

1999 NLTCs Data Dictionary - Next-of-Kin

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|--------------------------------|--|---|
| 1 | A1AA | Num | 8 | BEST12 | Relationship to deceased | Participant's relationship to deceased | 1 = Parent 2 = Spouse 3 = Son or Daughter 4 = Brother or Sister 5 = Other relative 6 = Other non-relative -2 = Refused |
| 2 | A1BA | Char | 43 | \$F43 | Name | Participant Name | |
| 3 | A1BB | Char | 30 | \$F30 | Street Address | Participant Address | -1 = Don't Know -2 = Refused |
| 4 | A1BC | Char | 30 | \$F30 | Address2 | Participant Address | -1 = Don't Know -2 = Refused |
| 5 | A1BD | Char | 30 | \$F30 | City | Participant City | -1 = Don't Know -2 = Refused |
| 6 | A1BE | Char | 2 | \$F2 | State | Participant State | -1 = Don't Know -2 = Refused |
| 7 | A1BF | Char | 5 | \$F5 | Zip | Participant Zip | -1 = Don't Know -2 = Refused |
| 8 | A2AA | Num | 8 | BEST12 | Copy of Death Certificate | Did the participant have a copy of the deceased's death certificate? | 1 = Yes 2 = No -2 = Refused |
| 9 | A2BA | Num | 8 | BEST12 | Immediate cause of death | Immediate cause of death listed on the death certificate | 1 = Asthma, Bronchitis, Emphysema 2 = Cerebrovascular 3 = Diabetes 4 = Heart Disease 5 = HIV/AIDS 6 = Liver Disease 7 = Cancer 8 = Pneumonia, Influenza 9 = Suicide 10 = Unintentional Injuries 11 = Other -1 = Don't Know/Not Filled In |
| 10 | A2BB | Char | 35 | \$F35 | Other immediate cause of death | Immediate cause of death not included in listed categories | A2BA=11 |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|--|---|---|
| 11 | A2CA | Num | 8 | BEST12 | Underlying cause of death | Underlying cause of death listed on the death certificate | 1 = Asthma, Bronchitis, Emphysema 2 = Cerebrovascular 3 = Diabetes 4 = Heart Disease 5 = HIV/AIDS 6 = Liver Disease 7 = Cancer 8 = Pneumonia, Influenza 9 = Suicide 10 = Unintentional Injuries 11 = Other -1 = Don't Know/Not Filled In |
| 12 | A2CB | Char | 35 | \$F35 | Other underlying cause of death | Underlying cause of death not included in listed categories | A2CA=11 |
| 13 | A2CC | Char | 35 | \$F35 | Other underlying cause of death (cont) | Additional underlying cause of death not included in listed categories | A2CA=11 and A2CB <> Null |
| 14 | A2DA | Num | 8 | BEST12 | Associated cause of death | Associated cause of death listed on the death certificate | 1 = Asthma, Bronchitis, Emphysema 2 = Cerebrovascular 3 = Diabetes 4 = Heart Disease 5 = HIV/AIDS 6 = Liver Disease 7 = Cancer 8 = Pneumonia, Influenza 9 = Suicide 10 = Unintentional Injuries 11 = Other -1 = Don't Know/Not Filled In |
| 15 | A2DB | Char | 35 | \$F35 | Other associated cause of death | Associated cause of death not included in listed categories | A2DA=11 |
| 16 | A2DC | Char | 35 | \$F35 | Other associated cause of death (cont) | Additional associated causes of death not included in the listed categories | A2DA = 11 and A2DB <> Null |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|-------------------------------|---|---|
| 17 | A2EA | Num | 8 | BEST12 | Cause of death | Cause of death – no death certificate | A2AA=2 1 = Asthma, Bronchitis, Emphysema 2 = Cerebrovascular 3 = Diabetes 4 = Heart Disease 5 = HIV/AIDS 6 = Liver Disease 7 = Cancer 8 = Pneumonia, Influenza 9 = Suicide 10 = Unintentional Injuries 11 = Other -1 = Don't Know -2 = Refused |
| 18 | A2EB | Char | 35 | \$F35 | Other cause of death | Cause of death not included in listed categories | A2EA=11 |
| 19 | A2FTG_1 | Char | 1 | \$F1 | Alzheimers Disease | Did the deceased have Alzheimer's Disease? | Y = Yes N = No |
| 20 | A2FTG_2 | Char | 1 | \$F1 | Asthma, Bronchitis, Emphysema | Did the deceased have chronic asthma, bronchitis, or emphysema? | Y = Yes N = No |
| 21 | A2FTG_3 | Char | 1 | \$F1 | Diabetes | Did the deceased have diabetes? | Y = Yes N = No |
| 22 | A2FTG_4 | Char | 1 | \$F1 | Heart Disease | Did the deceased have heart disease? | Y = Yes N = No |
| 23 | A2FTG_5 | Char | 1 | \$F1 | HIV/AIDS | Did the deceased have HIV/AIDS? | Y = Yes N = No |
| 24 | A2FTG_6 | Char | 1 | \$F1 | Liver Disease | Did the deceased have liver disease? | Y = Yes N = No |
| 25 | A2FTG_7 | Char | 1 | \$F1 | Lupus | Did the deceased have lupus? | Y = Yes N = No |
| 26 | A2FTG_8 | Char | 1 | \$F1 | Cancer | Did the deceased have cancer? | Y = Yes N = No |
| 27 | A2FTG_9 | Char | 1 | \$F1 | Osteoporosis, Osteoarthritis | Did the deceased have osteoporosis or osteoarthritis? | Y = Yes N = No |
| 28 | A2FTG_10 | Char | 1 | \$F1 | Pneumonia, Influenza | Did the deceased have chronic pneumonia or influenza? | Y = Yes N = No |
| 29 | A2FTG_11 | Char | 1 | \$F1 | Suicide | Did the deceased ever attempt suicide? | Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|----------------------------------|--|--|
| 30 | A2FTG_12 | Char | 1 | \$F1 | Other chronic conditions | Did the deceased have any other chronic condition not included in the previous list? | Y = Yes N = No |
| 31 | A2FTG_13 | Char | 1 | \$F1 | No other chronic conditions | Was the deceased free of any chronic conditions? | Y = Yes N = No |
