

**MEPS HC-042:
1997 Supplemental Public Use File**

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**Agency for Healthcare Research and Quality
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A. Data Use Agreement

Individual identifiers have been removed from the micro-data contained in the files that are part of this Public Use Release. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and /or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal Statute, it is understood that:

No one is to use the data in this data set in any way except for statistical reporting and analysis; and

If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) The Director Office of Management AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity.

No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using this data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates Title 18 Part 1 Chapter 47 Section 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides a new and extensive data set on the use of health services and health care in the United States.

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian non-institutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

MEPS comprises three component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977, the National Medical Expenditure Survey (NMES-2) in 1977. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sampled households for the MEPS HC are drawn, and continuous longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

1.0 Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian non-institutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact

followed by a series of five rounds of interviews over a 2½ - year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sample of households selected for the MEPS HC is drawn from among respondents to the NHIS, conducted by NCHS. The NHIS provides a nationally representative sample of the U.S. civilian non-institutionalized population, with oversampling of Hispanics and blacks.

2.0 Medical Provider Component

The MEPS MPC supplements and/or replaces information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all home health agencies and pharmacies reported by HC respondents. Office-based physicians, hospitals, and hospital physicians are also included in the MPC but may be sub-sampled at various rates, depending on burden and resources, in certain years.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents. The MPC is conducted through telephone interviews and record abstraction.

3.0 Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private sector business establishments.
- The Census of Governments from Bureau of the Census.
- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents.

Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual panel survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

4.0 Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and/or electronic files on the MEPS web site (www.meps.ahrq.gov). All microdata files are available for download from the MEPS web site in compressed formats (zip and self-extracting executable files.) Selected data files are available on CD-ROM from the MEPS Clearinghouse.

For printed documents and CD-ROMs that are available through the AHRQ Publications Clearinghouse, write or call:

AHRQ Publications Clearinghouse
Attn: (publication number)
P.O. Box 8547
Silver Spring, MD 20907
800/358-9295
410/381-3150 (callers outside the United States only)
888/586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting.

Additional information on MEPS is available from the MEPS project manager,
<http://www.mepspd@ahrq.gov>.

C. Technical and Programming Information

1.0 General Information

This documentation describes a series of MEPS variables that were obtained for calendar year 1997. These data include managed care variables, insurance status variables, disability days, long term care, access to care, language of interview, and alternative/ preventive care variables. This data release is intended to supplement the MEPS variables previously released for 1997. In order to use these variables, researchers will need to link them to the 1997 Consolidated Full-year Use and Expenditure File (HC-020) which contains all previously released 1997 person level data including demographic and socio-economic information. Please refer to the HC-020 documentation for further information.

The following documentation offers a brief overview of the types and levels of data provided the content and structure of the files, and programming information. It contains the following sections:

- Data File Information
- Variable-Source Crosswalk (Section D)

Codebooks of all the variables included in these 1997 Supplemental Files are provided in separate files (H42F1CB.PDF, H42F2CB.PDF, H42F3CB.PDF). The person-level, event-level and caregiver-level variables will be in separate files.

A database of all MEPS products released to date and a variable locator indicating the major MEPS HC data items on public use files (including weights) that have been released to date can be found at the following link on the MEPS website: www.meps.ahrq.gov/.

2.0 Data File Information

This 1997 supplemental variable public use data set consists of one person-level file (File 1), one event-level file (File 2), and one caregiver-level file (File 3). Unweighted frequencies are provided for each variable on the files. In conjunction with the weight variable (WTDPER97) provided on MEPS HC-020: 1997 Full Year Consolidated Data File, data for these persons can be used to make estimates for the civilian non-institutionalized U. S. population for 1997. The records on this data release can be linked to all other 1997 MEPS-HC public use data files by using the sample person identifier (DUPERSID). Panel 1 cases (Panel 97=1) can be linked back to the 1996 MEPS-HC public use data files. A longitudinal weight to facilitate Panel 1 96-97 analysis can be found on HC-023. Panel 2 cases (Panel 97 = 2) can be linked to the 1998 MEPS-HC public use data files. A longitudinal weight to facilitate Panel 2 97-98 analysis can be found on HC- 035.

File 2 contains a variable (SEETLKPV) which was inadvertently omitted from the 1997 Outpatient Department Visits File (HC-016 F).

2.1 Codebook Structure

The codebook and data file sequence lists variables in the following order:

- Unique person identifiers
- Survey administration variables
- Health insurance variables
- Disability variables
- Access to care variables

2.2 Reserved Codes

The following reserved code values are used:

VALUE	DEFINITION
-1 INAPPLICABLE	Question was not asked due to skip pattern
-7 REFUSED	Question was asked and respondent refused to answer question
-8 DK	Question was asked and respondent did not know answer
-9 NOT ASCERTAINED	Interviewer did not record the data

2.3 Codebook Format

This codebook describes an ASCII data set and provides the following programming identifiers for each variable:

IDENTIFIER	DESCRIPTION
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum 40 characters)
Format	Number of bytes

Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

2.4 Variable Naming

In general, variable names reflect the content of the variable, with an eight-character limitation. Edited variables end in an X, and are so noted in the variable label. The last two characters in round-specific variables denote the rounds of data collection, Round 3, 4, or 5 of Panel 1 and Round 1, 2, or 3 of Panel 2. Unless otherwise noted, variables that end in 97 represent status as of December 31, 1997.

Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in the section of the documentation entitled “Section D. Variable-Source Crosswalk.” Sources for each variable are indicated in one of four ways: (1) variables derived from CAPI or assigned in sampling are so indicated; (2) variables derived from complex algorithms associated with re-enumeration are labeled “RE Section”; (3) variables that are collected by one or more specific questions in the instrument have those question numbers listed in the Source column; (4) variables constructed from multiple questions using complex algorithms are labeled “Constructed.”

2.5 File 1 Contents

2.5.1 Survey Administration Variables

Dwelling Units and Health Insurance Eligibility Units

The definitions of Dwelling Units (DUs) in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. A person number (PID) uniquely identifies each person within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

Health Insurance Eligibility Units (HIEUs) are sub-family relationship units constructed to include adults plus those family members who would typically be eligible for coverage under the adults' private health insurance family plans. To construct the HIEUIDX variable which links persons into a common HIEU, we begin with the family identification variable CPSFAMID. Working with this family ID, we define HIEUIDX using family relationships as of the end of 1996. Persons missing end of year relationship information are assigned to an HIEUIDX using relationship information from the last round in which they provided such information. HIEUs comprise adults, their spouses, and their unmarried natural/adoptive

children age 18 and under. We also include children under age 24 who are full-time students who are living with their parents in their parents' homes; and full-time students under age 24 living away from home who are included in the CPSFAMID. Children who do not live with their natural/adoptive adult parents are placed in an HIEU as follows:

- Foster children always comprise a separate HIEU.
- Other unmarried children are placed in a stepparent HIEU, grandparent HIEU, great-grandparent HIEU, or aunt/uncle HIEU.
- Children of unmarried minors are placed (along with their minor parents) in the HIEUIDX of their adult grandparents (if possible). Married minors are placed into separate HIEUs along with any spouses and children they might have.
- Some HIEUs are headed by unmarried minors, when there is no adult family member present in the CPSFAMID.

HIEUs do not, in general, comprise adult (nonmarital) partnerships, because unmarried adult partners are rarely eligible for dependent coverage under each other's insurance. The exception to this rule is that we include adult partners in the same HIEU if there is at least one (out-of-wedlock) child in the family that links to both adult partners. In cases of missing or contradictory relationship codes, HIEUs are edited by hand, with the presumption being that the adults and children form a nuclear family.

To construct a weight for use in analysis using HIEUs:

1. Identify the HIEU head by your analytic intent, i.e. if only studying health insurance unit with female heads of households, choose the female adult as head of household.
2. If the weight of the HIEU head is non-zero, use the weight of the HIEU head for all members of that HIEU; or
3. If the weight of the HIEU head is zero, delete the case.

Language of Interview

The language of interview (INTVLANG) was recorded in the closing section of the interview, and has the following possible values:

- | | |
|----|-------------------|
| 1 | ENGLISH |
| 2 | SPANISH |
| 3 | ENGLISH & SPANISH |
| 91 | OTHER LANGUAGE |

Although this question is round-specific, the responses were summarized to the person-level variable, INTVLANG. The hierarchy used in determining the value is as follows: 1) assign the value from the first round with a reported value recorded for each person; 2) if one is not recorded at the person level, then assign the first recorded value within the reporting unit (RU); 3) if one is not available at that level, then assign the first recorded value of the dwelling unit (DU).

2.5.2 Health Insurance Variables

2.5.2.1 Managed Care Variables (MCDHMO31, MCDHMO42, MCDHMO97, MCDMC31, MCDMC42, MCDMC97, PRVHMO31, PRVHMO42, PRVHMO97, PRVMC31, PRVMC42, PRVMC97)

HMO or gatekeeper plan variables have been constructed from information on health insurance coverage at any time in a reference period and the characteristics of the plan. A separate set of managed care variables has been constructed for private insurance and Medicaid coverage. The purpose of these variables is to provide information on managed care participation during the portion of the three rounds (i.e., reference periods) that fall within the same calendar year.

Managed care variables for calendar year 1997 are based on responses to health insurance questions asked during the round 3, 4, and 5 interviews of panel 1, and the round 1, 2, and 3 interviews of panel 2. Each variable ends in “xy” where x and y denote the interview round for panels 1 and 2, respectively. The variables ending in “31” and “42” correspond to the first two interviews of each panel in the calendar year. Because round 3 interviews typically overlap the final months of one year and the beginning months of the next year, the “31” variables for panel 1 have been restricted to the 1997 portion of the reference period. Similarly, the panel1/round 5 and panel 2/round 3 interviews have been restricted to the 1997 portion of these reference periods, and the corresponding managed care variables have been given the suffix “97” (as opposed to “53”) to emphasize the restricted time frame.

Construction of the managed care variables is straightforward, but three caveats are appropriate. First, MEPS estimates of the number of persons in HMOs are higher than figures reported by other sources, particularly those based on HMO industry data. The differences stem from the use of household-reported information, which may include respondent error, to determine HMO coverage in MEPS.

Second, the managed care questions are asked about the last plan held by a respondent through his or her establishment even though the person could have had a different plan through the establishment at an earlier point in the reference period. As a result, in instances where a respondent changed his or her establishment-related insurance, the managed care variables describe the characteristics of the last plan held in the round.

Third, the “97” versions of the HMO and gatekeeper variables for panel 2 are developed from round 3 variables that cover different time frames. The health insurance variable for round 3 is restricted to the same calendar year as the round 1 and 2 data. The round 3 variables describing plan type, on the other hand, overlap the next calendar year. As a consequence, the round 3 managed care variables may not

describe the characteristics of the last plan held in the calendar year if the person changed plans after the first of the year.

MEDICAID MANAGED CARE PLANS

Persons were assigned Medicaid or State Children’s Health Insurance Program (SCHIP) coverage based on their responses to the health insurance questions or through logical editing of the survey data. The number of persons who were edited to have Medicaid or SCHIP coverage is small, but they are comprised of two distinct groups of individuals. The first group includes persons in Other Government programs that were identified as being in a Medicaid HMO or gatekeeper plan that did not require premium payment from the insured party. By definition, this group was asked about the managed care characteristics of their insurance coverage. The second group includes a small number of persons who did not report public insurance, but were classified as Medicaid recipients because they reported receiving AFDC, SSI, or WIC. The health insurance plan type questions were not asked of this group. As a consequence, the plan type could be determined for some, but not all, respondents who were assigned Medicaid or SCHIP coverage through logical editing of the data.

Medicaid HMOs

If Medicaid or Other Government program were identified as the source of hospital/physician insurance coverage, the respondent was asked about the characteristics of the plan. The variable MCDHMO has been set to “yes” if the plan was identified from a list of state names or programs for Medicaid HMOs in the area, or if an affirmative response was provided to the following question:

- 1 Under {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} (are/is) (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

In subsequent rounds, respondents who had been previously identified as covered by Medicaid were asked whether the name of their insurance plan had changed since the previous interview. An affirmative response triggered the previous set of questions about managed care (name on list of Medicaid HMOs or signed up with an HMO).

In each round, the variable MCDHMO has five possible values:

- 1 The person was covered by a Medicaid HMO.
- 2 The person was covered by Medicaid but the plan was not an HMO.
- 3 The person was not covered by Medicaid.

- 9 The person was covered by Medicaid but the plan type was not ascertained.
- 1 The person was out-of-scope.

Medicaid Gatekeeper Plans

If the respondent did not belong to a Medicaid HMO, a third question was used to determine whether the person was in a gatekeeper plan. The variable MCDMCxy was set to “yes” if the person provided an affirmative response to the following question:

1. Does {{Medicaid /{STATE NAME FOR MEDICAID}}} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

Probe: Do not include emergency care or care from a specialist to which they were referred to.

In each round, the variable MCDMC has five possible values:

- 1 The person was covered by a Medicaid gatekeeper plan.
- 2 The person was covered by Medicaid, but it was not a gatekeeper plan.
- 3 The person was not covered by Medicaid.
- 9 The person was covered by Medicaid but the plan type was not ascertained.
- 1 The person was out-of-scope.

PRIVATE MANAGED CARE PLANS

Persons with private insurance were identified from their responses to questions in the health insurance section of the MEPS questionnaire. In some cases, persons were assigned private insurance as a result of comments collected during the interview, but data editing was minimal. As a consequence, most persons with private insurance were asked about the characteristics of their plan, and their responses were used to identify HMO and gatekeeper plans.

Private HMOs

Persons with private insurance were classified as being covered by an HMO if they met any of the three following conditions:

1. The person reported that his or her insurance was purchased directly through an HMO,
2. The person reporting private insurance coverage obtained from other sources (such as an employer) identified the type of insurance company providing the coverage as an HMO, or
3. The person answered “yes” to the following question:

Now I will ask you a few questions about how (POLICYHOLDER)'s insurance through (ESTABLISHMENT) works for non-emergency care.

We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a health maintenance organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency. Is (POLICYHOLDER)'s (INSURER NAME) an HMO?

