLY HELP...GET AROUND OUTDOORS	1	4462	4462	IAD_7B
		1 YES				
		2 NO				
7C	047	DOES...USE SPCL EQPMNT (CANE/WALKER) OUTDOORS	1	4463	4463	IAD_7C
		1 YES				
		2 NO				
7D	048	DOES...USE SPECIAL EQUIPMENT ALONE/WITH HELP	1	4464	4464	IAD_7D
		1 BY SELF				
		2 WITH HELP				
8A	049	IS...OF SPANISH OR HISPANIC ORIGIN	1	4465	4465	IAD_8A
		1 YES				
		2 NO				
8B	050	WHAT IS... 'S RACE	1	4466	4466	IAD_8B
		1 WHITE				
		2 BLACK				
		3 AMERICAN INDIAN/ESKIMO/ALEUT				
		4 ASIAN/PACIFIC ISLANDER				
		5 OTHER				

SECTION 3 - ADMISSION, WHO PAYS, AND HEALTH INSURANCE

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
C.1	051	RESPONDENT'S RELATIONSHIP TO SAMPLE PERSON 1 STAFF MEMBER 2 SPOUSE 3 SON/DAUGHTER 4 OTHER RELATIVE 5 OTHER NONRELATIVE	1	4467 4467	AMN_WHO1
1		WHEN WAS...MOST RECENTLY ADMITTED TO FACILITY			
	052	MONTH	2	4468 4469	AMN_1_I1
	053	YEAR	2	4470 4471	AMN_1_I2
2	054	JUST BEFORE...WAS ADMITTED HERE, WHAT TYPE OF PLACE WAS HE/SHE LIVING IN 01 ALONE/WITH OTHERS IN HOUSE/APT (INDEPENDENT) 02 RETIREMENT HOME 03 BOARDING HOUSE/ROOMING HOUSE/RENTED ROOM 04 FOSTER OR FAMILY CARE HOME 05 GROUP HOME/COMMUNITY RESIDENCE 06 ASSISTED LIVING SETTING 07 HOSPITAL, NOT A SNF/ICF UNIT 08 SKILLED NURSING FACILITY (SNF) 09 INTERMEDIATE CARE FACILITY (ICF) 10 OTHER (NON-CERTIFIED) NURSING HOME 11 DOMICILIARY/PERSONAL CARE FACILITY 12 INSTITUTION/FACILITY FOR MENTALLY ILL 13 MENTAL HEALTH CENTER/FACILITY 14 CHRONIC DISEASE/REHABILITATION HOSPITAL 15 OTHER 99 DK	2	4472 4473	AMN_2_1
3A	055	LAST 4 YEARS HOW OFTEN HAS...BEEN IN NURS HOME 01-99 TIMES	2	4474 4475	AMN_3A
3B		WHEN WAS...ADMITTED: THE LAST TIME			
	056	MONTH	2	4476 4477	AMN_3B11
	057	YEAR	2	4478 4479	AMN_3B12
		NEXT TO LAST TIME			
	058	MONTH	2	4480 4481	AMN_3B21
	059	YEAR	2	4482 4483	AMN_3B22
		TIME BEFORE THAT			
	060	MONTH	2	4484 4485	AMN_3B31
	061	YEAR	2	4486 4487	AMN_3B32
		TIME BEFORE THAT			
	062	MONTH	2	4488 4489	AMN_3B41
	063	YEAR	2	4490 4491	AMN_3B42
4A	064	IN LAST 12 MONTHS, HAS...BEEN IN A HOSPITAL OVERNIGHT OR LONGER 1 YES 2 NO	1	4492 4492	AMN_4A
4B	065	HOW MANY TIMES (01-99)	2	4493 4494	AMN_4B