| 32 | A2FTG_14 | Char | 1 | \$F1 | DK Other chronic conditions | Was the participant unsure of chronic conditions affecting the deceased? | Y = Yes N = No |
| 33 | A2FTG_15 | Char | 1 | \$F1 | Refused Other chronic conditions | Did the participant refuse to answer this question? | Y = Yes N = No |
| 34 | A2FB | Char | 30 | \$F30 | Other chronic conditions (cont) | Chronic conditions not included in the previous list | A2FTG_12=Y |
| 35 | B3AA | Num | 8 | BEST12 | Death date correct? | Did the deceased die (fill)? | 1 = Yes 2 = No -1 = Don't Know -2 = Refused |
| 36 | B3BA | Num | 8 | BEST12 | DOD_MM | Month the deceased died | 1-12 -1 = Don't Know |
| 37 | B3BB | Num | 8 | BEST12 | DOD_YYYY | Year deceased died | -1 = Don't Know |
| 38 | B4AA | Num | 8 | BEST12 | Height-feet | Deceased height - feet | -1 = Don't Know |
| 39 | B4AB | Num | 8 | BEST12 | Height-inches | Deceased height - inches | -1 = Don't Know |
| 40 | B4BA | Num | 8 | BEST12 | Weight | Deceased average weight | -1 = Don't Know |
| 41 | B5AA | Num | 8 | BEST12 | Sick 1 yr prior to death | Was deceased sick in the last year prior to death? | 1 = Yes 2 = No -1 = Don't Know -2 = Refused |
| 42 | B5BA | Num | 8 | BEST12 | Length of illness | Length of illness prior to death | 1 = Less than a month 2 = 1 – 5 months 3 = 6 – 11 months 4 = 1 year – less than 2 years 5 = 2 or more years -1 = Don't know |
| 43 | B6AA | Num | 8 | BEST12 | Physician diagnosis for illness | Did a physician make a diagnosis for the deceased? | 1 = Yes 2 = No -1 = Don't Know -2 = Refused |
| 44 | B6BTG_1 | Char | 1 | \$F1 | Alzheimers Disease-Dx | Was the diagnosis Alzheimer's Disease? | Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|----------------------------------|--|-------------------|
| 45 | B6BTG_2 | Char | 1 | \$F1 | Asthma, Bronchitis, Emphysema-Dx | Was the diagnosis chronic asthma, bronchitis, or emphysema? | Y = Yes N = No |
| 46 | B6BTG_3 | Char | 1 | \$F1 | Diabetes-Dx | Was the diagnosis diabetes? | Y = Yes N = No |
| 47 | B6BTG_4 | Char | 1 | \$F1 | Heart Disease-Dx | Was the diagnosis heart disease? | Y = Yes N = No |
| 48 | B6BTG_5 | Char | 1 | \$F1 | HIV/AIDS-Dx | Was the diagnosis HIV/AIDS? | Y = Yes N = No |
| 49 | B6BTG_6 | Char | 1 | \$F1 | Liver Disease-Dx | Was the diagnosis liver disease? | Y = Yes N = No |
| 50 | B6BTG_7 | Char | 1 | \$F1 | Lupus-Dx | Was the diagnosis lupus? | Y = Yes N = No |
| 51 | B6BTG_8 | Char | 1 | \$F1 | Cancer-Dx | Was the diagnosis cancer? | Y = Yes N = No |
| 52 | B6BTG_9 | Char | 1 | \$F1 | Osteoporosis, Osteoarthritis-Dx | Was the diagnosis osteoporosis or osteoarthritis? | Y = Yes N = No |
| 53 | B6BTG_10 | Char | 1 | \$F1 | Pneumonia, Influenza-Dx | Was the diagnosis chronic pneumonia or influenza? | Y = Yes N = No |
| 54 | B6BTG_11 | Char | 1 | \$F1 | Suicide-Dx | Was the diagnosis suicide? | Y = Yes N = No |
| 55 | B6BTG_12 | Char | 1 | \$F1 | Other diagnosis | Was the diagnosis something other than those included in the list? | Y = Yes N = No |
| 56 | B6BTG_13 | Char | 1 | \$F1 | DK Diagnosis | Was the participant unsure of the diagnosis? | Y = Yes N = No |
| 57 | B6BTG_14 | Char | 1 | \$F1 | Refused Diagnosis | Did the participant refuse to answer this question? | Y = Yes N = No |
| 58 | B6BB | Char | 30 | \$F30 | Other diagnosis (cont) | Diagnoses not included in the previous list | B6BTG=Y |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|--|---|--|
| 59 | B7AA | Num | 8 | BEST12 | Death Location | Where did the deceased die? | 1 = House/apartment (independent living) 2 = Retirement home 3 = Boarding house/rented room 4 = Foster/family care house 5 = Community residential facility 6 = Nursing facility 7 = Assisted living setting 8 = Memory care setting 9 = Hospital 10 = Another place -1 = Don't Know |
| 60 | B7AB | Char | 50 | \$F50 | Other death location | Death location not included in the above list | B7AA = 10 |
| 61 | B7BA | Num | 8 | BEST12 | Type of hospital admitted where deceased passed | Was the hospital a short-stay general hospital or long-stay hospital? | B7AA = 9 1 = Short-stay 2 = Long-stay -1 = Don't Know |
| 62 | B7CA | Num | 8 | BEST12 | Month admitted to hospital where deceased passed | What month was the deceased admitted to the hospital? | B7AA = 9 1-12 -1 = Don't Know |
| 63 | B7CB | Num | 8 | BEST12 | Year admitted to hospital where deceased passed | What year was the deceased admitted to the hospital? | B7AA = 9 -1 = Don't Know |
| 64 | B7DA | Num | 8 | BEST12 | Month admitted to nursing facility where deceased passed | What month was the deceased admitted to the nursing facility? | B7AA = 6,7,8 1 – 12 -1 = Don't Know |
| 65 | B7DB | Num | 8 | BEST12 | Year admitted to nursing facility where deceased passed | What year was the deceased admitted to the nursing facility? | B7AA = 6,7,8 -1 = Don't Know |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|--|--|---|