In subsequent rounds, policyholders were asked whether the name of their insurance plan had changed since the previous interview. An affirmative response triggered the detailed question about managed care (i.e., was the insurer an HMO).

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as an HMO, the variable PRVHMOxy was set to "yes." If a person had multiple plans and one or more were identified as not being an HMO and the other(s) had missing plan type information, the person level variable was set to missing. In each round, the variable PRVHMO has five possible values:

- 1 The person was covered by a private HMO.
- 2 The person was covered by private insurance, but it was not an HMO.
- 3 The person was not covered by private insurance.
- 9 The person was covered by private insurance, but the plan type was not ascertained.
- 1 The person was out-of-scope.

Private Gatekeeper Plans

If the respondent did not report belonging to a private HMO, a follow up question was used to determine whether the person was in a gatekeeper plan. The variable PRVMCxy was set to "yes" if the person provided an affirmative response to the following question:

1. (Do/Does) (POLICYHOLDER)'S insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)'s routine care?

Probe: Do not include emergency care or care from a specialist you were referred to.

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as a gatekeeper plan, the variable PRVMCxy was set to "yes." In each round, the variable PRVMC has five possible values:

- 1 The person was covered by a private gatekeeper plan.
- 2 The person was covered by private insurance, but it was not a gatekeeper plan.
- 3 The person was not covered by private insurance.

- 9 The person was covered by private insurance, but the plan type was not ascertained.
- 1 The person was out-of-scope.

2.5.2.2 Unedited Health Insurance Variables (PREVCOVR-LIMITOT)

Duration of Uninsurance

If a person was identified as being without insurance as of January 1st in the MEPS Round 1 interview, a series of follow-up questions were asked to determine the duration of uninsurance prior to the start of the MEPS survey. If the person said he/she was covered by insurance in the 2 years prior to the MEPS Round 1 interview (PREVCOVR), the month, year (COVRMM, COVRY), and type of coverage (Employer-sponsored (WASESTB), Medicare (WASMCARE), Medicaid (WASMCAID), CHAMPUS/CHAMPVA (WASCHAMP), VA/Military Care (WASVA), Other public (WASOTGOV, WASAFDC, WASSSI, WASSTAT1-3, WASOTHER) or Private coverage purchased through a group, association or insurance company (WASPRIV) was ascertained. For persons who were covered by health insurance on January 1st, it was ascertained if they were ever without health insurance in the previous year (NOINSBEF). The number of weeks/months without health insurance was also ascertained (NOINSTM, NOINUNIT). For persons who reported only non-comprehensive coverage as of January 1st, a question was asked to determine if they had been covered by more comprehensive coverage that paid for medical and doctors bills in the previous 2 years (MORCOVR). If they were, the most recent month and year of coverage was ascertained (INSENDMM, INSENDYY) as was the type of coverage (see the variable names above). Note that these variables are unedited and have been taken directly as they were recorded from the raw data. There may be inconsistencies with the health insurance variables released on public use files that indicate that an individual is uninsured in January.

Pre-Existing Condition Exclusions/ Denial of Insurance

All individuals, regardless of their insurance status, were also asked in Round 1 if they had ever been denied insurance (DENYINSR) and if so, due to what conditions (DNYCANC, DNYHYPER, DNYDIAB, DNYCORON, DENYOTH). Individuals insured in January were asked whether there were any limitations or restrictions on their plans due to any physical or mental health condition (INSLIMIT) and if so, which conditions caused these limitations or restrictions (LMTASTHM, LMTBACK, LMTMIGRN, LMTCATAR, LIMITOT). Individuals under age 65 without any coverage in January were also asked if they had ever tried to purchase health insurance (INSLOOK). It should be noted that conditions collected in these questions were not recorded on the condition roster.

Note: The duration of uninsurance, limitation, denial and ever looked for insurance questions were only asked in Round 1. These variables are included on the file only for individuals in Panel 2 since Panel 2's Round 1 occurred in 1997 but Panel 3's Round 1 occurred in 1998. Round 1 data for Panel 3 members is contained on the 1998 Supplemental File (HC-043). The unedited health insurance variables are included on this supplemental file to facilitate

longitudinal analysis. However, since they are not available for Panel 3, Round 3, they cannot be used to generate national estimates for the estimation year.

2.5.2.3 Health Insurance Coverage Variables (CHAMP31X-STPRAT97)

Constructed and edited variables are provided that indicate health insurance coverage at any time in a given round's reference period as well as at the MEPS interview dates and on December 31st, 1997.

Note that for respondents who left the RU before the MEPS interview date or before December 31st, the variables measuring coverage at the interview date or on December 31st represent coverage at the date the person left the RU. In addition, since Round 5 only covers the time period from the Round 4 interview date up to December 31st, values for the December 31st variables are equivalent to those for Round 5 variables for Panel 1 members.

The health insurance variables are constructed for the sources of health insurance coverage collected during the MEPS interviews (Panel 1, Rounds 3 through 5 and Panel 2, Rounds 1 through 3). Note that the Medicare variables on this file as well as the private insurance variables that indicate the particular source of private coverage (rather than any private coverage) only measure coverage at the interview date and on December 31st. Users should also note that while the same general editing rules were followed for the month-by-month health insurance variables released on other MEPS public use files and those on this file, in a small number of cases the month-by-month variables experienced further edits performed after the variables on this file were completed. Since editing programs checking for consistencies between these sets of variables developed over time, there should be fewer discrepancies in data for calendar year 1998 and beyond than in data for the years 1996 and 1997.

In Rounds 2,3,4 and 5, insurance that was in effect at the previous round's interview date was reviewed with the respondent. Most of the insurance variables have been logically edited to address issues that arose during such reviews in Rounds 2,3, 4, and 5. One edit to the private insurance variables corrects for a problem concerning covered benefits that occurred when respondents reported a change in any of their private health insurance plan names. Additional edits address issues of missing data on the time period of coverage for both public and private coverage that was either reviewed or initially reported in a given round. For CHAMPUS/CHAMPVA coverage (CHAMP31X, CHAMP42X, CHAMP53X, CHAMP97X, CHMAT31X, CHMAT42X, CHMAT53X, CHMAT97X), respondents who were age 65 and over had their reported CHAMPUS/CHAMPVA coverage overturned. Additional edits, described below, were performed on the Medicare and Medicaid variables to assign persons to coverage from these sources. Observations that contain edits assigning person to Medicare or Medicaid coverage can be identified by comparing the edited and unedited versions of the Medicare and Medicaid variables.

Public sources include Medicare, CHAMPUS/CHAMPVA, Medicaid and other public hospital/physician coverage. State-specific program participation (STAPR31, STAPR42, STAPR53, STAPR97, STPRAT31, STPRAT42, STPRAT53, STPRAT97) in non-comprehensive coverage was also identified but is not considered health insurance for the purpose of this survey.

Medicare

Medicare (MCARE31, MCARE42, MCARE53 and MCARE97) coverage was edited (MCARE31X, MCARE42X, MCARE53X and MCARE97X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

They answered yes to a follow-up question on whether or not they received Social Security benefits; or

They were covered by Medicaid, other public hospital/physician coverage or Medigap coverage; or

Their spouse was covered by Medicare.

They reported CHAMPUS/CHAMPVA coverage.

Medicaid and Other Public Hospital/Physician Coverage

Questions about other public hospital/physician coverage were asked in an attempt to identify Medicaid recipients who may not have recognized their coverage as Medicaid. These questions were asked only if a respondent did not report Medicaid directly. Respondents reporting other public hospital/physician coverage were asked follow-up questions to determine if their coverage was through a specific Medicaid HMO or if it included some other managed care characteristics. Respondents who identified managed care from either path were asked if they paid anything for the coverage and/or if a government source paid for the coverage.

The Medicaid variables (MCAID31, MCAID42, MCAID53, MCAID97) have been edited to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics (MCAID31X, MCAID42X, MCAID53X, MCAID97X, MCDAT31X, MCDAT42X, MCDAT53X, MCDAT97X).

To assist users in further editing sources of insurance, this file contains variables constructed from the other public hospital/physician series that measure whether:

The respondent reported some type of managed care and paid something for the coverage, Other Public A Insurance (OTPUBA31, OTPUBA42, OTPUBA53, OTPUBA97, OTPAAT31, OTPAAT42, OTPAAT53, OTPAAT97); and

The respondent did not report any managed care, Other Public B insurance (OTPUBB31, OTPUBB42, OTPUBB53, OTPUBB97, OTPBAT31, OTPBAT42, OTPBAT53, OTPBAT97).

The variables for Other Public A and B Insurance are provided only to assist in editing and should not

be used to make separate insurance estimates for these types of insurance categories.

Any Public Insurance

The file also includes summary measures that indicate whether or not a sample person has any public insurance during a given round, at the interview date, or on December 31st (PUB31X, PUB42X, PUB53X, PUB97X, PUBAT31X, PUBAT42X, PUBAT53X and PUBAT97X). Persons identified as covered by public insurance are those reporting coverage under CHAMPUS/CHAMPVA, Medicare, Medicaid, or other public hospital/physician programs. Persons covered only by state-specific programs that did not provide comprehensive coverage (STAPR31, STAPR42, STAPR53, STAPR97, STPRAT31, STPRAT42, STPRAT53, STPRAT97), for example, Maryland Kidney Disease Program, were not considered to have public coverage when constructing the variables PUB31X.....PUBAT97X.

Private Insurance

Variables identifying private insurance in general (PRIV31, PRIV42, PRIV53, PRIV97, PRIVAT31, PRIVAT42, PRIVAT53, PRIVAT97) and specific private insurance sources [such as employer/union group insurance (PRIEU31, PRIEU42, PRIEU53, PRIEU97); non-group (PRING31, PRING42, PRING53, PRING97); and other group (PRIOG31, PRIOG42, PRIOG53, PRIOG97)] were constructed. Variables indicating any private insurance coverage are available for the following time periods: at any time in a given round, at the interview date and on December 31st. The variables for the specific sources of private coverage are only available for coverage on the interview dates and on December 31st. Note that these variables indicate coverage within a source and do not distinguish between persons who are covered on one or more than one policy within a given source. In some cases, the policyholder was unable to characterize the source of insurance (PRIDK31, PRIDK42, PRIDK53, PRIDK97). Covered persons are also identified when the policyholder is living outside the RU (PROUT31, PROUT42, PROUT53, PROUT97). An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and physician services (including Medigap coverage). Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage. Persons without private hospital/physician insurance were not counted as privately insured.

Health insurance through a job or union (PRIEU31, PRIEU42, PRIEU53, PRIEU97) was initially asked about in the Employment Section of the interview and later confirmed in the Health Insurance Section. Respondents also had an opportunity to report employer and union group insurance for the first time in the Health Insurance Section, but this insurance was not linked to a specific job.

All insurance reported to be through a job classified as self-employed with firm size of 1 (PRIS31, PRIS42, PRIS53, PRIS97) was initially reported in the Employment Section and verified in the Health Insurance Section. Unlike the other employment-related variables, self-employed-firm size 1 health insurance could not be reported in the Health Insurance section for the first time. The variables PRIS31, PRIS42, PRIS53, PRIS97 have been constructed to allow users to determine if the insurance

should be considered employment-related.

Private insurance that was not employment-related was reported in the Health Insurance section only.

Any Insurance

The file also includes summary measures that indicate whether or not a person has any insurance in a round, at an interview date or on December 31st (INS31X, INS42X, INS53X, INSAT31X, INSAT42X, INSAT53X, INSAT97X). Persons identified as insured are those reporting coverage under CHAMPUS/CHAMPVA, Medicare, Medicaid or other public hospital/physician or private hospital/physician insurance (including Medigap plans). A person is considered uninsured if not covered by one of these insurance sources.

Persons covered only by state-specific programs that provide non-comprehensive coverage (STAPR31, STAPR42, STAPR53, STAPR97, STPRAT31, STPRAT42, STPRAT53, STPRAT97), for example, Maryland Kidney Disease Program, and those without hospital/physician benefits (for example, private insurance for dental or vision care only, accidents or specific diseases) were not considered to be insured when constructing the variables INS31X, INS42X, INS53X, INSAT31X, INSAT42X, INSAT53X and INSAT97X.

2.5.2.4 Dental Private Insurance Variables

Round specific variables (DENTIN31/42/53) are provided that indicates the respondent was covered by a private health insurance plan that included at least some dental coverage for each round of 1997. It should be noted that the information was elicited from a pick-list, code all that apply, question that asked what type of health insurance person obtained through an establishment. The list included: hospital and physician benefits including coverage through an HMO, Medigap coverage, vision coverage, dental, and prescription drugs. It is possible that some dental coverage provided by hospital and physician plans was not independently enumerated in this question. Users should also note that persons with missing information on dental benefits for all reported private plans and those who reported that they did not have dental coverage for one or more plans but had missing information on other plans are coded as not having private dental coverage. Respondents who reported dental coverage from at least one reported private plan were coded as having private dental coverage.

2.5.2.5 Prescription Drug Private Insurance Variables

Round specific variables (PMEDIN31/42/53) are provided that indicate the respondent was covered by a private health insurance plan that included at least some prescription drug insurance coverage for each round of 1997. It should be noted that the information was elicited from a pick-list, code all that apply, question that asked what type of health insurance a person obtained through an establishment. The list included: hospital and physician benefits including coverage through an HMO, Medigap coverage, vision coverage, dental, and prescription drugs. It is possible some prescription drug coverage provided by hospital and physician plans was not independently enumerated in this question.

Users should note that some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as having prescription drug coverage, the prescription drug variable was set to “yes”. If a person had multiple plans and one or more were identified as not having prescription drug coverage and the other(s) had missing values for prescription drug coverage, the person level variable was set to missing. Those who reported that they did not have prescription drug coverage for all private plans are coded as not having private prescription drug coverage.

2.5.3 Disability Days Indicator Variables (DDNWRK31-OTHNDD53)

The disability days section of the core interview contains questions about time lost from work or school and days spent in bed because of a physical illness, injury, or mental or emotional problem. Data were collected on each individual in the household. These questions were repeated in each round of interviews; these files contains data from Rounds 3, 4, and 5 of the MEPS panel initiated in 1996 and Rounds 1, 2, and 3 of the MEPS panel initiated in 1997, respectively. The number at the end of the variable name (31, 42 or 53) identifies the Rounds in which the information was collected.