4C	WHEN WAS...ADMITTED THAT TIME/LAST TIME				
066	MONTH	2	4495	4496	AMN_4C11
067	YEAR	2	4497	4498	AMN_4C12
	NEXT TO LAST TIME				
068	MONTH	2	4499	4500	AMN_4C21
069	YEAR	2	4501	4502	AMN_4C22
	TIME BEFORE THAT				
070	MONTH	2	4503	4504	AMN_4C31
071	YEAR	2	4505	4506	AMN_4C32
5A	WHO PAID FOR... 'S ROOM/CARE AT TIME OF ADMISSION				
072	1 SAMPLE PERSON (INCLUDING SOCIAL SECURITY)	1	4507	4507	AMN_5A01
	1 (MARKED)				
	2 SPOUSE	1	4508	4508	AMN_5A02
	1 (MARKED)				
	3 CHILDREN	1	4509	4509	AMN_5A03
	1 (MARKED)				
	4 OTHER RELATIVES	1	4510	4510	AMN_5A04
	1 (MARKED)				
	5 NONRELATIVES	1	4511	4511	AMN_5A05
	1 (MARKED)				
	6 PRIVATE INSURANCE	1	4512	4512	AMN_5A06
	1 (MARKED)				
073	7 MEDICARE	1	4513	4513	AMN_5A07
	1 (MARKED)				
	8 MEDICAID	1	4514	4514	AMN_5A08
	1 (MARKED)				
	9 OTHER PUBLIC ASSISTANCE	1	4515	4515	AMN_5A09
	1 (MARKED)				
074	10 VA, CHAMPUS, CHAMPVA	1	4516	4516	AMN_5A10
	1 (MARKED)				
	11 OTHER	1	4517	4517	AMN_5A11
	1 (MARKED)				
5B	075 HOW MUCH WAS IT (000000-999999 DOLLARS PER MONTH)	6	4518	4523	AMN_5B
5C	076 WHO PAID THE MOST (01-11 FROM ITEM 5A)	2	4524	4525	AMN_5C
C.2	077 CHECK ITEM C.2: IS ITEM 1 CURRENT MONTH/YEAR	1	4526	4526	AMN_CK4
	1 YES				
	2 NO				
6A	WHO IS PAYING FOR... 'S ROOM/BOARD/CARE NOW				
078	1 SAMPLE PERSON (INCLUDING SOCIAL SECURITY)	1	4527	4527	AMN_6A01
	1 (MARKED)				
	2 SPOUSE	1	4528	4528	AMN_6A02
	1 (MARKED)				
	3 CHILDREN	1	4529	4529	AMN_6A03
	1 (MARKED)				
	4 OTHER RELATIVES	1	4530	4530	AMN_6A04
	1 (MARKED)				
	5 NONRELATIVES	1	4531	4531	AMN_6A05
	1 (MARKED)				
	6 PRIVATE INSURANCE	1	4532	4532	AMN_6A06
	1 (MARKED)				

079	7	MEDICARE 1 (MARKED)	1	4533	4533	AMN_6A07
	8	MEDICAID 1 (MARKED)	1	4534	4534	AMN_6A08
	9	OTHER PUBLIC ASSISTANCE 1 (MARKED)	1	4535	4535	AMN_6A09
080	10	VA, CHAMPUS, CHAMPVA 1 (MARKED)	1	4536	4536	AMN_6A10
	11	OTHER 1 (MARKED)	1	4537	4537	AMN_6A11
6B	081	HOW MUCH IS IT (000000-999999 DOLLARS PER MONTH)	6	4538	4543	AMN_6B
6C	082	WHO PAID THE MOST (01-11 FROM 6A)	2	4544	4545	AMN_6C
C.3	083	CHECK ITEM C.3: REFER TO ITEM 5A IS MEDCAID (CODE 8) MARKED IN ITEM 5A 1 YES 2 NO	1	4546	4546	AMN_CK6
C.4	084	CHECK ITEM C.4: REFER TO ITEM 6A IS MEDICAID (CODE 8) MARKED IN ITEM 6A 1 YES 2 NO	1	4547	4547	AMN_CK7
7		WHEN DID MEDICAID BEGIN PAYING THESE CHARGES				
	085	MONTH	2	4548	4549	AMN_7_M1
	086	YEAR	2	4550	4551	AMN_7_M2
8	087	WHAT IS ...'S MEDICAID NUMBER (BLANKED FIELD)	20	4552	4571	
	088	88 REFUSED 99 DON'T KNOW	2	4572	4573	AMN_8_DK
9	089	IS...COVERED BY OTHER PUBLIC ASSISTANCE PROGRAM THAT PAYS FOR HEALTH/LONG-TERM CARE 1 YES 2 NO 99 DK	2	4574	4575	AMN_9
10	090	IS...*NOW* COVERED BY CHAMPUS OR CHAMPVA 1 YES 2 NO 99 DK	2	4576	4577	AMN_10
11	091	IS...*NOW* COVERED BY PRIVATE HEALTH INSURANCE WHICH PAYS ANY PART OF HOSP/DOC/SURG/LTC BILL 1 YES 2 NO 99 DK	2	4578	4579	AMN_11
12B	093	WHAT IS RELATIONSHIP TO SAMPLE PERSON OF PERSON FACILITY WOULD CONTACT IN CASE OF EMERGENCY 1 SPOUSE 2 SON/DAUGHTER 3 OTHER RELATIVE 4 NONRELATIVE GUARDIAN 5 OTHER NONRELATIVE	1	4580	4580	AMN_12B