| 66 | B7EA | Num | 8 | BEST12 | Length of stay in nursing facility where deceased passed | What was the length of stay in the nursing facility? | B7AA = 6,7,8 1 = 1 day or less 2 = 2 days – less than 1 week 3 = 1 week – less than 2 weeks 4 = 2 weeks – less than 1 month 5 = 1 month – less than 3 months 6 = 3 months – less than 6 months 7 = 6 months – less than 1 year 8 = 1 year = less than 2 years 9 = 2 years + -1 = Don't Know |
| 67 | B7FTG_1 | Char | 1 | \$F1 | Medicaid paid for stay where deceased passed | Did Medicaid pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 68 | B7FTG_2 | Char | 1 | \$F1 | Medicare paid for stay where deceased passed | Did Medicare pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 69 | B7FTG_3 | Char | 1 | \$F1 | Private insurance paid for stay where deceased passed | Did private insurance pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 70 | B7FTG_4 | Char | 1 | \$F1 | Veterans benefits paid for stay where deceased passed | Did Veterans benefits pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 71 | B7FTG_5 | Char | 1 | \$F1 | Deceased paid for stay where he passed | Did the deceased pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 72 | B7FTG_6 | Char | 1 | \$F1 | Spouse paid for stay where deceased passed | Did the spouse of the deceased pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 73 | B7FTG_7 | Char | 1 | \$F1 | Children paid for stay where deceased passed | Did children of the deceased pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 74 | B7FTG_8 | Char | 1 | \$F1 | Other relatives paid for stay where deceased passed | Did other relatives pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 75 | B7FTG_9 | Char | 1 | \$F1 | Other non-relatives paid for stay where deceased passed | Did other non-relatives pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|---|--|--|
| 76 | B7FTG_10 | Char | 1 | \$F1 | Other source paid for stay where deceased passed | Did another source pay for the stay? | B7AA = 6,7,8,9 Y = Yes N = No |
| 77 | B7FTG_11 | Char | 1 | \$F1 | DK payer for stay where deceased passed | Was the participant unsure of the payer? | B7AA = 6,7,8,9 Y = Yes N = No |
| 78 | B7FTG_12 | Char | 1 | \$F1 | Refused payer for stay where deceased passed | Did the participant refuse to answer this question? | B7AA = 6,7,8,9 Y = Yes N = No |
| 79 | B7FB | Char | 30 | \$F30 | Other source paid for stay where deceased passed (cont) | Paid for the hospital or facility stay (not included in the previous list) | B7AA = 6,7,8,9 B7FTG_10 = Y |
| 80 | B7GA | Num | 8 | BEST12 | Length of stay-Medicaid paid for stay where deceased passed | How long did Medicaid pay? | B7FTG_1 = Y 1 = 1 day or less 2 = 2 days – less than 1 week 3 = 1 week – less than 2 weeks 4 = 2 weeks – less than 1 month 5 = 1 month – less than 3 months 6 = 3 months – less than 6 months 7 = 6 months – less than 1 year 8 = 1 year - less than 2 years 9 = 2 years + -1 = Don't Know |
| 81 | B7HA | Num | 8 | BEST12 | Place of residence prior to death | Where did the deceased live prior to death? | 1 = House/apartment (independent living) 2 = Retirement home 3 = Boarding house/rented room 4 = Foster/family care house 5 = Community residential facility 6 = Nursing facility 7 = Assisted living setting 8 = Memory care setting 9 = Hospital 10 = Another place -1 = Don't Know |
| 82 | B7HYSPA | Char | 50 | \$F50 | Other place of residence prior to death | Prior to death location not included in list | B7HA = 10 |
| 83 | B8AA | Num | 8 | BEST12 | Verify residence prior to death | Is death location same as place of residence prior to death? | B7AA = 1,2,3,4,5 1 = Yes 2 = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|----|----------|------|--------|--------|---|---|--|
| 84 | B8BA | Num | 8 | BEST12 | Place of residence prior to death | Where did the deceased live prior to death? | B8AA = 2 1 = House/apartment (independent living) 2 = Retirement home 3 = Boarding house/rented room 4 = Foster/family care house 5 = Community residential facility 6 = Nursing facility 7 = Assisted living setting 8 = Memory care setting 9 = Hospital 10 = Another place -1 = Don't Know |
| 85 | B8ASPYA | Char | 50 | \$F50 | Other place of residence prior to death | Prior to death location not included in list | B8BA = 10 |
| 86 | B8CA | Num | 8 | BEST12 | Type of hospital admitted prior to death | Was the hospital a short-stay general hospital or long-stay hospital? | B8BA = 9 1 = Short-stay 2 = Long-stay -1 = Don't Know |
| 87 | B8DA | Num | 8 | BEST12 | Month admitted to hospital prior to death | What month was the deceased admitted to the hospital? | B8BA = 9 1-12 -1 = Don't Know |
| 88 | B8DB | Num | 8 | BEST12 | Year admitted to hospital prior to death | What year was the deceased admitted to the hospital? | B8BA = 9 -1 = Don't Know |
| 89 | B8EA | Num | 8 | BEST12 | Month admitted to nursing facility prior to death | What month was the deceased admitted to the nursing facility? | B8BA = 6,7,8 1 – 12 -1 = Don't Know |
| 90 | B8EB | Num | 8 | BEST12 | Year admitted to nursing facility prior to death | What year was the deceased admitted to the nursing facility? | B8BA = 6,7,8 -1 = Don't Know |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|---|--|---|