The reference period for these questions is the time period between the beginning of the panel or the previous interview date and the current interview date. In order to establish the length of a round, analysts are referred to the variables that indicate the beginning date and ending date of each Round (BEGREFD, BEGREFM, BEGREFY, ENDREFD, ENDREFM, ENDREFY). Analysts should be aware that Round 3 was conducted across both 1996 and 1997. Some data from Round 3 thus pertains to 1997. The number of disability days in Round 3 that occurred in each calendar year was not ascertained. If analysts want to create an indicator of disability days for a given calendar year, some adjustment must be made to the Round 3 data. Analysts who want to estimate disability days for a given calendar year will need to develop an algorithm for deciding what portion of reported disability days occurred in the year of interest and what portion occurred in the following year.

The variables DDNWRK31, DDNWRK42 and DDNWRK53 represent the number of times the respondent lost a half-day or more from work because of illness, injury or mental or emotional problems during Rounds 31, 42, and 53, respectively. A response of "no work days lost" was coded as zero; if the respondent did not work, these variables were coded -1 (inapplicable), and for some analyses these values may have to be recoded to zero. Respondents who were less than 16 years old were not asked about lost workdays, and these lost workdays variables are coded as -1 (inapplicable).

WKINBD31, WKINBD42 and WKINBD53 represent the number of work-loss days during each round in which the respondent spent at least half of the day in bed. These questions were asked only of persons aged 16 and over. Persons aged 15 or younger received a code of -1 (inapplicable). If a respondent answered the preceding work-loss question with "zero days" or "does not work", then the corresponding WKINBD question was coded as -1 (inapplicable).

DDNSCL31, DDNSCL42 and DDNSCL53 indicate the number of times that a respondent missed a half-day or more of school during Rounds 31, 42, or 53, respectively. These questions were asked of persons aged 3 to 22; respondents aged less than 3 or older than 22 were not asked these questions

and are coded as -1 on these variables. In a small number of cases this was not implemented for the 1996 data. The analyst will need to implement this edit when doing longitudinal analyses). A code of -1 also indicates that the person does not attend school. The analyst should be aware that there was no attempt to reconcile school loss days with the time of year (e.g., summer vacation). In order to establish time of year, analysts are referred to the variables that indicate the beginning date and ending date of each Round (BEGREFD, BEGREFM, BEGREFY, ENDREFD, ENDREFM, ENDREFY).

SCLNBD31, SCLNBD42 and SCLNBD53 represent the number of school-loss days during each round in which the individual spent at least a half-day in bed. Respondents aged less than 3 or older than 22 did not receive these questions and are coded as -1 on these variables (in a small number of cases this was not done for the 1996 data, the analyst will need to make this edit when doing longitudinal analyses). If a respondent answered the preceding school-loss question with "zero days" or "does not attend school", then the corresponding SCLNBD question is coded as -1 (inapplicable).

DDBDYS31, DDBDYS42 and DDBDYS53 represent additional days, other than school or work loss days, in which the respondent spent at least half a day in bed, because of a physical illness or injury or a mental or emotional problem. These are the only indicators of disability days for persons who do not work or go to school. This question was not asked of children less than one year of age (coded -1).

A final set of variables indicate if an individual took a half-day or more off from work to care for the health problems of another individual in the family. OTHDYS31, OTHDYS42, and OTHDYS53 indicate if a person missed work because of someone else's illness, injury or health care needs, for example to take care of a sick child or relative. These variables each have three possible answers: yes - missed work to care for another (coded 1); no - did not miss work to care for another (coded 2); or the person does not work (coded 2), based on responses to the DDNWRK variable for the same Round. Respondents younger than 16 were not asked these questions and are coded as -1. Again in a small number of cases this was not done for the 1996 data, the analyst will need to implement this edit when doing longitudinal analyses.

OTHNDD31, OTHNDD42 and OTHNDD53 indicate the number of days during each round in which work was lost because of another's health problem. Respondents younger than 16, those who do not work, and those who answer "no" to OTHDYS are skipped out of OTHNDD and receive codes of -1.

For respondents with positive weights, a minimal amount of editing was performed on these variables to preserve the skip patterns. Missing cases were not imputed.

2.5.4 Access to Care Variables (ACCELIG2-OTHRPRO2)

The variables ACCELIG2 through OTHRPRO2 contain data from the Access to Care section of the HC questionnaire, which was administered in Panel 2 Round 2 of the MEPS HC. The access to care supplement serves a number of purposes in the MEPS HC by gathering information on three main topic areas: whether each family member has a usual source of health care, the characteristics of usual source of health care providers for the family, and barriers the family has faced in obtaining needed health care.

The variable ACCELIG2 indicates whether persons were eligible to receive the Access to Care questions. Note that the 1997 Access to Care data is limited to Panel 2 Round 2. For Panel 1 Round 4 Access to Care data was not collected, these records are set to -1 (n = 20,868). In subsequent years' Access to Care data were collected from Rounds 2 and 4 within the data reference year. The 1997 Access to Care variables cannot be used to make full-year estimates, but can be useful in such analyses as trend analyses, or for enhancing subgroup analyses. These variables may be of particular interest because of the 1997 oversample of populations (such as poverty, children with activity limitations, adults with functional limitations, high medical expenditures cases, and the elderly) where access issues are particularly relevant.

Family members' usual source of health care. For each individual family member, MEPS HC ascertains whether there is a particular doctor's office, clinic, health center, or other place that the individual usually goes to if he/she is sick or needs advice about his/her health (HAVEUSC2). For those family members who do not have a usual source of health care, MEPS HC ascertains the reason(s) why (YNOUSC2 through OTHREA42). If any family members changed their usual source of health care during the 12 months prior to the interview, MEPS HC gathers information on the reason why this change was made (CHNGUSC2 through YNOMORE2).

Characteristics of usual source of health care providers for the family. For each unique usual source of care provider for a given family, MEPS HC asks for information on the following characteristics of the usual source of care provider:

- is the provider a medical doctor or some other type of medical provider (followed by questions which ask either the provider's medical specialty or the type of non-physician provider) (TYPEPER2), and is the provider hospital-based (TYPEPLC2 and LOCATIO2);
- is the provider the person or place family members would go to for new health problems, preventive health care, and referrals to other health professionals (MINORPR2 through REFFRLS2);
- does the provider have office hours nights and weekends, characteristics of the provider related to appointments and waiting time, ease of contacting a medical person at the provider's office by telephone (OFFHOUR2 through PHONEDI2);
- a number of quality-related characteristics of the provider, including whether the provider generally listens to family members, asks about prescription medications other doctors may give them, and family members' confidence in and satisfaction with the care received from the provider (PRLISTE2 through USCQUAL2).

Family barriers. Finally, the Access to Care supplement gathers information on barriers to health care for the family. This includes one question that asks if any family members have recently gone without needed health care because the family needed money to buy food, clothing, or pay for housing (NO CARE2). In addition, the respondent is asked to rate his/her satisfaction with the ability of family members to obtain health care if needed (HCNEEDS2). A series of two questions is asked to directly assess whether any family members experienced difficulty in obtaining any type of health care, delayed obtaining care, or did not receive health care they thought they needed due to any of the following reasons (OBTAINH2 through OTHRPRO2):

- Financial/Insurance Problems, including couldn't afford care; insurance company wouldn't approve, cover, or pay for care; pre-existing condition; insurance required a referral, but couldn't get one; doctor refused to accept family's insurance plan;
- Transportation Problems, including medical care was too far away; can't drive or don't have car/no public transportation available; too expensive to get there;
- Communication Problems, including hearing impairment or loss; different language;
- Physical Problems, including hard to get into building; hard to get around inside building; no appropriate equipment in office;
- Other Problems, including couldn't get time off work; didn't know where to go to get care; was refused services; couldn't get child care; didn't have time or took too long.

Editing of the Access to Care Variables

Editing consisted primarily of logical editing for consistency with skip patterns. Other editing included the construction of new variables describing the USC provider, and recoding several "other specify" text items into existing or new categorical values, which are described below.

Not all variables or categories that appear in the Access to Care section are included on the file, as some small cell sizes have been suppressed to maintain respondent confidentiality. This affects the following questions:

AC03: Category 5 was combined with 91 OTHER REASON (YNOUSC2)

AC11: Category 7 was combined with 10 OTHER NON-MD PROVIDER (TYPEPER2).

AC23: Categories 2 and 4 were combined with 91 OTHER REASON (YNOMORE2)

AC25A: Categories 9, 11, 12, 13 and 17 were combined with 91 OTHER (MAINPRO2)

Constructed Variables Describing the Usual Source of Care Provider

The variables PROVTYX2, TYPEPLC2, TYPEPER2 and LOCATIO2 provide information on the type and location of the usual source of care provider. These variables were constructed as follows, using one or more questionnaire items which are not included on the file:

PROVTYX2 was constructed from items in the Provider Roster Section (available as a downloadable file on the MEPS Home Page), and has the following possible values:

- 1 FACILITY
- 2 PERSON
- 3 PERSON IN FACILITY PROVIDER

Question PV01, in the Provider Roster Section, asks whether the provider is a person or a facility. For providers designated as a person, the responses to item PV05 (which indicates if the provider is part of a group practice or HMO) and items PV03/ PV10 (which indicate the provider's address), were used to determine if the provider is a "person in facility" provider (i.e., a person for whom both person and facility characteristics are known, such as "Dr. X at Y Medical Associates").

TYPEPER2 was constructed from responses to items AC10, AC11, AC11OV, AC12 and AC12OV in the Access to Care Section and describes the type of medical provider for providers indicated as person or person in facility providers (records with PROVTYX2 = 1 (FACILITY) have a value of -1 for TYPEPER2). TYPEPER2 has the following possible values:

- 1 MD- GENERAL/FAMILY PRACTICE
- 2 MD- INTERNAL MEDICINE
- 3 MD - PEDIATRICS
- 4 MD - OB/GYN
- 5 MD-SURGERY
- 6 MD - OTHER
- 7 CHIROPRACTOR
- 8 NURSE/NURSE PRACTITIONER
- 9 PHYSICIAN'S ASSISTANT
- 10 OTHER NON-MD PROVIDER
- 11 UNKNOWN

Note that the value 6 MD-OTHER includes doctors of osteopathy, as well as a small number of medical doctors whose specialty is unknown.

TYPEPLC2 was constructed from responses to Access to Care items AC06 and AC07 and describes the type of place corresponding to the usual source of care provider with the following values:

- 1 HOSPITAL CLINIC OR OUTPATIENT DEPARTMENT
- 2 PRIVATE OFFICE IN HOSPITAL
- 3 HOSPITAL EMERGENCY ROOM
- 4 NON-HOSPITAL PLACE

TYPEPLC2 was only constructed for cases with provider type indicated as facility or person in facility provider (records with PROVTYX2=2 (PERSON) have a value of -1 for TYPEPLC2).

LOCATIO2 was constructed from the variables PROVTYX2 and TYPEPLC2, and describes the location of the provider as either office based or hospital based, and if hospital based, as either emergency room or non-emergency room. LOCATIO2 has the following values:

- 1 OFFICE
- 2 HOSPITAL, NOT EMERGENCY ROOM
- 3 HOSPITAL EMERGENCY ROOM

Note that all cases with PROVTYX2=2 (PERSON) have LOCATIO2 = 1 (OFFICE).

These 4 variables in combination describe the usual source of care provider. For example, a group practice or clinic with no particular person named is coded as:

PROVTYX2 = 1 FACILITY, LOCATIO2 = 1 OFFICE and TYPEPER2 = -1 INAPPLICABLE.

Re-coding of Additional Other Specify Text Items

For Access to Care items AC03, AC04, AC08, AC09, AC21 and AC23, the other specify text responses were reviewed and coded as an existing or new value for the related categorical variable (for AC03, AC08, AC21 and AC23), or coded as an existing or new "yes/no" variable (for items AC04 and AC09). The following are the new codes or variables which were created from these other specify text responses.

for item AC03 - this new value was constructed for the variable YNOUSC2:

- 10 OTHER INSURANCE RELATED REASON

for item AC04 - the new variable OTHINSR2 was constructed for insurance-related reasons

for item AC08 - these new values were constructed for the variable YGOTOUS2:

- 8 MILITARY/VA
- 10 INSURANCE RELATED REASON

for item AC09 - the new variable INSREAS2 was constructed for insurance-related reasons

for item AC21 - these new values were constructed for the variable YCHNGUS2:

- 8 COST-RELATED REASON
- 9 OTHER INSURANCE-RELATED REASON
- 11 NEW DOCTOR WAS REFERRED OR RECOMMENDED
- 12 OTHER COMPLAINTS ABOUT OLD DOCTOR

for item AC23 - these new values were constructed for the variable YNOMORE2:

- 8 COST-RELATED REASON
- 9 SELDOM OR NEVER SICK/NO NEED FOR DOCTOR
- 10 OTHER INSURANCE-RELATED REASON

2.5.5 Long Term Care (LTC) Variables (PANELRN - NUM_COND)

The MEPS LTC supplemental questionnaire is used to collect detailed information on individuals who have activity or functional limitations, hearing or vision impairments, and special equipment requirements. It includes persons in the second round of 1997 (Round 4 of Panel 1 and Round 2 of Panel 2) who were flagged for one or more sections of the LTC supplement based on their responses to screener questions in the health status section of the household survey questionnaire. The health status flags could have been set in Round 1, 2, 3 or 4 for Panel 1, and in Round 1 or 2 for Panel 2.