SECTION 4 - INCOME AND ASSETS

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION	SAS NAME
D.1	094	CHECK ITEM D.1: RESPONDENT'S RELATIONSHIP TO... 1 STAFF MEMBER 2 SPOUSE 3 SON/DAUGHTER 4 OTHER RELATIVE 5 OTHER NONRELATIVE	1	4581 4581	IAA_WHO1
	095	SAMPLE PERSON NUMBER (01)	2	4582 4583	IAA_WHO_SPN
1A	096	DURING THE PAST MONTH DID...RECEIVE: ...SOCIAL SECURITY/RAILROAD RETIREMENT BENEFITS 1 YES 2 NO	1	4584 4584	IAA_1A
1B	097	HOW MUCH DID...RECEIVE LAST MONTH 000000-999999	6	4585 4590	IAA_1B
	098	88 REFUSED 99 DK	2	4591 4592	IAA_1B_DK
2A	099	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	4593 4593	IAA_2A
2B	100	HOW MUCH DID...RECEIVE LAST MONTH 000000-999999	6	4594 4599	IAA_2B
	101	88 REFUSED 99 DK	2	4600 4601	IAA_2B_DK
3A	102	...FEDERAL/STATE SUPPLEMENTAL SECURITY INCOME 1 YES 2 NO	1	4602 4602	IAA_3A
3B	103	HOW MUCH DID...RECEIVE LAST MONTH 000000-999999	6	4603 4608	IAA_3B
	104	88 REFUSED 99 DK	2	4609 4610	IAA_3B_DK
4A	105	...NET INCOME FROM RENT OF AN APT/REAL ESTATE 1 YES 2 NO	1	4611 4611	IAA_4A
4B	106	HOW MUCH DID...RECEIVE LAST MONTH 000000-999999	6	4612 4617	IAA_4B
	107	88 REFUSED 99 DK	2	4618 4619	IAA_4B_DK
5A	108	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES 1 YES	1	4620 4620	IAA_5A

		2 NO				
5B	109	HOW MUCH DID...RECEIVE LAST MONTH 000000-999999	6	4621	4626	IAA_5B
	110	88 REFUSED 99 DK	2	4627	4628	IAA_5B_DK
6A	111	INTEREST OR DIVIDENDS 1 YES 2 NO	1	4629	4629	IAA_6A
6B	112	HOW MUCH DID...RECEIVE LAST MONTH 000000-999999	6	4630	4635	IAA_6B
	113	88 REFUSED 99 DK	2	4636	4637	IAA_6B_DK
	114	SPOUSE PERSON NUMBER (01-20,99) 01-20,99	2	4638	4639	IAA_6B_SPN
1A	115	DURING THE PAST MONTH DID... 'S *SPOUSE* RECEIVE: ...SOCIAL SECURITY/RAILROAD RETIREMENT BENEFITS 1 YES 2 NO	1	4640	4640	IAA_1A_SP
1B	116	HOW MUCH DID... 'S *SPOUSE* RECEIVE LAST MONTH 000000-999999	6	4641	4646	IAA_1B_SP
	117	88 REFUSED 99 DK	2	4647	4648	IAA_1B_SPDK
2A	118	...VETERANS ADMINISTRATION COMPENSATION/PENSION 1 YES 2 NO	1	4649	4649	IAA_2A_SP
2B	119	HOW MUCH DID... 'S *SPOUSE* RECEIVE LAST MONTH 000000-999999	6	4650	4655	IAA_2B_SP
	120	88 REFUSED 99 DK	2	4656	4657	IAA_2B_SPDK
3A	121	...FEDERAL/STATE SUPPLEMENTAL SECURITY INCOME 1 YES 2 NO	1	4658	4658	IAA_3A_SP
3B	122	HOW MUCH DID... 'S *SPOUSE* RECEIVE LAST MONTH 000000-999999	6	4659	4664	IAA_3B_SP
	123	88 REFUSED 99 DK	2	4665	4666	IAA_3B_SPDK
4A	124	...NET INCOME FROM RENT OF AN APT/REAL ESTATE 1 YES 2 NO	1	4667	4667	IAA_4A_SP
4B	125	HOW MUCH DID... 'S *SPOUSE* RECEIVE LAST MONTH 000000-999999	6	4668	4673	IAA_4B_SP
	126	88 REFUSED 99 DK	2	4674	4675	IAA_4B_SPDK
5A	127	...REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES	1	4676	4676	IAA_5A_SP