| 91 | B8FA | Num | 8 | BEST12 | Length of stay in nursing facility prior to death | What was the length of stay in the nursing facility? | B8BA = 6,7,8 1 = 1 day or less 2 = 2 days – less than 1 week 3 = 1 week – less than 2 weeks 4 = 2 weeks – less than 1 month 5 = 1 month – less than 3 months 6 = 3 months – less than 6 months 7 = 6 months – less than 1 year 8 = 1 year - less than 2 years 9 = 2 years + -1 = Don't Know |
| 92 | B8GTG_1 | Char | 1 | \$F1 | Medicaid paid for stay prior to death | Did Medicaid pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 93 | B8GTG_2 | Char | 1 | \$F1 | Medicare paid for stay prior to death | Did Medicare pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 94 | B8GTG_3 | Char | 1 | \$F1 | Private insurance paid for stay prior to death | Did private insurance pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 95 | B8GTG_4 | Char | 1 | \$F1 | Veterans benefits paid for stay prior to death | Did Veterans benefits pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 96 | B8GTG_5 | Char | 1 | \$F1 | Deceased paid for stay prior to death | Did the deceased pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 97 | B8GTG_6 | Char | 1 | \$F1 | Spouse of deceased paid for stay prior to death | Did the spouse of the deceased pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 98 | B8GTG_7 | Char | 1 | \$F1 | Children of deceased paid for stay prior to death | Did children of the deceased pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 99 | B8GTG_8 | Char | 1 | \$F1 | Other relatives paid for stay prior to death | Did other relatives pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 100 | B8GTG_9 | Char | 1 | \$F1 | Other non-relatives paid for stay prior to death | Did other non-relatives pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|--|--|--|
| 101 | B8GTG_10 | Char | 1 | \$F1 | Other source paid for stay prior to death | Did another source pay for the stay? | B8BA = 6,7,8,9 Y = Yes N = No |
| 102 | B8GTG_11 | Char | 1 | \$F1 | DK payer for stay prior to death | Was the participant unsure of the payer? | B8BA = 6,7,8,9 Y = Yes N = No |
| 103 | B8GTG_12 | Char | 1 | \$F1 | Refused payer for stay prior to death | Did the participant refuse to answer this question? | B8BA = 6,7,8,9 Y = Yes N = No |
| 104 | B8GB | Char | 30 | \$F30 | Other source paid for stay prior to death (cont) | Paid for the hospital or facility stay (not included in the previous list) | B8BA = 6,7,8,9 B8GTG_10 = Y |
| 105 | B8HA | Num | 8 | BEST12 | Length of stay-Medicaid paid for stay prior to death | How long did Medicaid pay? | B8GTG_1 = Y 1 = 1 day or less 2 = 2 days – less than 1 week 3 = 1 week – less than 2 weeks 4 = 2 weeks – less than 1 month 5 = 1 month – less than 3 months 6 = 3 months – less than 6 months 7 = 6 months – less than 1 year 8 = 1 year - less than 2 years 9 = 2 years + -1 = Don't Know |
| 106 | B9AA | Num | 8 | BEST12 | Previous place of residence | Where else did the deceased live prior to death? | B8BA = 6,7,8,9 1 = House/apartment (independent living) 2 = Retirement home 3 = Boarding house/rented room 4 = Foster/family care house 5 = Community residential facility 6 = Nursing facility 7 = Assisted living setting 8 = Memory care setting 9 = Hospital 10 = Another place -1 = Don't Know |
| 107 | B9ASPYA | Char | 50 | \$F50 | Other previous place of residence | Another residence prior to death | B9AA = 10 |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|------------------------------------|---|---|
| 108 | B9BA | Num | 8 | BEST12 | Previous type of hospital admitted | Was the hospital a short-stay general hospital or long-stay hospital? | B9AA = 9 1 = Short-stay 2 = Long-stay -1 = Don't Know |
| 109 | B9CA | Num | 8 | BEST12 | Month admitted to hospital | What month was the deceased admitted to the hospital? | B9AA = 9 1-12 -1 = Don't Know |
| 110 | B9CB | Num | 8 | BEST12 | Year admitted to hospital | What year was the deceased admitted to the hospital? | B9AA = 9 |
| 111 | B9DA | Num | 8 | BEST12 | Month admitted to nursing facility | What month was the deceased admitted to the nursing facility? | B9AA = 6,7,8 1-12 -1 = Don't Know |
| 112 | B9DB | Num | 8 | BEST12 | Year admitted to nursing facility | What year was the deceased admitted to the nursing facility? | B9AA = 6,7,8 -1 = Don't Know |
| 113 | B9EA | Num | 8 | BEST12 | Length of stay in nursing facility | What was the length of stay in the nursing facility? | B9AA = 6,7,8 1 = 1 day or less 2 = 2 days – less than 1 week 3 = 1 week – less than 2 weeks 4 = 2 weeks – less than 1 month 5 = 1 month – less than 3 months 6 = 3 months – less than 6 months 7 = 6 months – less than 1 year 8 = 1 year - less than 2 years 9 = 2 years + -1 = Don't Know |
| 114 | B9FTG_1 | Char | 1 | \$F1 | Medicaid | Did Medicaid pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 115 | B9FTG_2 | Char | 1 | \$F1 | Medicare | Did Medicare pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 116 | B9FTG_3 | Char | 1 | \$F1 | Private insurance | Did private insurance pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 117 | B9FTG_4 | Char | 1 | \$F1 | Veterans benefits | Did Veterans benefits pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|------------------------------|--|--|