The LTC supplement consists of nine series of questions about functional limitations and the use of special equipment. Each series of questions and the associated question numbers in the LTC supplement are shown below for persons who were eligible for some or all questions in a specific series:

Sections of LTC Supplement	
Instrumental Activities of Daily Living (IADL) Series	asks a full IADL battery (LC12 – LC19) for individuals who were flagged as having an IADL limitation
Memory Series	asks questions about person’s memory (LC20 – LC21) for individuals flagged as having a cognitive limitation
Child Series	asks a series of questions about children’s delays, problems in school, and functioning (LC22 – LC29) for children flagged as having a limitation

Work Series	asks questions about work accommodations (LC34 – LC36) if flagged as having a relevant limitation and age 16 or older
Transportation Series	asks information about driving, limitations and reliance on other individuals or special forms of transportation (LC37 – LC40) if flagged as having a relevant limitation
Assisted Technology Series	asks about use of different kinds of special equipment or technology (LC41 – LC42) if person has a relevant limitation
General Series	asks about the timing of a limitation and use of community services (LC43-LC47) if eligible for any section of the LTC supplement

Eligibility for each series of questions is determined by summary variables coded as either “1” (eligible for series) or “0” (ineligible for series). These summary variables are based on age and responses to selected questions in the health status section of the household questionnaire. The nine sections of the LTC questionnaire and associated summary variables are shown below:

Eligibility Variables for Individual Series	
Activities of Daily Living (ADL) series	ADLQ = 1
Instrumental Activities of Daily Living (IADL) series	IADLQ = 1
Memory Series	COGQ = 1
Child Series	CHILDQ = 1 or CHLDLT6Q = 1 or CHLDGE6Q = 1 or CHLD613Q = 1. The last three variables determine eligibility for questions based on age < 6, ≥6, or 6-13.
Communication Series	ADLQ=1 or IADLQ=1 or WHSLIMQ=1 (work/household/school limitations), or SOCLIMQ=1 (social limitations), or COGQ=1, or HEARQ=1 (hearing limitation), or CHLDLE4Q=1 (child 4 with limitations), or SCHLATTQ=1 (child with school attendance limitation); and person did not respond for his or herself

Work Series	WORKQ = 1
Transportation Series	TRANSAQ = 1; TRANSBQ = 1
Assisted Technology Series	ANYLTCQ = 1
General Series	GENQ = 1

Based on the identifiers of eligibility, logical editing was performed on variables in the LTC supplemental questionnaire. Editing was fairly minor. It mainly consisted of editing responses to conform to questionnaire skip patterns and consistency with the eligibility variables.

Several caveats should be noted when using this file:

- Individuals who were not in the second round of 1997 (Round 4 of Panel 1 and Round 2 of Panel 2) are not represented in this file. For example, a person who was eligible for the LTC supplement but died before it was fielded would not be represented in these data. As a consequence, the data can only be generalized to individuals who were in the survey at the time that the LTC questionnaire was asked.
- A small number of individuals who only had social limitations, but not other limitations or impairments, did not receive the questions in the LTC supplement that they were supposed to receive. These individuals can be identified as having SOCONLY=1.
- Analysts interested in studying communication, work accommodations, community services, and use of assisted technology will notice that some of the individual variables have low usual source of health care levels (e.g., SERVSTX). Use of these measures will require analysts to aggregate the individual items into summary variables.
- All medical conditions (three-digit ICD-9 codes) associated with long term care problems and limitations of persons in the LTC supplement have been added to the LTC file. The medical conditions were abstracted from 1996 and 1997 Medical Conditions files. More information on these conditions can be obtained by using the encrypted condition code IDs (CONDIX1-22) to link to the MEPS Medical Conditions files. (**See Attachment 1: Sample SAS Program for Merging the LTC File with the Condition File.**)
- There are two situations in which persons on the LTC file might have information in the Medical Conditions files even though their encrypted condition code IDs (CONDIX1-22) have a value of minus 1. The first situation applies to persons who did not reply to the LTC supplement, or who did reply but no conditions were linked to the Medical Conditions files as a result. The second situation applies to persons on the file who did reply to the LTC

supplement and had one or more conditions linking to the Medical Conditions files. Persons in either of these situations may have conditions in the Medical Conditions file(s) that are unrelated to their LTC limitations.

2.5.6 Alternative Care Utilization Variables (ALTCAR97-REFRMD97)

The variables ALTCAR97 through REFRMD97 contain data from the Alternative Care section of the HC questionnaire, which was administered in Panel 2 Round 3 of the MEPS HC. An initial screening question (ALTCAR97) asked if each person had received alternative or complementary care. Specifically, respondents were shown a card listing different types of alternative care and were asked if that person, during calendar year 1997, had for health reasons consulted someone who provided these types of treatments. If the response was "yes," the respondent was asked to specify which of the treatments on the list had been received. Multiple types of service used by one person were possible. Respondents could also specify that some other treatment, not explicitly included on the list, had been received. This file contains a variable indicating that a respondent used a type of alternative treatment other than that specified on the list; the file does not contain any further information regarding the nature of this "other" alternative treatment.

The list included the following types of alternative treatments:

- acupuncture (ACUPNC97)
- nutritional advice or lifestyle diets (NUTRIT97)
- massage therapy (MASAGE97)
- herbal remedies purchased (HERBAL97)
- bio-feedback training (BIOFDB97)
- training or practice of meditation, imagery, or relaxation techniques (MEDITA97)
- homeopathic treatment (HOMEO97)
- spiritual healing or prayer (SPIRTL97)
- hypnosis (HYPNO97)
- traditional medicine, such as Chinese, Ayurvedic, American Indian, etc. (TRADIT97)
- other treatment (ALTOTH97)

If a person was reported not to have used any alternative treatment during 1997 (i.e., ALTCAR97 = 2, "no"), or if the respondent refused to answer ALTCAR97, or didn't know the answer, or if data for this question were otherwise missing, then each variable representing a type of alternative treatment received a code of -1 ("inapplicable"). If the person had received some type of alternative care (i.e., ALTCAR97 = 1, "yes"), then each variable representing a type of alternative treatment received a code of 1 ("yes") if specified or a code of 2 ("no") if not specified.

Those persons who had indicated receipt of alternative care were next asked to specify the type of alternative care practitioner used. Response options included the following:

- massage therapist (MASTHE97)

acupuncturist (ACPTHE97)
physician (MDTRT97)
nurse (NURTRT97)
homeopathic or naturopathic doctor (HOMEMD97)
chiropractor (CHIRO97)
clergy, spiritualist, or channeler (CLERGY97)
herbalist (HERBTR97)
other (OTHALT97)

One person could specify multiple types of practitioners. If a person was reported not to have used any alternative treatment during 1997 (i.e., ALTCAR97 = 2, "no"), or if the respondent refused to answer ALTCAR97, or didn't know the answer, or if data for this question were otherwise missing, then each variable representing a type of alternative practitioner received a code of -1 ("inapplicable"). If the person had received some type of alternative care (i.e., ALTCAR97 = 1, "yes"), then each variable representing a type of alternative practitioner received a code of 1 ("yes") if specified or a code of 2 ("no") if not specified.

Those persons who indicated receipt of alternative care were asked whether the use of complementary or alternative care was ever discussed with the person's regular doctor (DSCALT97), whether the person was ever referred for alternative care by a physician or other medical provider (REFRMD97), and whether the person consulted the alternative physical or complementary care practitioner(s) for a specific physical or mental health problem (ALTCSP97). As with the other alternative care variables, responses to these questions received a code of -1 ("inapplicable") if a person was reported not to have used any alternative treatment during 1997 (i.e., ALTCAR97 = 2, "no"), or if the respondent refused to answer ALTCAR97, or didn't know the answer, or if data for this question were otherwise missing.

For each person who used alternative care, respondents were asked approximately how many times in 1997 the person actually visited these types of practitioners (ALTCVS97). Respondents provided an estimated number of visits. Respondents who did not know the number of visits were asked to provide a range of visits (e.g., one time, 2-4 times, etc.); ALTCVE97 reflects their responses to this question. As with the other alternative care variables, responses to these questions received a code of -1 ("inapplicable") if a person was reported not to have used any alternative treatment during 1997 (i.e., ALTCAR97 = 2, "no"), or if the respondent refused to answer ALTCAR97, or didn't know the answer, or if data for this question were otherwise missing.

For each person who indicated receipt of alternative care, respondents were asked to provide an estimate of the total amount spent by the person or family for alternative care in 1997 (ALTCRE97). For confidentiality reasons, when necessary, ALTCRE97 was top-coded at \$20,000. Respondents who did not know the total amount spent were then asked to provide a range of the amount spent (e.g., \$1 - \$100, \$101 - \$500, etc.); the response to this question is reflected in the variable ALTCRX97. If the person was reported not to have received any alternative care during 1997 (i.e., ALTCAR97 = 2, "no"), or if the respondent refused to answer ALTCAR97, or did not know the answer, or if data for this question were otherwise missing, then these variables received a code of -1 ("inapplicable").

Those respondents who indicated receipt of alternative care were asked whether the person's health insurance paid for any of the alternative care (INSALT97). Respondents who indicated that health insurance did pay for any of the person's alternative care were asked to provide their best estimate of the percent paid by insurance (PERINS97). As with the other alternative care variables, responses to these questions received a code of -1 ("inapplicable") if a person was reported not to have used any alternative treatment during 1997 (i.e., ALTCAR97 = 2, "no"), or if the respondent refused to answer ALTCAR97, or didn't know the answer, or if data for this question were otherwise missing.

For those persons who received alternative care, respondents were asked to provide an estimate of the total amount spent by the person or family on the products or remedies associated with the alternative care (PRALTX97). For confidentiality reasons, when necessary, PRALTX97 was top-coded at \$3,000. Respondents who did not know the total amount spent on such products were asked to provide a range of the amount spent (i.e., \$1 - \$50, \$51 - \$100. etc.) This range is reflected in the variable PRALTE97. As with the other alternative care variables, responses to these questions received a code of -1 ("inapplicable") if a person was reported not to have used any alternative treatment during 1997 (i.e., ALTCAR97 = 2, "no"), or if the respondent refused to answer ALTCAR97, or didn't know the answer, or if data for this question were otherwise missing.

2.5.7 Preventive Care Variables (DENTCK97-MAMGRM97)

The variables DENTCK97 through MAMGRM97 contain data from the Preventive Care section of the HC questionnaire, which was administered in Panel 2 Round 3 of the MEPS HC. For each person, excluding decedents, a series of questions asked primarily about receipt of preventive care or screening examinations. Questions varied in the applicable age or gender subgroups to which they pertained. The list of variables in this series, along with their applicable subgroup, is as follows:

DENTCK97 frequency of dental check-ups
All ages and both genders

BLDPCK97 time since last having blood pressure taken by a doctor, nurse, or other health professional
Age > 17; both genders

CHOLCK97 time since last checking cholesterol level
Age > 17; both genders

PHYSCL97 time since last complete physical
Age > 17; both genders

FLUSHT97 time since last flu shot
Age > 17; both genders

WRDENT97 does person wear dentures

Age > 34; both genders

LOSTEE97 has person lost all adult teeth

Age > 34; both genders

PROSEX97 time since last prostate exam

Age > 17; male only

PAPSMR97 time since last pap smear test

Age > 17; female only

BRSTEX97 time since last breast exam

Age > 17; female only

MAMGRM97 time since last mammogram

Age > 39; female only

For each of the above variables, a code of -1 ("inapplicable") was assigned if the person was deceased, or if the person did not belong to the applicable age or gender subgroups.

Note: For Panel 1 Round 5 Alternative Care and Preventive data was not collected. These records set to -1 (n = 20,868). In subsequent years, Alternative/Preventive Care was asked in Rounds 3 and 5 within the reference year. The 1997 Alternative and Preventive Care variables cannot be used to make full-year estimates, but may be useful for trend analysis.

2.5.8 Child Care Arrangements Variables (WHRCAR97-DAYCAR97)

A series of three questions (HE25A to HE25C) provides information on child care arrangements. These questions were only asked in Round 5 (Panel 1). These questions were asked only if the household contained children 15 years of age or younger. DAYCAR97 indicates whether any children in the household required child care arrangements, other than school attendance, because the child's parents were working. If the response to DAYCAR97 was no (2), or refused (-7) or don't know (-8), the other two questions in this set were not asked. If DAYCAR97 was yes (1), then WHOCAR97 was asked to determine whether the child was usually cared for by a relative or a non-relative. If the respondent answered relative (1) or refused (-7) or don't know (-8) to WHOCAR97, then the third question was not asked. However, if the respondent answered non-relative (2), WHRCAR97 was asked to determine where the care was usually provided. Possible responses to WHRCAR97 were: child's home (1); other private home (2); nursery, pre-school (3); organized (before/after) school activities (4); day care center, not at parent's work place (5); day care center, at parent's work place (6); parent watches child at work (7); some other arrangement (91); refused (-7); and don't know (-8). (If multiple children in a household were under 16 years old, WHOCAR97 and WHRCAR97 were asked about the youngest child.)

To reflect skip patterns, WHOCAR97 and WHRCAR97 were coded "not applicable" (-1) if the response to DAYCAR97 was no (2), refused (-7), or don't know (-8). Responses to WHRCAR97 were coded -1 if the response to WHOCAR97 was relative (1), refused (-7), or don't know (-8). Responses to all three questions were coded -1 if there was no child under age 16 in the household.

Note: Child Care arrangement variables are only available for Panel 1. They cannot be used to make full-year estimates, but may be useful in longitudinal analysis of Panel 1 data.

2.6 File 2 Contents: Outpatient Department Visit Variable

This file contains a variable describing an outpatient event reported by respondents in the Outpatient Department section of the MEPS Household questionnaire. The following variable, which was inadvertently omitted from the original 1997 Outpatient Department Visit file, is provided as unedited: see (HC-016F) for complete documentation.

2.6.1 Visit Details (SEETLKPV)

When a person reported having had a visit, it was reported whether the person actually saw the provider in person or talked to the provider on the telephone (SEETLKPV).

2.7 File 3 Contents: Care Giver Variables

2.7.1 Caregiver Supplement

The Caregiver (CG) supplement was designed with two main goals. For all individuals in MEPS with certain limitations, information was collected on: 1) care provided by other household members; and 2) individuals (outside of the household) who could *potentially* provide assistance.

The CG supplement was administered in Round 4 (Panel 1) and Round 2 (Panel 2) Individuals were eligible for the CG supplement if they met one of the following conditions:

- had activities of daily living (ADL) limitations in the current round or a previous round;
- had instrumental activities of daily living (IADL) limitations in the current round or a previous round;
- had cognitive limitations in the current round or a previous round;
- was a child aged 4 or younger with activity limitations in the current round or a previous round;
- was a child with school attendance limitations in the current round or a previous round;

or

- had a home health event in the current round.