		1 YES					
		2 NO					
5B	128	HOW MUCH DID... 'S *SPOUSE* RECEIVE LAST MONTH	6	4677	4682	IAA_5B_SP	
		000000-999999					
	129	88 REFUSED	2	4683	4684	IAA_5B_SPDK	
		99 DK					
6A	130	INTEREST OR DIVIDENDS	1	4685	4685	IAA_6A_SP	
		1 YES					
		2 NO					
6B	131	HOW MUCH DID... 'S *SPOUSE* RECEIVE LAST MONTH	6	4686	4691	IAA_6B_SP	
		000000-999999					
	132	88 REFUSED	2	4692	4693	IAA_6B_SPDK	
		99 DK					
7A	133	DID.../SPOUSE RECEIVE ANY (OTHER) WELFARE	1	4694	4694	IAA_7A	
		PAYMENTS LAST MONTH					
		1 YES					
		2 NO					
7B	134	WHOSE NAME WAS ON THE CHECK	2	4695	4696	IAA_7B	
		PERSON NUMBER (01-48,99)					
7C	135	HOW MUCH WAS CHECK FOR (000000-999999 DOLLARS)	6	4697	4702	IAA_7C	
7D		WHOM DID THE CHECK COVER					
	136	PERSON NUMBER (01-48,99)	2	4703	4704	IAA_7D_1	
	137	PERSON NUMBER (01-48,99)	2	4705	4706	IAA_7D_2	
	138	PERSON NUMBER (01-48,99)	2	4707	4708	IAA_7D_3	
	139	PERSON NUMBER (01-48,99)	2	4709	4710	IAA_7D_4	
	140	PERSON NUMBER (01-48,99)	2	4711	4712	IAA_7D_5	
8	141	WHICH CATEGORY REPRESENTS TOTAL COMBINED INCOME	2	4713	4714	IAA_8	
		FOR...AND ... 'S SPOUSE					
		01 UNDER \$300					
		02 \$ 300 - \$ 599					
		03 600 - 899					
		04 900 - 1199					
		05 1200 - 1499					
		06 1500 - 1999					
		07 2000 - 2499					
		08 2500 - 2999					
		09 3000 - 3499					
		10 3500 - 3999					
		11 4000 - 4999					
		12 5000 - 5999					
		13 6000 OR MORE					
		88 REFUSED					
		99 DK					
9		DURING PAST MONTH DID.../SPOUSE:					
9A	142	...HAVE SAVING ACCOUNT IN BANK/S&L/CREDIT UNION	1	4715	4715	IAA_9A	
		1 YES					
		2 NO					

9B	143	...OWN ANY CERTIFICATE OF DEPOSIT/SAVINGS CERT 1 YES 2 NO	1	4716	4716	IAA_9B
9C	144	...OWN ANY MONEY MARKET FUNDS/GOVT SECURITIES/ OTHER INTEREST-EARNING ASSETS 1 YES 2 NO	1	4717	4717	IAA_9C
9D	145	WHAT KINDS OF ASSETS DID.../SPOUSE OWN 1 MONEY MARKET FUNDS 1 (MARKED) 2 U.S. GOVERNMENT SECURITIES 1 (MARKED) 3 MUNICIPAL/CORPORATE BONDS 1 (MARKED) 4 MONEY MARKET ACCOUNT 1 (MARKED) 5 MORTGAGES 1 (MARKED) 6 OTHER 1 (MARKED)	1	4718	4718	IAA_9D_1
			1	4719	4719	IAA_9D_2
			1	4720	4720	IAA_9D_3
			1	4721	4721	IAA_9D_4
			1	4722	4722	IAA_9D_5
			1	4723	4723	IAA_9D_6
9E	146	...OWN STOCKS/MUTUAL FUND SHARES 1 YES 2 NO	1	4724	4724	IAA_9E
9F	147	...OWN PROPERTY FROM WHICH...RECEIVED RENT INC 1 YES 2 NO	1	4725	4725	IAA_9F
9G	148	...HAVE A FINANCIAL INTEREST IN BUSINESS 1 YES 2 NO	1	4726	4726	IAA_9G
E.1		CHECK ITEM E.1: REFER TO ITEM 9A-E SAMPLE PERSON HAS:				
	149	1 SAVINGS ACCOUNTS 1 (MARKED) 2 SAVINGS CERTIFICATES 1 (MARKED) 3 MONEY MARKET FUND 1 (MARKED) 4 U.S. GOVERNMENT SECURITIES 1 (MARKED) 5 MUNICIPAL/CORPORATE BONDS 1 (MARKED) 6 MORTGAGES 1 (MARKED)	1	4727	4727	IAA_CKE1
			1	4728	4728	IAA_CKE2
			1	4729	4729	IAA_CKE3
			1	4730	4730	IAA_CKE4
			1	4731	4731	IAA_CKE5
			1	4732	4732	IAA_CKE6
	150	7 MONEY MARKET ACCOUNT 1 (MARKED) 8 STOCK OR MUTUAL FUND SHARES 1 (MARKED) 9 NONE 1 (MARKED)	1	4733	4733	IAA_CKE7
			1	4734	4734	IAA_CKE8
			1	4735	4735	IAA_CKE9
9H	151	DID... OWN ASSETS JOINTLY WITH SPOUSE/OTHER	1	4736	4736	IAA_9H