| 118 | B9FTG_5 | Char | 1 | \$F1 | Deceased paid | Did the deceased pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 119 | B9FTG_6 | Char | 1 | \$F1 | Spouse of deceased paid | Did the spouse of the deceased pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 120 | B9FTG_7 | Char | 1 | \$F1 | Children of deceased paid | Did children of the deceased pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 121 | B9FTG_8 | Char | 1 | \$F1 | Other relatives paid | Did other relatives pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 122 | B9FTG_9 | Char | 1 | \$F1 | Other non-relatives paid | Did other non-relatives pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 123 | B9FTG_10 | Char | 1 | \$F1 | Other source paid | Did another source pay for the stay? | B9AA = 6,7,8,9 Y = Yes N = No |
| 124 | B9FTG_11 | Char | 1 | \$F1 | DK payer | Was the participant unsure of the payer? | B9AA = 6,7,8,9 Y = Yes N = No |
| 125 | B9FTG_12 | Char | 1 | \$F1 | Refused payer | Did the participant refuse to answer this question? | B9AA = 6,7,8,9 Y = Yes N = No |
| 126 | B9FB | Char | 30 | \$F30 | Other source paid (cont) | Paid for the hospital or facility stay (not included in the previous list) | B9AA = 6,7,8,9 B9FTG_10 = Y |
| 127 | B9GA | Num | 8 | BEST12 | Length of stay-Medicaid paid | How long did Medicaid pay? | B9FTG_1 = Y 1 = 1 day or less 2 = 2 days – less than 1 week 3 = 1 week – less than 2 weeks 4 = 2 weeks – less than 1 month 5 = 1 month – less than 3 months 6 = 3 months – less than 6 months 7 = 6 months – less than 1 year 8 = 1 year - less than 2 years 9 = 2 years + -1 = Don't Know |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|--|--|--|
| 128 | B10AA | Num | 8 | BEST12 | Additional visits to nursing home | Did the deceased have any additional stays in a nursing home? | 1= Yes 2= No -1 = Don't Know |
| 129 | B10BA | Num | 8 | BEST12 | Number additional visits to nursing home | How many additional times was the deceased a patient in a nursing facility? | B10AA = 1 1-6 -1 = Don't Know |
| 130 | B10C1A | Num | 8 | BEST12 | Month admitted to nursing home:1 st visit | What month was the deceased admitted to the nursing home on the 1 st visit? | B10BA = 1,2,3,4,5,6 1-12 -1 = Don't Know |
| 131 | B10C1B | Num | 8 | BEST12 | Year admitted to nursing home:1 st visit | What year was the deceased admitted to the nursing home on the 1 st visit? | B10BA = 1,2,3,4,5,6 -1 = Don't Know -2 = Refused |
| 132 | B10D1A | Num | 8 | BEST12 | LOS Visit1: Years | How many years was the deceased in the nursing home on the 1st visit? | B10BA = 1,2,3,4,5,6 -1 = Don't Know |
| 133 | B10D1B | Num | 8 | BEST12 | LOS Visit1: Months | How many months was the deceased in the nursing home on the 1st visit? | B10BA = 1,2,3,4,5,6 0-11 -1 = Don't Know |
| 134 | B10D1C | Num | 8 | BEST12 | LOS Visit1: Weeks | How many weeks was the deceased in the nursing home on the 1st visit? | B10BA = 1,2,3,4,5,6 -1 = Don't Know |
| 135 | B10D1D | Num | 8 | BEST12 | LOS Visit1: Days | How many days was the deceased in the nursing home on the 1st visit? | B10BA = 1,2,3,4,5,6 -1 = Don't Know |
| 136 | B10C2A | Num | 8 | BEST12 | Month admitted to nursing home:2nd visit | What month was the deceased admitted to the nursing home on the 2nd visit? | B10BA = 2,3,4,5,6 1-12 -1 = Don't Know |
| 137 | B10C2B | Num | 8 | BEST12 | Year admitted to nursing home:2 nd visit | What year was the deceased admitted to the nursing home on the 2nd visit? | B10BA = 2,3,4,5,6 -1 = Don't Know -2 = Refused |
| 138 | B10D2A | Num | 8 | BEST12 | LOS Visit2: Years | How many years was the deceased in the nursing home on the 2nd visit? | B10BA = 2,3,4,5,6 -1 = Don't Know |
| 139 | B10D2B | Num | 8 | BEST12 | LOS Visit2: Months | How many months was the deceased in the nursing home on the 2nd visit? | B10BA = 2,3,4,5,6 0-11 -1 = Don't Know |
| 140 | B10D2C | Num | 8 | BEST12 | LOS Visit2: Weeks | How many weeks was the deceased in the nursing home on the 2nd visit? | B10BA = 2,3,4,5,6 -1 = Don't Know |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|---|--|--|
| 141 | B10D2D | Num | 8 | BEST12 | LOS Visit2: Days | How many days was the deceased in the nursing home on the 2nd visit? | B10BA = 2,3,4,5,6 -1 = Don't Know |
| 142 | B10C3A | Num | 8 | BEST12 | Month admitted to nursing home:3rd visit | What month was the deceased admitted to the nursing home on the 3rd visit? | B10BA = 3,4,5,6 1-12 -1 = Don't Know |
| 143 | B10C3B | Num | 8 | BEST12 | Year admitted to nursing home:3 rd visit | What year was the deceased admitted to the nursing home on the 3rd visit? | B10BA = 3,4,5,6 -1 = Don't Know -2 = Refused |
| 144 | B10D3A | Num | 8 | BEST12 | LOS Visit3: Years | How many years was the deceased in the nursing home on the 3rd visit? | B10BA = 3,4,5,6 -1 = Don't Know |