Individuals who met one of the conditions above were eligible for the CG supplement (**CGELIG=1**).

For individuals who were eligible for the CG supplement, a series of questions were asked about care provided by other household members (if there were other persons in the household), including the type of care, the length of time that care has been provided and the amount of extra time the household member provided to the person.

For each person eligible for the CG supplement, additional information was collected on the potential caregivers that the person could rely on for help (a potential caregiver may not actually provide care). For each of the potential caregivers, detailed information was collected on the characteristics of these individuals (including age, marital status, sex, education, number of children, number of children under age six, health status, distance from the MEPS person, employment status and occupation, wife's employment status for married men, whether care was actually provided, the type of care provided, the frequency of care, and the length of a typical visit).

The set of potential caregivers for whom detailed information was collected was determined by the age of the MEPS person.

- For MEPS persons ages 50 and older who were eligible for the CG supplement, potential caregivers include the person's children ages 18 or older.
- For MEPS persons ages 35-49 who were eligible for the CG supplement, potential caregivers include children ages 18 and older, brothers and sisters ages 18 and over, and parents.
- For MEPS persons under age 35 who were eligible for the CG supplement, potential caregivers included brothers and sisters ages 18 and older and parents.

Although detailed information was not collected on other potential caregivers, several additional questions were asked to determine whether there were other potential caregivers. For eligible persons ages 50 or older, additional information was collected on whether the person had living brothers, sisters and parents. For persons less than 50 years old, information was collected to determine whether the individual had living parents and living parents-in-law. Finally, for eligible persons ages 35 or younger, information was collected to determine whether the person had living grandparents.

2.7.2 File Structure (CGVRIDX - HOWLNGMX)

The following ID and indicator variables are provided on the file:

- DUID, PID and DUPERSID: These contain the dwelling unit, person number and person ID number, respectively, of the MEPS person represented on the file. There is a total of 34,162 persons (i.e., unique values of DUPERSID) represented on the file.
- CGVRIDX: This contains the caregiver record ID. There is one record on the file for each unique combination of MEPS person (DUPERSID) and potential caregiver (CGVRIDX).
- CGDUPERS: This contains the DUPERSID of the potential caregiver, if the potential caregiver was part of the MEPS household.
- CGCOUNT: This indicates the total number of potential caregivers on the file for the MEPS person (i.e., the person identified by DUPERSID).

The unit of analysis of the CG file is the MEPS person-potential caregiver. For example, a person ineligible for the CG supplement will have one record on the file (with CGCOUNT=0 and containing no potential caregiver information), while a person with three potential caregivers will have three records on the file (and each record will have CGCOUNT=3 and will contain information about a different potential caregiver). Note that on records with CGCOUNT=0, the variables CGVRIDX and CGDUPERS have a value of -1 (Inapplicable).

Using the File

The structure of the CG file allows analysts to link these data to other 1997 MEPS files. Additional information on the individuals who are eligible for the CG supplement can be obtained by linking the file by DUPERSID (e.g., if an analyst were interested in the health conditions of the CG supplement-eligible person, they could link to HC-018).

For persons identified as potential caregivers who were also part of the MEPS, additional information can be obtained on these individuals using the variable CGDUPERS, which is the DUPERSID of the potential caregiver.

Other Information

- The CG supplement was only administered for eligible persons who were present in Round 4 (Panel 1) and Round 2 (Panel 2). Individuals who were deceased or no longer part of MEPS prior to the interview are not represented in this file.
- For individuals less than 50 years old who lived with parents (PARELSEX=95), parents were added as potential caregivers in the file, if they were not active caregivers. No other household members, however, were added as potential caregivers if they did not provide care. To link other household members to the file (if an analyst wants to consider other household members as potential caregivers) requires the analyst to link to the other household members using the dwelling unit identifier (the variable DUID).

- Information on potential caregivers who were part of the MEPS household (CGDUPERS>0) were merged into the CG file to complement the data collected for other potential caregivers through the CG supplement so that similar information was available for all caregivers. One exception was occupation since occupation was coded differently in the original CG supplement and within MEPS. Analysts interested in this variable will need to develop a common coding scheme for potential caregivers who are part of MEPS and those potential caregivers who were added as part of the caregiver supplement.
- A small number of cases with CGELIG=0 had valid caregiver ID information, indicating that these individuals responded to the CG supplement without meeting the conditions described above for eligibility. Analysts will need to make a decision about the appropriate way to treat these cases for their research.

Constructed Variables Reflecting Eligibility and Response to the CG Supplement

Variable	Description
CGELIG	=1 if person is eligible for the CG supplement; 0 otherwise
CGCOUNT	Number of potential caregivers on the file for the MEPS person
GETCARE	=1 if the potential caregiver is identified as an actual caregiver;
RESPNDCR	= 1 if the MEPS eligible person answers the initial questions in the CG supplement
CGDETELG	=1 if the eligible person has potential caregivers for whom detailed information should be collected
RESPNDCG	=1 if the person with CGDETELG=1 actually has detailed potential caregiver information collected
MEPSCG	=1 if the potential caregiver is from MEPS; =2 if the potential caregiver is not from MEPS and was only added in the CG supplement; =3 if the person has no potential caregivers (either because of ineligibility for the CG supplement or because there are no potential caregivers for whom detailed information is to be collected)

D. VARIABLE-SOURCE CROSSWALK

FILE 1:

SURVEY ADMINISTRATION VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DUID	DWELLING UNIT ID	ASSIGNED IN SAMPLING
PID	PERSON NUMBER	ASSIGNED IN SAMPLING OR BY CAPI
DUPERSID	PERSON ID (DUID+PID)	ASSIGNED IN SAMPLING
HIEUIDX	HIEU IDENTIFIER – END OF 97	CONSTRUCTED
INTVLANG	LANGUAGE INTERVIEW WAS CONDUCTED IN	CONSTRUCTED

HEALTH INSURANCE VARIABLES

MANAGED CARE/HMO INDICATORS

VARIABLE	DESCRIPTION	SOURCE
MCDHMO31	PID COV BY MEDICAID HMO AT ANY TIME IN RD 31 (ED)	CONSTRUCTED
MCDHMO42	PID COV BY MEDICAID HMO AT ANY TIME IN RD 42 (ED)	CONSTRUCTED
MCDHMO97	PID COV BY MEDICAID HMO ANY TIME – 12/31/97 (ED)	CONSTRUCTED
MCDMC31	PID COV BY MEDICAID GATEKEEPER PLAN AT ANY TIME IN RD 31 (ED)	CONSTRUCTED
MCDMC42	PID COV BY MEDICAID GATEKEEPER PLAN AT ANY TIME IN RD 42 (ED)	CONSTRUCTED
MCDMC97	PID COV BY MEDICAID GATEKEEPER PLAN – ANY TIME 12/31/97 (ED)	CONSTRUCTED
PRVHMO31	PID COV BY PRIVATE HMO AT ANY TIME IN RD 31 (ED)	CONSTRUCTED
PRVHMO42	PID COV BY PRIVATE HMO AT ANY TIME IN RD 42 (ED)	CONSTRUCTED
PRVHMO97	PID COV BY PRIVATE HMO ANY TIME –12/31/97 (ED)	CONSTRUCTED
PRVMC31	PID COV BY PRIVATE GATEKEEPER PLAN AT ANY TIME IN RD 31 (ED)	CONSTRUCTED
PRVMC42	PID COV BY PRIVATE GATEKEEPER PLAN AT ANY TIME IN RD 42 (ED)	CONSTRUCTED

VARIABLE	DESCRIPTION	SOURCE
PRVMC97	PID COV BY PRIVATE GATEKEEPER PLAN ANY TIME – 12/31/97 (ED)	CONSTRUCTED

DURATION OF BEING WITHOUT INSURANCE (NON-INSURANCE)

VARIABLE	DESCRIPTION	SOURCE
PREVCOVR	WAS PERSON COVERED BY INS IN PREVIOUS TWO YEARS –PANEL 2 ONLY	HX64
COVRMM	MONTH MOST RECENTLY COVERED–PANEL 2 ONLY	HX65
COVRY Y	YEAR MOST RECENTLY COVERED–PANEL 2 ONLY	HX65
WASESTB	WAS PREV INS BY EMPLOYER–PANEL 2 ONLY	HX66, HX78
WASMCARE	WAS PREV INS BY MEDICARE–PANEL 2 ONLY	HX66, HX78
WASMCAID	WAS PREV INS BY MEDICAID–PANEL 2 ONLY	HX66, HX78
WASCHAMP	WAS PREV INS BY CHAMPUS/CHAMPVA–PANEL 2 ONLY	HX66, HX78
WASVA	WAS PREV INS BY VA/MILITARY CARE–PANEL 2 ONLY	HX66, HX78
WASPRIV	WAS PREV INS BY GROUP/ASSOC/INS CO–PANEL 2 ONLY	HX66, HX78
WASOTGOV	WAS PREV INS BY OTHER GOVT PROG–PANEL 2 ONLY	HX66, HX78
WASAFDC	WAS PREV INS BY PUBLIC AFDC–PANEL 2 ONLY	HX66, HX78
WASSSI	WAS PREV INS BY SSI PROGRAM–PANEL 2 ONLY	HX66, HX78
WASSTAT1	WAS PREV INS BY STATE PROGRAM 1–PANEL 2 ONLY	HX66, HX78
WASSTAT2	WAS PREV INS BY STATE PROGRAM 2–PANEL 2 ONLY	HX66, HX78
WASSTAT3	WAS PREV INS BY STATE PROGRAM 3–PANEL 2 ONLY	HX66, HX78
WASOTHER	WAS PREV INS BY SOME OTHER SOURCE–PANEL 2 ONLY	HX66, HX78
NOINSBEF	EVER WITHOUT HEALTH INSURANCE IN PREVIOUS YEAR–PANEL 2 ONLY	HX70
NOINSTM	NUM WEEKS/MONTHS WITHOUT HI IN PREVIOUS YEAR –PANEL 2 ONLY	HX71
NOINUNIT	UNIT FOR TIME WITHOUT HEALTH INSURANCE–PANEL 2 ONLY	HX71OV
MORECOVR	COVERED BY MORE COMPREHENSIVE PLAN IN PREVIOUS TWO YEARS–PANEL 2 ONLY	HX76
INSENDMM	MONTH MOST RECENTLY COVERED–PANEL 2 ONLY	HX77
INSENDYY	YEAR MOST RECENTLY COVERED–PANEL 2 ONLY	HX77

PRE-EXISTING CONDITIONS EXCLUSIONS

VARIABLE	DESCRIPTION	SOURCE
DENYINSR	PERSON EVER DENIED INSURANCE-PANEL 2 ONLY	HX67,HX74, HX79
DNYCANC	CANCER CAUSED INSURANCE DENIAL-PANEL 2 ONLY	HX68,HX75, HX80
DNYHYPER	HYPERTENSION CAUSED INSURANCE DENIAL-PANEL 2 ONLY	HX68,HX75, HX80
DNYDIAB	DIABETES CAUSED INSURANCE DENIAL-PANEL 2 ONLY	HX68,HX75, HX80
DNYCORON	CORONARY ARTERY DISEASE CAUSED INSURANCE DENIAL-PANEL 2 ONLY	HX68,HX75, HX80
DENYOTH	OTHER REASON CAUSED INSURANCE DENIAL-PANEL 2 ONLY	HX68,HX75, HX80
INSLOOK	PERSON EVER LOOKED FOR INSURANCE-PANEL 2 ONLY	HX69
INSLIMIT	ANY LIMIT/RESTRICTIONS ON INSURANCE-PANEL 2 ONLY	HX72
LMTASTHM	CONDITION CAUSED LIMIT: ASTHMA ONLY-PANEL 2 ONLY	HX73
LMTBACK	CONDITION CAUSED LIMIT: BACK PROBLEMS-PANEL 2 ONLY	HX73
LMTMIGRN	CONDITION CAUSED LIMIT: MIGRAINE-PANEL 2 ONLY	HX73
LMTCATAR	CONDITION CAUSED LIMIT: CATARACT-PANEL 2 ONLY	HX73
LIMITOT	CONDITION CAUSED LIMIT: OTHER-PANEL 2 ONLY	HX73

HEALTH INSURANCE COVERAGE

VARIABLE	DESCRIPTION	SOURCE
CHAMP31X	PID COV BY CHAMPUS/CHAMPVA - RD 31 INT (ED)	CONSTRUCTED
CHAMP42X	PID COV BY CHAMPUS/ CHAMPVA - RD 42 INT (ED)	CONSTRUCTED
CHAMP53X	PID COV BY CHAMPUS/ CHAMPVA - RD 53 INT (ED)	CONSTRUCTED
CHAMP97X	PID COV BY CHAMPUS/ CHAMPVA - 12/31/97 (ED)	CONSTRUCTED
CHMAT31X	AT ANY TIME COVERAGE BY CHAMPUS -RD 31	CONSTRUCTED
CHMAT42X	AT ANY TIME COVERAGE BY CHAMPUS -RD 42	CONSTRUCTED
CHMAT53X	AT ANY TIME COVERAGE BY CHAMPUS -RD 53	CONSTRUCTED