		1 YES				
		2 NO				
9I	152	ESTIMATE OF...& SPOUSE'S TOTAL ASSETS DURING PREVIOUS MONTH 000000-999999	6	4737	4742	IAA_9I
	153	88 REFUSED 99 DK	2	4743	4744	IAA_9I_DK
10A	154	SINCE 1989, DID.../SPOUSE SELL A HOUSE 1 YES 2 NO	1	4745	4745	IAA_10A
10B	155	WHAT YEAR HOUSE SOLD 89-94 99 DK	2	4746	4747	IAA_10B
10C	156	WHY DID.../SPOUSE SELL THIS HOUSE 1 NO LONGER NEEDED/WANTED/ABLE TO MAINTAIN 1 (MARKED)	1	4748	4748	IAA_10C1
		2 WANTED LESS EXPENSIVE TO MAINTAIN 1 (MARKED)	1	4749	4749	IAA_10C2
		3 MARRIED/WIDOWED/DIVORCED/SEPARATED 1 (MARKED)	1	4750	4750	IAA_10C3
		4 TO BE CLOSER TO FAMILY/FRIENDS 1 (MARKED)	1	4751	4751	IAA_10C4
		5 TO HELP COVER MEDICAL EXPENSES 1 (MARKED)	1	4752	4752	IAA_10C5
		6 EMPLOYMENT RELATED 1 (MARKED)	1	4753	4753	IAA_10C6
	157	7 RETIRED AND RELOCATED 1 (MARKED)	1	4754	4754	IAA_10C7
		8 TO BE CONVENIENT TO PUBLIC TRANSIT/SERVICES 1 (MARKED)	1	4755	4755	IAA_10C8
		9 OTHER 1 (MARKED)	1	4756	4756	IAA_10C9
10D	158	WERE ANY PROCEEDS FROM SALE OF HOUSE USED TO COVER HEALTH CARE COSTS 1 YES 2 NO	1	4757	4757	IAA_10D
11	159	WHAT IS ...' SOCIAL SECURITY # (BLANKED FIELD)	20	4758	4777	IAA_11
	160	88 REFUSED 99 DON'T KNOW	2	4778	4779	IAA_11_DK
12A	161	WHAT IS THE PRESENT VALUE OF... 'S HOME 000000-999999 DOLLARS 88 REFUSED 99 DK	6	4780	4785	IAA_12A
12B	162	WHICH CATEGORY REPRESENTS THE VALUE OF... 'S HOME 01 UNDER \$20,000 02 \$20,000 TO 34,999 03 \$35,000 TO 49,999 04 \$50,000 TO 74,999 05 \$75,000 TO 99,999	2	4786	4787	IAA_12B

06 \$100,000 TO 149,000
07 \$150,000 OR MORE

12C	163	IS THERE MORTGAGE/OTHER DEBT ON... 'S HOME NOW	1	4788	4788	IAA_12C
		1 YES				
		2 NO				
12D	164	ABOUT HOW MUCH IS STILL OWED	6	4789	4794	IAA_12D
		000000-999999 DOLLARS				
12E	165	ABOUT HOW MUCH IS... 'S MONTHLY MORTGAGE PAYMENT	6	4795	4800	IAA_12E
		000000-999999 DOLLARS				