| 145 | B10D3B | Num | 8 | BEST12 | LOS Visit3: Months | How many months was the deceased in the nursing home on the 3rd visit? | B10BA = 3,4,5,6 0-11 -1 = Don't Know |
| 146 | B10D3C | Num | 8 | BEST12 | LOS Visit3: Weeks | How many weeks was the deceased in the nursing home on the 3rd visit? | B10BA = 3,4,5,6 -1 = Don't Know |
| 147 | B10D3D | Num | 8 | BEST12 | LOS Visit3: Days | How many days was the deceased in the nursing home on the 3rd visit? | B10BA = 3,4,5,6 -1 = Don't Know |
| 148 | B10C4A | Num | 8 | BEST12 | Month admitted to nursing home:4th visit | What month was the deceased admitted to the nursing home on the 4th visit? | B10BA = 4,5,6 1-12 -1 = Don't Know |
| 149 | B10C4B | Num | 8 | BEST12 | Year admitted to nursing home:4th visit | What year was the deceased admitted to the nursing home on the 4th visit? | B10BA = 4,5,6 -1 = Don't Know -2 = Refused |
| 150 | B10D4A | Num | 8 | BEST12 | LOS Visit4: Years | How many years was the deceased in the nursing home on the 4th visit? | B10BA = 4,5,6 -1 = Don't Know |
| 151 | B10D4B | Num | 8 | BEST12 | LOS Visit4: Months | How many months was the deceased in the nursing home on the 4th visit? | B10BA = 4,5,6 0-11 -1 = Don't Know |
| 152 | B10D4C | Num | 8 | BEST12 | LOS Visit4: Weeks | How many weeks was the deceased in the nursing home on the 4th visit? | B10BA = 4,5,6 -1 = Don't Know |
| 153 | B10D4D | Num | 8 | BEST12 | LOS Visit4: Days | How many days was the deceased in the nursing home on the 4th visit? | B10BA = 4,5,6 -1 = Don't Know |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|--|--|--|
| 154 | B10C5A | Num | 8 | BEST12 | Month admitted to nursing home:5th visit | What month was the deceased admitted to the nursing home on the 5th visit? | B10BA = 5,6 1-12 -1 = Don't Know |
| 155 | B10C5B | Num | 8 | BEST12 | Year admitted to nursing home:5th visit | What year was the deceased admitted to the nursing home on the 5th visit? | B10BA = 5,6 -1 = Don't Know -2 = Refused |
| 156 | B10D5A | Num | 8 | BEST12 | LOS Visit5: Years | How many years was the deceased in the nursing home on the 5th visit? | B10BA = 5,6 -1 = Don't Know |
| 157 | B10D5B | Num | 8 | BEST12 | LOS Visit5: Months | How many months was the deceased in the nursing home on the 5th visit? | B10BA = 5,6 0-11 -1 = Don't Know |
| 158 | B10D5C | Num | 8 | BEST12 | LOS Visit5: Weeks | How many weeks was the deceased in the nursing home on the 5th visit? | B10BA = 5,6 -1 = Don't Know |
| 159 | B10D5D | Num | 8 | BEST12 | LOS Visit5: Days | How many days was the deceased in the nursing home on the 5th visit? | B10BA = 5,6 -1 = Don't Know |
| 160 | B10C6A | Num | 8 | BEST12 | Month admitted to nursing home:6th visit | What month was the deceased admitted to the nursing home on the 6th visit? | B10BA = 6 1-12 -1 = Don't Know |
| 161 | B10C6B | Num | 8 | BEST12 | Year admitted to nursing home:6th visit | What year was the deceased admitted to the nursing home on the 6th visit? | B10BA = 6 -1 = Don't Know -2 = Refused |
| 162 | B10D6A | Num | 8 | BEST12 | LOS Visit6: Years | How many years was the deceased in the nursing home on the 6th visit? | B10BA = 6 -1 = Don't Know |
| 163 | B10D6B | Num | 8 | BEST12 | LOS Visit6: Months | How many months was the deceased in the nursing home on the 6th visit? | B10BA = 6 0-11 -1 = Don't Know |
| 164 | B10D6C | Num | 8 | BEST12 | LOS Visit6: Weeks | How many weeks was the deceased in the nursing home on the 6th visit? | B10BA = 6 -1 = Don't Know |
| 165 | B10D6D | Num | 8 | BEST12 | LOS Visit6: Days | How many days was the deceased in the nursing home on the 6th visit? | B10BA = 6 -1 = Don't Know |
| 166 | B11A | Num | 8 | BEST12 | Receive Hospice Care | Did the deceased receive hospice care in the six months prior to death? | 1 = Yes 2 = No -1 = Don't Know |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|--|--|--------------------------------------|
| 167 | B12AA | Num | 8 | BEST12 | Additional paid health care worker | Was anyone being paid to take care of the deceased one month prior to death? | 1 = Yes 2 = No -1 = Don't Know |
| 168 | B12BTG_1 | Char | 1 | \$F1 | Health care provider | Was a health care provider paid to take care of the deceased one month prior to death? | B12AA = 1 Y = Yes N = No |
| 169 | B12BTG_2 | Char | 1 | \$F1 | Housekeeper | Was a housekeeper paid to take care of the deceased one month prior to death? | B12AA = 1 Y = Yes N = No |
| 170 | B12BTG_3 | Char | 1 | \$F1 | Relative | Was a relative paid to take care of the deceased one month prior to death? | B12AA = 1 Y = Yes N = No |
| 171 | B12BTG_4 | Char | 1 | \$F1 | Neighbor, friend | Was a neighbor or friend paid to take care of the deceased one month prior to death? | B12AA = 1 Y = Yes N = No |
| 172 | B12BTG_5 | Char | 1 | \$F1 | Someone else | Was someone else paid to take care of the deceased one month prior to death? | B12AA = 1 Y = Yes N = No |
| 173 | B12BTG_6 | Char | 1 | \$F1 | DK Additional paid health care worker | Was the participant unsure of who was paid to take care of the deceased one month prior to death? | B12AA = 1 Y = Yes N = No |