VARIABLE	DESCRIPTION	SOURCE
CHMAT97X	AT ANY TIME COV BY CHAMPUS - 12/31/97	CONSTRUCTED
INS31X	PID IS INSURED - RD 31 INT (ED)	CONSTRUCTED
INS42X	PID IS INSURED - RD 42 INT (ED)	CONSTRUCTED
INS53X	PID IS INSURED - RD 53 INT (ED)	CONSTRUCTED
INS97X	PID IS INSURED - 12/31/97 (ED)	CONSTRUCTED
INSAT31X	INSURED ANY TIME IN RD31	CONSTRUCTED
INSAT42X	INSURED ANY TIME IN RD42	CONSTRUCTED
INSAT53X	INSURED ANY TIME IN RD53	CONSTRUCTED
INSAT97X	INSURED ANY TIME 12/31/97	CONSTRUCTED
MCAID31	COV BY MEDICAID - RD 31 INT	CONSTRUCTED
MCAID42	COV BY MEDICAID - RD 42 INT	CONSTRUCTED
MCAID53	COV BY MEDICAID - RD 53 INT	CONSTRUCTED
MCAID97	PID COV BY MEDICAID - 12/31/97	CONSTRUCTED
MCAID31X	PID COV BY MEDICAID - RD 31 INT (ED)	CONSTRUCTED
MCAID42X	PID COV BY MEDICAID - RD 42 INT (ED)	CONSTRUCTED
MCAID53X	PID COV BY MEDICAID - RD 53 INT (ED)	CONSTRUCTED
MCAID97X	PID COV BY MEDICAID - 12/31/97 (ED)	CONSTRUCTED
MCARE31	PID COV BY MEDICARE - RD 31 INT	CONSTRUCTED
MCARE42	PID COV BY MEDICARE - RD 42 INT	CONSTRUCTED
MCARE53	PID COV BY MEDICARE - RD 53 INT	CONSTRUCTED
MCARE97	PID COV BY MEDICARE - 12/31/97	CONSTRUCTED
MCARE31X	PID COV BY MEDICARE - RD 31 INT (ED)	CONSTRUCTED
MCARE42X	PID COV BY MEDICARE - RD 42 INT (ED)	CONSTRUCTED
MCARE53X	PID COV BY MEDICARE - RD 53 INT (ED)	CONSTRUCTED
MCARE97X	PID COV BY MEDICARE - 12/31/97 (ED)	CONSTRUCTED
MCDAT31X	AT ANY TIME COVERAGE BY MEDICAID - RD 31	CONSTRUCTED
MCDAT42X	AT ANY TIME COVERAGE BY MEDICAID - RD 42	CONSTRUCTED
MCDAT53X	AT ANY TIME COVERAGE BY MEDICAID - RD 53	CONSTRUCTED
MCDAT97X	AT ANY TIME COV BY MEDICAID - 12/31/97	CONSTRUCTED
OTPAAT31	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 31	CONSTRUCTED
OTPAAT42	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 42	CONSTRUCTED
OTPAAT53	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 53	CONSTRUCTED
OTPAAT97	ANY TIME COV BY/PAYS OTH GOV MCAID HMO -	CONSTRUCTED

VARIABLE	DESCRIPTION	SOURCE
	12/31/97	
OTPBAT31	ANY TIME COV BY OTH GOV NOT MCAID HMO - RD 31	CONSTRUCTED
OTPBAT42	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 42	CONSTRUCTED
OTPBAT53	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 53	CONSTRUCTED
OTPBAT97	ANY TIME COV BY OTH GOV NOT MCAID HMO -12/31/97	CONSTRUCTED
OTPUBA31	COV BY/PAYS OTH GOV MCAID - RD 31 INT	CONSTRUCTED
OTPUBA42	COV BY/PAYS OTH GOV MCAID - RD 42 INT	CONSTRUCTED
OTPUBA53	COV BY/PAYS OTH GOV MCAID - RD 53 INT	CONSTRUCTED
OTPUBA97	COV BY/PAYS OTH GOV MCAID - 12/31/97	CONSTRUCTED
OTPUBB31	COV BY OTH GOV NOT MCAID HMO - RD 31 INT	CONSTRUCTED
OTPUBB42	COV BY OTH GOV NOT MCAID HMO - RD 42 INT	CONSTRUCTED
OTPUBB53	COV BY OTH GOV NOT MCAID HMO - RD 53 INT	CONSTRUCTED
OTPUBB97	COV BY OTH GOV NOT MCAID HMO - 12/31/97	CONSTRUCTED
PRIDK31	PID COV BY PRIV INS (DK PLAN)- RD 31 INT	CONSTRUCTED
PRIDK42	PID COV BY PRIV INS (DK PLAN) -RD 42 INT	CONSTRUCTED
PRIDK53	PID COV BY PRIV INS (DK PLAN) -RD 53 INT	CONSTRUCTED
PRIDK97	PID COV BY PRIV INS (DK PLAN) - 12/31/97	CONSTRUCTED
PRIEU31	PID COV BY EMPL/UNION GRP INS- RD 31 INT	CONSTRUCTED
PRIEU42	PID COV BY EMPL/UNION GRP INS- RD 42 INT	CONSTRUCTED
PRIEU53	PID COV BY EMPL/UNION GRP INS- RD 53 INT	CONSTRUCTED
PRIEU97	PID COV BY EMPL/UNION GRP INS - 12/31/97	CONSTRUCTED
PRING31	PID COV BY NON-GROUP INS - RD 31 INT	CONSTRUCTED
PRING42	PID COV BY NON-GROUP INS - RD 42 INT	CONSTRUCTED
PRING53	PID COV BY NON-GROUP INS - RD 53 INT	CONSTRUCTED
PRING97	PID COV BY NON-GROUP INS - 12/31/97	CONSTRUCTED
PRIOG31	PID COV BY OTHER GROUP INS - RD 31 INT	CONSTRUCTED
PRIOG42	PID COV BY OTHER GROUP INS- RD 42 INT	CONSTRUCTED
PRIOG53	PID COV BY OTHER GROUP INS - RD 53 INT	CONSTRUCTED
PRIOG97	PID COV BY OTHER GROUP INS - 12/31/97	CONSTRUCTED
PRIS31	PID COV BY SELF-EMP-1 INS - RD 31 INT	CONSTRUCTED
PRIS42	PID COV BY SELF-EMP-1 INS - RD 42 INT	CONSTRUCTED
PRIS53	PID COV BY SELF-EMP-1 INS - RD 53 INT	CONSTRUCTED
PRIS97	PID COV BY SELF-EMP-1 INS - 12/31/97	CONSTRUCTED
PRIV31	PID HAS PRIVATE HLTH INS - RD 31 INT	CONSTRUCTED

VARIABLE	DESCRIPTION	SOURCE
PRIV42	PID HAS PRIVATE HLTH INS- RD 42 INT	CONSTRUCTED
PRIV53	PID HAS PRIVATE HLTH INS - RD 53 INT	CONSTRUCTED
PRIV97	PID HAS PRIVATE HLTH INS - 12/31/97	CONSTRUCTED
PRIVAT31	ANY TIME COV BY PRIVATE - RD 31	CONSTRUCTED
PRIVAT42	ANY TIME COV BY PRIVATE - RD 42	CONSTRUCTED
PRIVAT53	ANY TIME COV BY PRIVATE - RD 53	CONSTRUCTED
PRIVAT97	ANY TIME COV BY PRIVATE - 12/31/97	CONSTRUCTED
PROUT31	PID COV BY SOMEONE OUT OF RU - RD 31 INT	CONSTRUCTED
PROUT42	PID COV BY SOMEONE OUT OF RU - RD 42 INT	CONSTRUCTED
PROUT53	PID COV BY SOMEONE OUT OF RU - RD 53 INT	CONSTRUCTED
PROUT97	PID COV BY SOMEONE OUT OF RU - 12/31/97	CONSTRUCTED
PUB31X	PID COV BY PUBLIC INS-RD 31 INT (ED)	CONSTRUCTED
PUB42X	PID COV BY PUBLIC INS-RD 42 INT (ED)	CONSTRUCTED
PUB53X	PID COV BY PUBLIC INS-RD 53 INT (ED)	CONSTRUCTED
PUB97X	PID COV BY PUBLIC INS - 12/31/97 (ED)	CONSTRUCTED
PUBAT31X	AT ANY TIME COV BY PUBLIC - RD 31	CONSTRUCTED
PUBAT42X	AT ANY TIME COV BY PUBLIC - RD 42	CONSTRUCTED
PUBAT53X	AT ANY TIME COV BY PUBLIC - RD 53	CONSTRUCTED
PUBAT97X	AT ANY TIME COV BY PUBLIC - 12/31/97	CONSTRUCTED
STAPR31	PID COV BY STATE-SPECIFIC PROG-RD 31 INT	CONSTRUCTED
STAPR42	PID COV BY STATE-SPECIFIC PROG-RD 42 INT	CONSTRUCTED
STAPR53	PID COV BY STATE-SPECIFIC PROG-RD 53 INT	CONSTRUCTED
STAPR97	PID COV BY STATE-SPECIFIC PROG-12/31/97	CONSTRUCTED
STPRAT31	AT ANY TIME COVERAGE BY STATE INS - RD 31	CONSTRUCTED
STPRAT42	AT ANY TIME COVERAGE BY STATE INS - RD 42	CONSTRUCTED
STPRAT53	AT ANY TIME COVERAGE BY STATE INS - RD 53	CONSTRUCTED
STPRAT97	AT ANY TIME COV BY STATE INS - 12/31/97	CONSTRUCTED

DENTAL PRIVATE INSURANCE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DENTIN31	DENTAL PRIVATE INSURANCE - RD 31	HX 48, OE 10, OE 24, OE 37
DENTIN42	DENTAL PRIVATE INSURANCE - RD 42	HX 48, OE 10, OE 24, OE 37
DENTIN53	DENTAL PRIVATE INSURANCE - RD 53	HX 48, OE 10,

VARIABLE	DESCRIPTION	SOURCE
		OE 24, OE 37

PMED PRIVATE INSURANCE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
PMEDIN31	PRESCRIPTION DRUG PRIVATE INSURANCE - RD 31	HX 48, OE 10, OE 24, OE 37
PMEDIN42	PRESCRIPTION DRUG PRIVATE INSURANCE - RD 42	HX 48, OE 10, OE 24, OE 37
PMEDIN53	PRESCRIPTION DRUG PRIVATE INSURANCE - RD 53	HX 48, OE 10, OE 24, OE 37

DISABILITY DAYS INDICATOR VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DDNWRK31	# OF DAYS MISSED WORK DUE TO ILL/INJURY (RD 31)	DD 02
DDNWRK42	# OF DAYS MISSED WORK DUE TO ILL/INJURY (RD 42)	DD 02
DDNWRK53	# OF DAYS MISSED WORK DUE TO ILL/INJURY (RD 53)	DD 02
WKINBD31	# OF DAYS MISSED WORK STAYED IN BED (RD 31)	DD 04
WKINBD42	# OF DAYS MISSED WORK STAYED IN BED (RD 42)	DD 04
WKINBD53	# OF DAYS MISSED WORK STAYED IN BED (RD 53)	DD 04
DDNSCL31	# OF DAYS MISSED SCHOOL DUE TO ILL/INJURY (RD 31)	DD 05
DDNSCL42	# OF DAYS MISSED WORK DUE TO ILL/INJURY (RD 42)	DD 05
DDNSCL53	# OF DAYS MISSED WORK DUE TO ILL/INJURY (RD 53)	DD 05
SCLNBD31	# OF DAYS MISSED SCHOOL STAYED IN BED (RD 31)	DD 07
SCLNBD42	# OF DAYS MISSED SCHOOL STAYED IN BED (RD 42)	DD 07
SCLNBD53	# OF DAYS MISSED SCHOOL STAYED IN BED (RD 53)	DD 07
DDBDYS31	# OF OTHER DAYS SPENT IN BED SINCE START (RD 31)	DD 08
DDBDYS42	# OF OTHER DAYS SPENT IN BED SINCE START (RD 42)	DD 08
DDBDYS53	# OF OTHER DAYS SPENT IN BED SINCE START (RD 53)	DD 08
OTHDYS31	MISS ANY WORK/SCH DAY TO CARE FOR OTHER (RD 31)	DD 10
OTHDYS42	MISS ANY WORK/SCH DAY TO CARE FOR OTHER (RD 42)	DD 10
OTHDYS53	MISS ANY WORK/SCH DAY TO CARE FOR OTHER (RD 53)	DD 10
OTHNDD31	# OF DAYS MISSED WORK/SCH CARE FOR OTHER (RD 31)	DD 11
OTHNDD42	# OF DAYS MISSED WORK/SCH CARE FOR OTHER (RD 42)	DD 11

VARIABLE	DESCRIPTION	SOURCE
OTHNDD53	# OF DAYS MISSED WORK/SCH CARE FOR OTHER (RD 53)	DD 11

ACCESS TO CARE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
ACCELIG2	PERS ELIGIBLE FOR ACCESS SUPPLEMENT-PANEL 2 ONLY	CONSTRUCTED
HAVEUSC2	AC01 DOES PERSON HAVE A USC PROVIDER?-PANEL 2 ONLY	AC01
YNOUSC2	AC03 MAIN REASON PERS DOESN'T HAVE A USC-PANEL 2 ONLY	AC03
NOREAS42	AC04 OTH REAS NO USC: NO OTHER REASONS-PANEL 2 ONLY	AC04
SELDSIC2	AC04 OTH REAS NO USC: SELDOM OR NEV SICK-PANEL 2 ONLY	AC04
NEWAREA2	AC04 OTH REAS NO USC: RECENTLY MOVED-PANEL 2 ONLY	AC04
DKWHRUS2	AC04 OTH REAS NO USC: DK WHERE TO GO-PANEL 2 ONLY	AC04
USCNOTA2	AC04 OTH REAS NO USC: USC NOT AVAILABLE-PANEL 2 ONLY	AC04
PERSLAN2	AC04 OTH REAS NO USC: LANGUAGE-PANEL 2 ONLY	AC04
DIFFPLA2	AC04 OTH REAS NO USC: DIFFERENT PLACES-PANEL 2 ONLY	AC04
INSRPLA2	AC04 OTH REAS NO USC: JUST CHANGED INSUR-PANEL 2 ONLY	AC04
MYSELF2	AC04 OTH REAS NO USC: NO DOCS / TREAT SELF-PANEL 2 ONLY	AC04
CARECOS2	AC04 OTH REAS NO USC: COST OF MED. CARE-PANEL 2 ONLY	AC04
OTHINSR2	AC04 OTH REAS NO USC: INS. RELATED REASON-PANEL 2 ONLY	AC04
OTHREA42	AC04 OTH REAS NO USC: OTHER REASON-PANEL 2 ONLY	AC04
TYPEPLC2	USC TYPE OF PLACE-PANEL 2 ONLY	AC06, AC07
PROVTYX2	PROVIDER TYPE-PANEL 2 ONLY	PV01,PV03,PV05 ,PV10