| 174 | B12BTG_7 | Char | 1 | \$F1 | Refused additional paid health care worker | Did the participant refuse to answer this question? | B12AA = 1 Y = Yes N = No |
| 175 | B12BB | Char | 30 | \$F30 | Someone else (cont) | Another person paid to take care of the deceased one month prior to death not included in above list | B12AA = 1 B12BTG_5 = Y |
| 176 | B12CTG_1 | Char | 1 | \$F1 | Help w/ personal care | Did the deceased receive assistance with personal care? | B12AA = 1 Y = Yes N = No |
| 177 | B12CTG_2 | Char | 1 | \$F1 | Help w/ cooking, housework | Did the deceased receive assistance with cooking or housework? | B12AA = 1 Y = Yes N = No |
| 178 | B12CTG_3 | Char | 1 | \$F1 | Nursing care | Did the deceased receive nursing care, such as getting injections? | B12AA = 1 Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|---|---|--------------------------------------|
| 179 | B12CTG_4 | Char | 1 | \$F1 | DK type paid help | Was the participant unsure of the type of paid assistance the deceased received? | B12AA = 1 Y = Yes N = No |
| 180 | B12CTG_5 | Char | 1 | \$F1 | Refused paid type help | Did the participant refuse to answer this question? | B12AA = 1 Y = Yes N = No |
| 181 | B13AA | Num | 8 | BEST12 | Other unpaid help | Did anyone else help take care of the deceased? | 1 = Yes 2 = No -1 = Don't Know |
| 182 | B13BTG_1 | Char | 1 | \$F1 | Spouse | Did the deceased receive care from his/her spouse? | B13AA=1 Y = Yes N = No |
| 183 | B13BTG_2 | Char | 1 | \$F1 | Child lived w/ deceased | Did the deceased receive care from a child that lived w/ him/her? | B13AA=1 Y = Yes N = No |
| 184 | B13BTG_3 | Char | 1 | \$F1 | Another relative lived w/ deceased | Did the deceased receive care from another relative that lived w/ him/her? | B13AA=1 Y = Yes N = No |
| 185 | B13BTG_4 | Char | 1 | \$F1 | Nonrelative lived w/ deceased | Did the deceased receive care from a nonrelative that lived w/ him/her? | B13AA=1 Y = Yes N = No |
| 186 | B13BTG_5 | Char | 1 | \$F1 | Child did not live w/ deceased | Did the deceased receive care from a child that did NOT live w/ him/her? | B13AA=1 Y = Yes N = No |
| 187 | B13BTG_6 | Char | 1 | \$F1 | Another relative did not live w/ deceased | Did the deceased receive care from another relative that did NOT live w/ him/her? | B13AA=1 Y = Yes N = No |
| 188 | B13BTG_7 | Char | 1 | \$F1 | Nonrelative did not live w/ deceased | Did the deceased receive care from a nonrelative that did NOT live w/ him/her? | B13AA=1 Y = Yes N = No |
| 189 | B13BTG_8 | Char | 1 | \$F1 | DK other unpaid help | Was the participant unsure of anyone else that cared for the deceased? | B13AA=1 Y = Yes N = No |
| 190 | B13BTG_9 | Char | 1 | \$F1 | Refused other unpaid help | Did the participant refuse to answer this question? | B13AA=1 Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|----------------------------------|--|--------------------------------|
| 191 | B13CTG_1 | Char | 1 | \$F1 | Help w/ personal care | Did the deceased receive assistance with personal care? | B13AA = 1 Y = Yes N = No |
| 192 | B13CTG_2 | Char | 1 | \$F1 | Help w/ cooking, housework | Did the deceased receive assistance with cooking or housework? | B13AA = 1 Y = Yes N = No |
| 193 | B13CTG_3 | Char | 1 | \$F1 | Other type unpaid help | Did the deceased receive other assistance not included in the previous list? | B13AA = 1 Y = Yes N = No |
| 194 | B13CTG_4 | Char | 1 | \$F1 | DK type other unpaid help | Was the participant unsure of the type of assistance the deceased received? | B13AA = 1 Y = Yes N = No |
| 195 | B13CTG_5 | Char | 1 | \$F1 | Refused type other unpaid help | Did the participant refuse to answer this question? | B13AA = 1 Y = Yes N = No |
| 196 | B13CB | Char | 30 | \$F30 | Other type unpaid help (cont) | Additional types of help not included in the above list | B13AA = 1 B13CTG_3 = Y |
| 197 | B14TG_1 | Char | 1 | \$F1 | Diet modified in texture | Toward the end of life, did the deceased need a diet modified in texture (pureed)? | Y = Yes N = No |
| 198 | B14TG_2 | Char | 1 | \$F1 | Help w/ feeding | Toward the end of life, did the deceased need help w/ feeding? | Y = Yes N = No |
| 199 | B14TG_3 | Char | 1 | \$F1 | Feeding devices | Toward the end of life, did the deceased need special feeding devices, such as special dishes? | Y = Yes N = No |
| 200 | B14TG_4 | Char | 1 | \$F1 | Help w/ swallowing | Toward the end of life, did the deceased need help w/ swallowing? | Y = Yes N = No |
| 201 | B14TG_5 | Char | 1 | \$F1 | Modified diet (i.e., low sodium) | Toward the end of life, did the deceased need a modified diet (i.e., low sodium)? | Y = Yes N = No |
| 202 | B14TG_6 | Char | 1 | \$F1 | Oral nutrition supplements | Toward the end of life, did the deceased need oral nutrition supplements? | Y = Yes N = No |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|-------------------------------|--|-------------------|
| 203 | B14TG_7 | Char | 1 | \$F1 | Tube feeding | Toward the end of life, did the deceased need tube feeding? | Y = Yes N = No |
| 204 | B14TG_8 | Char | 1 | \$F1 | Intravenous feeding | Toward the end of life, did the deceased need intravenous feeding? | Y = Yes N = No |
| 205 | B14TG_9 | Char | 1 | \$F1 | Other dietary needs | Toward the end of life, did the deceased have any other dietary needs not listed above? | Y = Yes N = No |
| 206 | B14TG_10 | Char | 1 | \$F1 | No special dietary needs | Toward the end of life, did the deceased NOT have any special dietary needs? | Y = Yes N = No |
| 207 | B14TG_11 | Char | 1 | \$F1 | DK special dietary needs | Was the participant unsure of any special dietary needs for the deceased toward the end of life? | Y = Yes N = No |
| 208 | B14TG_12 | Char | 1 | \$F1 | Refused special dietary needs | Did the participant refuse to answer this question? | Y = Yes N = No |
| 209 | B14AB | Char | 30 | \$F30 | Other dietary needs (cont) | Other dietary needs not mentioned in the above list | B14TG_9 = Y |
| 210 | B14BTG_1 | Char | 1 | \$F1 | Meals on Wheels | In the year prior to death, did the deceased receive Meals on Wheels? | Y = Yes N = No |
| 211 | B14BTG_2 | Char | 1 | \$F1 | Homemaker Services | In the year prior to death, did the deceased receive Homemaker Services? | Y = Yes N = No |
| 212 | B14BTG_3 | Char | 1 | \$F1 | Other meal programs | In the year prior to death, did the deceased receive any other meal programs? | Y = Yes N = No |
| 213 | B14BTG_4 | Char | 1 | \$F1 | No meal programs | In the year prior to death, did the deceased NOT receive any meal programs? | Y = Yes N = No |
| 214 | B14BTG_5 | Char | 1 | \$F1 | DK meal programs | Was the participant unsure of any meal programs received by the deceased in the year prior to death? | Y = Yes N = No |
| 215 | B14BTG_6 | Char | 1 | \$F1 | Refused other meal programs | Did the participant refuse to answer this question? | Y = Yes N = No |
| 216 | B14BB | Char | 30 | \$F30 | Other meal programs (cont) | Other meal programs not listed above | B14BTG_3 = Y |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|--------------------|--|--|
| 217 | C15A | Num | 8 | BEST12 | Married status | What was the deceased's marital status at the time of death? | 1 = Married 2 = Widowed 3 = Separated 4 = Divorced 5 = Never married -1 = Don't Know -2 = Refused |
| 218 | C16AA | Num | 8 | BEST12 | Income >\$15K | In the year prior to death, was the deceased's income \$15K or more? | 1 = Yes 2 = No -1 = Don't Know -2 = Refused |
| 219 | C16BA | Num | 8 | BEST12 | Income \$0 - \$15K | In the year prior to death, what was the deceased's income? | C16AA = 2 1 = < \$3K 2 = \$3K - \$4,999 3 = \$5K - \$5,999 4 = \$6K - \$9,999 5 = \$10K - \$14,999 -1 = Don't Know -2 = Refused |
| 220 | C16CA | Num | 8 | BEST12 | \$15K - \$100K+ | In the year prior to death, what was the deceased's income? | C16AA = 1 1 = \$15K - \$24,999 2 = \$25K - \$49,999 3 = \$50K - \$59,999 4 = \$60K - \$99,999 5 = \$100K + -1 = Don't Know -2 = Refused |
| 221 | C17AA | Num | 8 | BEST12 | Leave an estate | Did the deceased leave an estate? | 1 = Yes 2 = No -1 = Don't Know -2 = Refused |
| 222 | C17BA | Num | 8 | BEST12 | Estate value | What was the value of the estate? | C17AA = 1 -1 = Don't Know -2 = Refused |

| # | Variable | Type | Length | Format | Label | Meaning | Data |
|-----|----------|------|--------|--------|-------------------------------------|--|---|
| 223 | C17CA | Num | 8 | BEST12 | Estate value categories, if unknown | What was the value of the estate? | C17BA = -1 1 = < \$50K 2 = \$50K - \$149,999 3 = \$150K - \$599,999 4 = \$600K + -1 = Don't Know -2 = Refused |
| 224 | C18ATG_1 | Char | 1 | \$F1 | Spouse beneficiary | Was the spouse the beneficiary of the estate? | C17AA = 1 Y = Yes N = No |
| 225 | C18ATG_2 | Char | 1 | \$F1 | Child(ren) beneficiary | Was the child(ren) the beneficiary of the estate? | C17AA = 1 Y = Yes N = No |
| 226 | C18ATG_3 | Char | 1 | \$F1 | Other relatives beneficiary | Were other relatives the beneficiaries of the estate? | C17AA = 1 Y = Yes N = No |
| 227 | C18ATG_4 | Char | 1 | \$F1 | Nonrelatives beneficiary | Were other nonrelatives beneficiaries of the estate? | C17AA = 1 Y = Yes N = No |
| 228 | C18ATG_5 | Char | 1 | \$F1 | DK beneficiary | Was the participant unsure of the beneficiary? | C17AA = 1 Y = Yes N = No |
| 229 | C18ATG_6 | Char | 1 | \$F1 | Refused beneficiary | Did the participant refuse to answer this question? | C17AA = 1 Y = Yes N = No |
| 230 | C18BA | Num | 8 | BEST12 | Percent spouse received | What percentage of the estate did the spouse receive? | C18ATG_1 = Y -1 = Don't Know -2 = Refused |
| 231 | C18BB | Num | 8 | BEST12 | Percent child(ren) received | What percentage of the estate did the child(ren) receive? | C18ATG_2 = Y -1 = Don't Know -2 = Refused |
| 232 | C18BC | Num | 8 | BEST12 | Percent relatives received | What percentage of the estate did other relatives receive? | C18ATG_3 = Y -1 = Don't Know -2 = Refused |
| 233 | C18BD | Num | 8 | BEST12 | Percent nonrelatives received | What percentage of the estate did nonrelatives receive? | C18ATG_4 = Y -1 = Don't Know -2 = Refused |
| 234 | ID | Char | 5 | | ID | 1999 NLTCs Participant ID number | |