VARIABLE	DESCRIPTION	SOURCE
YGOTOUS2	AC08 MAIN REASON PERS GOES TO HOSP USC–PANEL 2 ONLY	AC08
NOREAS92	AC09 OTH REAS GO TO USC: NO OTHER REASONS–PANEL 2 ONLY	AC09
LIKESUS2	AC09 OTH REAS TO GO TO USC: PREFERS/LIKES–PANEL 2 ONLY	AC09
DKELSEW2	AC09 OTH REAS TO GO TO USC: DK WH ELSE TO GO–PANEL 2 ONLY	AC09
AFFORD2	AC09 OTH REAS TO GO TO USC: CAN=T AFFORD OTH–PANEL 2 ONLY	AC09
OFFICE2	AC09 OTH REAS TO GO TO USC: DR. OFFICE AT OPD–PANEL 2 ONLY	AC09
AVAILTI2	AC09 OTH REAS TO GO TO USC: AVAIL WHEN TIME–PANEL 2 ONLY	AC09
CONVENI2	AC09 OTH REAS TO GO TO USC: CONVENIENCE–PANEL 2 ONLY	AC09
BSTPLAC2	AC09 OTH REAS TO GO TO USC: BEST FOR COND–PANEL 2 ONLY	AC09
INSREAS2	AC09 OTH REAS TO GO TO USC: INSURANCE-RELATED–PANEL 2 ONLY	AC09
OTHREA92	AC09 OTH REAS TO GO TO USC: OTHER REASON–PANEL 2 ONLY	AC09
GETTOUS2	AC09A HOW DOES PERSN GET TO USC PROVIDER–PANEL 2 ONLY	AC09A
TYPEPER2	USC TYPE OF PROVIDER–PANEL 2 ONLY	AC10,AC11,AC11OV,AC12,AC12OV
LOCATIO2	USC LOCATION–PANEL 2 ONLY	CONSTRUCTED
MINORPR2	AC14 GO TO USC FOR NEW HEALTH PROBLEM–PANEL 2 ONLY	AC14
PREVENT2	AC14 GO TO USC FOR PREVENTVE HEALTH CARE–PANEL 2 ONLY	AC14
REFFRLS2	AC14 GO TO USC FOR REFERRALS–PANEL 2 ONLY	AC14
OFFHOUR2	AC15 USC HAS OFFICE HRS NIGHTS/WEEKENDS–PANEL 2 ONLY	AC15
APPTWLK2	AC16 WHEN SEE USC, HAVE APPT OR WALK IN–PANEL 2 ONLY	AC16
APPDIFF2	AC17 HOW DIFFICULT TO GET APPT WITH USC–PANEL 2 ONLY	AC17

VARIABLE	DESCRIPTION	SOURCE
	2 ONLY	
WAITTIM2	AC18 WITH APPT, HOW LONG TIL SEEN BY USC–PANEL 2 ONLY	AC18
PHONEDI2	AC19 HOW DIFFICULT CONTACT USC BY PHONE–PANEL 2 ONLY	AC19
PRLISTE2	AC19A DOES USC PROV LISTEN?–PANEL 2 ONLY	AC19A
TREATMN2	AC19B PROV ASK ABOUT OTHER TREATMENTS–PANEL 2 ONLY	AC19B
CONFIDN2	AC19C CONFIDENT IN USC PROV-S ABILITY?–PANEL 2 ONLY	AC19C
PROVSTA2	AC19D HOW SATISFIED WITH USC STAFF–PANEL 2 ONLY	AC19D
USCQUAL2	AC19E SATISFIED WITH QUALITY OF CARE–PANEL 2 ONLY	AC19E
CHNGUSC2	AC20 HAS ANYONE CHANGED USC IN LAST YEAR–PANEL 2 ONLY	AC20
YCHNGUS2	AC21 WHY DID PERSON(S) CHANGE USC–PANEL 2 ONLY	AC21
ANYUSC2	AC22 HAS ANYONE HAD A USC IN LAST YEAR–PANEL 2 ONLY	AC22
YNOMORE2	AC23 WHY DON=T THEY HAVE A USC ANYMORE?–PANEL 2 ONLY	AC23
NOCARE2	AC24 DID ANYONE GO W/OUT HEALTH CARE?–PANEL 2 ONLY	AC24
HCNEEDS2	AC24A SATISFIED FAMILY CAN GET CARE–PANEL 2 ONLY	AC24A
OBTAINH2	AC25 ANYONE HAVE DIFFICULTY OBTAIN CARE–PANEL 2 ONLY	AC25
MAINPRO2	AC25A MAIN REASON EXPERIENCED DIFFICULTY–PANEL 2 ONLY	AC25A
NOOTHPR2	AC26 DIFFICULTY: NO OTHER PROBLEMS–PANEL 2 ONLY	AC26
NOAFFOR2	AC26 DIFFICULTY: COULDN=T AFFORD CARE–PANEL 2 ONLY	AC26
ISNOPA2	AC26 DIFFICULTY: INS COMPANY WON=T PAY–PANEL 2 ONLY	AC26
PREEXCO2	AC26 DIFFICULTY: PRE-EXISTING CONDITION–PANEL 2 ONLY	AC26

VARIABLE	DESCRIPTION	SOURCE
INSRQRE2	AC26 DIFFICULTY: INS REQUIRED REFERRAL-PANEL 2 ONLY	AC26
REFUSIN2	AC26 DIFFICULTY: DR. REFUSED INS PLAN-PANEL 2 ONLY	AC26
DISTANC2	AC26 DIFFICULTY: DISTANCE-PANEL 2 ONLY	AC26
PUBTRAN2	AC26 DIFFICULTY: PUBLIC TRANSPORTATION-PANEL 2 ONLY	AC26
EXPENSI2	AC26 DIFFICULTY: TOO EXPENSIVE TO GET THERE-PANEL 2 ONLY	AC26
HEARPRO2	AC26 DIFFICULTY: HEARING IMPAIR/LOSS-PANEL 2 ONLY	AC26
LANGBAR2	AC26 DIFFICULTY: LANGUAGE BARRIER-PANEL 2 ONLY	AC26
INTOBLD2	AC26 DIFFICULTY: HARD TO GET INTO BLDG-PANEL 2 ONLY	AC26
INSIDE2	AC26 DIFFICULTY: HARD TO GET AROUND-PANEL 2 ONLY	AC26
EQUIPMN2	AC26 DIFFICULTY: NO APPROPRIATE EQUIP-PANEL 2 ONLY	AC26
OFFWORK2	AC26 DIFFICULTY: COULDN=T GET TIME OFF-PANEL 2 ONLY	AC26
DKWHEREG2	AC26 DIFFICULTY: DK WHERE TO GO-PANEL 2 ONLY	AC26
REFUSER2	AC26 DIFFICULTY: WAS REFUSED SERVICES-PANEL 2 ONLY	AC26
CHLDCAR2	AC26 DIFFICULTY: COULDN=T GET CHILD CARE-PANEL 2 ONLY	AC26
NOTIME2	AC26 DIFFICULTY: NO TIME/TOOK TOO LONG-PANEL 2 ONLY	AC26
OTHRPRO2	AC26 DIFFICULTY: OTHER-PANEL 2 ONLY	AC26

LONG TERM CARE (LTC) VARIABLES

VARIABLE	DESCRIPTION	SOURCE
PANELRN	PANEL/ROUND INDICATOR FOR LTC DATA	CONSTRUCTED
IADLQ	ELIGIBLE FOR IADL SERIES	CONSTRUCTED

VARIABLE	DESCRIPTION	SOURCE
COGQ	ELIGIBLE FOR MEMORY SERIES	CONSTRUCTED
SOCLIMQ	ELIGIBLE FOR SOCIAL LIMITATIONS SECTION	CONSTRUCTED
FUNCLIMQ	ELIGIBLE FOR FUNCTIONAL LIMIT QUESTIONS	CONSTRUCTED
AIDLIMQ	ELIGIBLE FOR AIDS/EQUIP SECTION	CONSTRUCTED
SCHOOLQ	ELIGIBLE FOR SCHOOL LIMITATIONS SECTION	CONSTRUCTED
VISIONQ	ELIGIBLE FOR VISION SECTION	CONSTRUCTED
ADLQ	ELIGIBLE FOR ADL SERIES	CONSTRUCTED
HELPBATX	EDITED RECEIVE HELP BATHING	LC01
HANDBATX	ED HANDS ON HELP RECEIVED BATHING	LC02
INSTBATX	ED INSTRUCTIONAL HELP RECEIVED BATHING	LC02
STAYBATX	ED STAY IN ROOM IN CASE HELP NEEDED BATH	LC02
HELPDREX	ED RECEIVE HELP DRESSING	LC03
HANDDRTX	ED HANDS ON HELP RECEIVED DRESSING	LC04
INSTDRTX	ED INSTRUCTIONAL HELP RECEIVED DRESSING	LC04
STAYDRTX	ED STAY IN RM IN CASE HELP NEED DRESSING	LC04
HELPTLTX	ED RECEIVE HELP TOILETING	LC05
HANDTLTX	ED HANDS ON HELP RECD USING TOILET	LC06
INSTTLTX	ED INSTRUCTIONAL HELP RECD USING TOILET	LC06
STAYTLTX	ED STAY IN RM IN CASE HELP NEEDED TOILET	LC06
HELPBEDX	ED RECEIVE HELP GETTING OUT OF BED/CHAIR	LC07
HANDBDTX	ED HANDS ON HELP TO GET OUT OF BED/CHAIR	LC08
INSTBDTX	ED INSTRUCTION/HELP GET OUT OF BED/CHAIR	LC08
STAYBDTX	ED STAY IN RM IF HELP NEEDED BED/CHAIR	LC08
HELPEATX	ED RECEIVE HELP EATING	LC09
HANDEATX	ED HANDS ON HELP RECEIVED EATING	LC10

VARIABLE	DESCRIPTION	SOURCE
INSTEATX	ED INSTRUCTINOAL HELP RECEIVED EATING	LC10
STAYEATX	ED STAY IN ROOM IN CASE HELP NEED EAT	LC10
HELPAIDLX	ED RECEIVE HELP WITH ANY ADLS > 3 MONS	LC11
HELPSHOX	ED RECEIVE HELP SHOPPING	LC12
HELPARNX	ED RECEIVE HELP GETTING AROUND	LC13
HELPMEAX	ED RECEIVE HELP PREPARING MEALS	LC14
HELPMEDX	ED RECEIVE HELP TAKING MEDICATIONS	LC15
HELPMONX	ED RECEIVE HELP MANAGING MONEY	LC16
HELPLNDX	ED RECEIVE HELP DOING LAUNDRY	LC17
HELPHSWX	ED RECEIVE HELP DOING HOUSEKEEPING	LC18
HELPIADX	ED RECEIVE HELP WITH ANY IADLS > 3 MONS	LC19
HEARQ	ELIGIBLE FOR HEARING SECTION	CONSTRUCTED
CHLDLE4Q	ELIGIBLE CHILD <=4 LIMITED ACTIVIT QUEST	CONSTRUCTED
WHSLIMQ	ELIG WORK/HOUSEHOLD/SCHOOL LIMIT QUEST	CONSTRUCTED
SCHLATTQ	ELIGIBLE SCHOOL ATTEND LIMITED SECTION	CONSTRUCTED
CHILDQ	ELIGIBLE FOR CHILD W/ LIMIT SERIES	CONSTRUCTED
CHLDLT6Q	CHILDQ=1 AND 0<=AGE42X<6	CONSTRUCTED
CHLDGE6Q	CHILDQ=1 AND AGE42X>=6	CONSTRUCTED
CHLD613Q	CHILDQ=1 AND 6<=AGE42X<=13	CONSTRUCTED
WORKQ	ELIGIBLE FOR WORK SERIES	CONSTRUCTED
TRANSAQ	ELIGIBLE FOR LC37/LC38	CONSTRUCTED
TRANSBQ	ELIGIBLE FOR LC39/LC40	CONSTRUCTED
RATEMEMX	ED RATE PERSON MEMORY AT PRESENT TIME	LC20
COMPMEMX	ED PERS MEMORY COMPARED TO 2 YRS AGO	LC21
COGPROBX	ED DELAYS IN COGNITIVE/MENTAL DEVELOP	LC22

VARIABLE	DESCRIPTION	SOURCE
SPCHPRBX	ED DELAYS IN SPEECH/LANGUAGE DEVELOP	LC23
SPCDIETX	ED FOLLOW SPECIAL DIET ORDERED BY DOC	LC25
CHLDHLPX	ED NEED HELP EAT/DRESS/BATH/USE TOILET	LC26
CHLDACTX	ED DIFF PARTICIPATING STRENUOUS ACTIVIT	LC27
UNDINSTX	ED PROB UNDERSTANDING SCHL INSTRUCTIONS	LC28
PAYATTNX	ED PROB AT SCHL UNDERSTANDING INSTR MAT	LC28
PROBCOMX	ED PROB AT SCHL COMMUNICATING W/TEACHER	LC28
PROBWLKX	ED TROUBLE WALKING BLOCKS/CLIMB STAIRS	LC29
DIFFLANX	ED DIFFICUL UNDERSTANDING CONVERSATION	LC30
COMMTLKX	ED PEOPLE TALK TO COMMUNICATE	LC31
COMMSGNX	ED PEOPLE USE SIGN LANG TO COMMUNICATE	LC31
COMMPRWX	ED PEOPLE USE PRINT/WRITE TO COMMUNICAT	LC31
COMSYMBX	ED PEOPLE USE SYMBOL PICTURE TO COMMUNIC	LC31
COMMGSTX	ED PEOPLE USE GESTURES TO COMMUNICATE	LC31
COMMOTHX	ED PEOPLE USE OTHER WAY TO COMMUNICATE	LC31
PERSTLKX	ED DOES PERSON HAVE DIFFICULTY TALKING	LC32
GESTCOMX	ED PERSON USES GESTURES TO COMMUNICATE	LC33
OTHRCOMX	ED PERSON USES OTHER WAY TO COMMUNICATE	LC33
PRNTCOMX	ED PERSON PRINTS OR WRITES TO COMMUNICAT	LC33
SIGNCOMX	ED PERSON COMMUNICATE WITH SIGN LANGUAGE	LC33
SYMBCOMX	ED PERSON USES SYMBOLS TO COMMUNICATE	LC33
TALKCOMX	ED PERSON TALKS TO COMMUNICATE	LC33
CRNTWRKX	ED IS PERSON CURRENTLY WORKING	LC34
ACOMRMPX	ED EMPLOYER HAS MADE RAMP TO ACCOMMODATE	LC35
ACOMELVX	ED EMPLOYER MADE ELEVATOR TO ACCOMMODATE	LC35

VARIABLE	DESCRIPTION	SOURCE
ACOMDSKX	ED EMPLOYER HAS MADE RAISED DESK	LC35
ACOMDORX	ED EMPLOYER HAS MADE DOOR TO ACCOMMODATE	LC35
ACOMRSTX	ED EMPLOYER HAS MADE ACCESSIBLE RESTROOM	LC35
ACOMVSYX	ED ACCOMMODATE VOICE SYNTHESIZER DEVICE	LC35
ACOMBRPX	ED ACCOMMODATE BRAILLE, ENLARGE PRINT	LC35
ACOMCCHX	ED ACCOMMODATE JOB COACH	LC35
ACMASISX	ED ACCOMMODATE PERSONAL ASSISTANT	LC35
ACOMPNSX	ED ACCOMMODATE SPECIAL PENS, PENCILS	LC35
ACOMREDX	ED ACCOMMODATE JOB REDESIGN, OPTIONS	LC35
ACOMHRX	ED ACCOMMODATE MODIFIED WORK HOURS/DAY	LC35
ACOMEQPX	ED ACCOMMODATE OTHER EQUIPMENT	LC35
CHNGWRKX	ED DID PERSON CHANGE THE KIND OF WORK	LC36
ANYLTCQ	ELIGIBLE FOR ANY LTC QUESTIONS	CONSTRUCTED
GENQ	ELIGIBLE FOR GENERAL SERIES	CONSTRUCTED
PRVNTDRX	ED PROBLEM PREVENT PERS FROM DRIVING	LC37
MODVEHX	ED PERS USES MODIFIED VEHICLE DRIVE	LC38
STRTLYX	ED WHEN DID LIMITATIONS START-YEAR	LC43
STRTLMX	ED WHEN DID LIMITATIONS START-MONTH	LC43
SOONLY	SOCIAL LIMITATION ONLY	CONSTRUCTED
PROVTRAX	ED FAMILY/FRIENDS PROVIDE TRANSPORT	LC39
SPECTRAX	ED RECEIVE OTHER SPECIAL TRANSPORT	LC40
SPECTECX	ED USE SPECIAL EQUIPMENT/TECHNOLOGY	LC41
TECHRAMX	ED DOES PERSON USE RAILINGS, RAMPS	LC42
TECHWALX	ED DOES PERS USE WALKER,CANE,CRUTCHES	LC42
TECHSHOX	ED DOES PERSON USE ORTHOPEDIC SHOES	LC42

VARIABLE	DESCRIPTION	SOURCE
TECHBRAX	ED PERS USE BRACES FOR ARM,LEG,BACK	LC42
TECHHANX	ED PERSON USE ARTIFICIAL ARM,HAND ETC	LC42
TECHRECX	ED DOES PERSON USE REACHER	LC42
TECHBATX	ED DOES PERSON USE BATHING AIDS	LC42
TECHTLTX	ED DOES PERSON USE TOILETING AIDS	LC42
TECHWHEX	ED DOES PERSON USE WHEELCHAIR/SCOOTER	LC42
TECHDREX	ED DOES PERSON USE DRESSING AIDS	LC42
TECHOXYX	ED DOES PERS USE OXYGEN OR RESPIRATOR	LC42
TECHLIFX	ED DOES PERSON USE LIFT	LC42
TECHDOGX	ED DOES PERS USE GUIDE DOG ASSISTANTS	LC42
TECHCOMX	ED DOES PERS USE COMMUNICATION EQUIPM	LC42
TECHOTHX	ED OTH SPECIAL EQUIPMENT OR TECHNOLOGY	LC42
SERVDCAX	ED PERSON USES ADULT DAY CARE SERVICES	LC46
SERVMEAX	ED PERSON USES MEAL ON WHEELS SERVICES	LC46
SERVSCTX	ED PERSON USES SENIOR CENTER SERVICES	LC46
SERVVOCX	ED PERS USES VOCATIONAL REHABILITATION	LC46
SERVSPRX	ED PERSON USES FAMILY SUPPORT SERVICES	LC46
SERVTRNX	ED PERSON USES SPECIAL TRANSPORTATION	LC46
SERVMGMX	ED PERSON USES CASE MANAGEMENT	LC46
SERVSHEX	ED PERSON USES SHELTERED WORKSHOP	LC46
SERVOTHX	ED PERSON USES ANY OTHER SERVICES	LC46
HLPRLAFX	ED IS THE HELP RELATED TO ARMED FORCES	LC47
BEF22YRX	ED LIMITATIONS START BEFORE 22 YR OLD	LC44
CONDX1	ENCRYPTED CONDITION ID 1 - LTC	LC45
CONDX2	ENCRYPTED CONDITION ID 2 - LTC	LC45

VARIABLE	DESCRIPTION	SOURCE
CONDIX3	ENCRYPTED CONDITION ID 3 - LTC	LC45
CONDIX4	ENCRYPTED CONDITION ID 4 - LTC	LC45
CONDIX5	ENCRYPTED CONDITION ID 5 - LTC	LC45
CONDIX6	ENCRYPTED CONDITION ID 6 - LTC	LC45
CONDIX7	ENCRYPTED CONDITION ID 7 - LTC	LC45
CONDIX8	ENCRYPTED CONDITION ID 8 - LTC	LC45
CONDIX9	ENCRYPTED CONDITION ID 9 - LTC	LC45
CONDIX10	ENCRYPTED CONDITION ID 10 - LTC	LC45
CONDIX11	ENCRYPTED CONDITION ID 11 - LTC	LC45
CONDIX12	ENCRYPTED CONDITION ID 12 - LTC	LC45
CONDIX13	ENCRYPTED CONDITION ID 13 - LTC	LC45
CONDIX14	ENCRYPTED CONDITION ID 14 - LTC	LC45
CONDIX15	ENCRYPTED CONDITION ID 15 - LTC	LC45
CONDIX16	ENCRYPTED CONDITION ID 16 - LTC	LC45
CONDIX17	ENCRYPTED CONDITION ID 17 - LTC	LC45
CONDIX18	ENCRYPTED CONDITION ID 18 - LTC	LC45
CONDIX19	ENCRYPTED CONDITION ID 19 - LTC	LC45
CONDIX20	ENCRYPTED CONDITION ID 20 - LTC	LC45
CONDIX21	ENCRYPTED CONDITION ID 21 - LTC	LC45
CONDIX22	ENCRYPTED CONDITION ID 22 - LTC	LC45
ICD9CX1	ED ICD-9 CODE 1 - LTC	LC45
ICD9CX2	ED ICD-9 CODE 2 - LTC	LC45
ICD9CX3	ED ICD-9 CODE 3 - LTC	LC45
ICD9CX4	ED ICD-9 CODE 4 - LTC	LC45
ICD9CX5	ED ICD-9 CODE 5 - LTC	LC45

VARIABLE	DESCRIPTION	SOURCE
ICD9CX6	ED ICD-9 CODE 6 - LTC	LC45
ICD9CX7	ED ICD-9 CODE 7 - LTC	LC45
ICD9CX8	ED ICD-9 CODE 8 - LTC	LC45
ICD9CX9	ED ICD-9 CODE 9 - LTC	LC45
ICD9CX10	ED ICD-9 CODE 10 - LTC	LC45
ICD9CX11	ED ICD-9 CODE 11 -LTC	LC45
ICD9CX12	ED ICD-9 CODE 12 - LTC	LC45
ICD9CX13	ED ICD-9 CODE 13 - LTC	LC45
ICD9CX14	ED ICD-9 CODE 14 - LTC	LC45
ICD9CX15	ED ICD-9 CODE 15 - LTC	LC45
ICD9CX16	ED ICD-9 CODE 16 - LTC	LC45
ICD9CX17	ED ICD-9 CODE 17 - LTC	LC45
ICD9CX18	ED ICD-9 CODE 18 - LTC	LC45
ICD9CX19	ED ICD-9 CODE 19 - LTC	LC45
ICD9CX20	ED ICD-9 CODE 20 - LTC	LC45
ICD9CX21	ED ICD-9 CODE 21 - LTC	LC45
ICD9CX22	ED ICD-9 CODE 17 - LTC	LC45
BEHVPROX	ED DELAYS EMOTION/BEHAVIOR DEVELOP	LC24
NUM_COND	NUMBER OF CONDITIONS FOR EACH PERS - LTC	CONSTRUCTED

ALTERNATIVE CARE/UTILIZATION

VARIABLE	DESCRIPTION	SOURCE
ALTCAR97	ANY ALTERNATIVE CARE USE '97 – PANEL 2 ONLY	AP01
ALTCVS97	NUMBER OF VISITS TO ALTERNATIVE CARE '97– PANEL 2 ONLY	AP04

ALTCVE97	ESTIMATED NUMBER OF RANGE OF ALTERNATIVE CARE VISITS '97- PANEL 2 ONLY	AP04A
ALTCRE97	ESTIMATED TOTAL AMOUNT SPENT FOR ALTERNATIVE CARE '97- PANEL 2 ONLY	AP09
ALTCRX97	RANGE OF AMOUNT SPENT FOR ALTERNATIVE CARE '97- PANEL 2 ONLY	AP10
INSALT97	DID INSURANCE PAY FOR ALTERNATIVE CARE '97- PANEL 2 ONLY	AP11
PERINS97	ESTIMATED PERCENT ALT CARE PAID BY INSURANCE '97- PANEL 2 ONLY	AP11A
PRALTX97	TOTAL SPENT ON ALTERNATIVE CARE REMEDIES '97- PANEL 2 ONLY	AP11B
PRALTE97	RANGE SPENT ON ALTERNATIVE REMEDIES '97- PANEL 2 ONLY	AP11C
ACUPNC97	PERSON RECEIVED ACUPUNCTURE '97- PANEL 2 ONLY	AP02
NUTRIT97	PERSON RECEIVED NUTRITIONAL ADVICE '97- PANEL 2 ONLY	AP02
MASAGE97	PERSON RECEIVED MASSAGE THERAPY '97- PANEL 2 ONLY	AP02
HERBAL97	PERSON PURCHASED HERBAL REMEDIES '97- PANEL 2 ONLY	AP02
BIOFDB97	PERSON RECEIVED BIOFEEDBACK '97- PANEL 2 ONLY	AP02
MEDITA97	PERSON RECEIVED MEDITATION TRAINING '97- PANEL 2 ONLY	AP02
HOMEO97	PERSON RECEIVED HOMEOPATHIC THERAPY '97- PANEL 2 ONLY	AP02
SPIRTL97	PERSON RECEIVED SPIRITUAL HEALING '97- PANEL 2 ONLY	AP02
HYPNO97	PERSON RECEIVED HYPNOSIS '97- PANEL 2 ONLY	AP02

TRADIT97	PERSON RECEIVED TRADITIONAL MEDICINE '97- PANEL 2 ONLY	AP02
ALTOTH97	PERSON RECEIVED OTHER ALTERNATIVE CARE '97- PANEL 2 ONLY	AP02
MASTHE97	PERSON SAW MASSAGE THERAPIST '97- PANEL 2 ONLY	AP03
ACPTHE97	PERSON SAW ACUPUNCTURIST '97- PANEL 2 ONLY	AP03
MDTRT97	PERSON SAW PHYSICIAN FOR ALTERNATIVE CARE '97- PANEL 2 ONLY	AP03
NURTRT97	PERSON SAW NURSE FOR ALTERNATIVE CARE '97- PANEL 2 ONLY	AP03
HOMEMD97	PERSON SAW HOMEOPATHIC/NATUROPATHIC DOC '97- PANEL 2 ONLY	AP03
CHIRO97	PERSON SAW CHIROPRACTOR '97- PANEL 2 ONLY	AP03
CLERGY97	PERSON SAW CLERGY OR SPIRITUALIST '97- PANEL 2 ONLY	AP03
HERBTR97	PERSON SAW HERBALIST '97- PANEL 2 ONLY	AP03
OTHALT97	PERSON SAW OTHER PRACTITIONER FOR ALTERNATIVE CARE '97- PANEL 2 ONLY	AP03
ALTCSP97	USED ALTERNATIVE CARE FOR SPECIFIC HEALTH PROBLEM '97- PANEL 2 ONLY	AP05
DSCALT97	DISCUSSED ALTERNATIVE CARE WITH REGULAR MD '97- PANEL 2 ONLY	AP07
REFRMD97	REFERRED BY PHYSICIAN FOR ALTERNATIVE CARE '97- PANEL 2 ONLY	AP08

PREVENTIVE CARE

VARIABLE	DESCRIPTION	SOURCE
DENTCK97	DENTAL CHECKUP FREQUENCY '97- PANEL 2 ONLY	AP12

BLDPCK97	TIME SINCE BLOOD PRESSURE CHECK '97- PANEL 2 ONLY	AP15
CHOLCK97	TIME SINCE CHOLESTEROL CHECK '97- PANEL 2 ONLY	AP16
PHYSCL97	TIME SINCE COMPLETE PHYSICAL '97- PANEL 2 ONLY	AP17
FLUSHT97	TIME SINCE FLU SHOT '97- PANEL 2 ONLY	AP18
WRDENT97	PERSON WEARS DENTURES '97- PANEL 2 ONLY	AP18A
LOSTEE97	PERSON LOST ALL ADULT TEETH '97- PANEL 2 ONLY	AP18B
PROSEX97	TIME SINCE PROSTATE EXAM '97- PANEL 2 ONLY	AP19
PAPSMR97	TIME SINCE PAP SMEAR '97- PANEL 2 ONLY	AP20
BRSTEX97	TIME SINCE BREAST EXAM '97- PANEL 2 ONLY	AP21
MAMGRM97	TIME SINCE MAMMOGRAM '97- PANEL 2 ONLY	AP22

CHILD CARE ARRANGEMENTS

VARIABLE	DESCRIPTION	SOURCE
WHRCAR97	WHERE WAS CHILD CARE PROVIDED '97- PANEL 1 ONLY	HE25C
WHOCAR97	WHO PROVIDED CHILD CARE '97- PANEL 1 ONLY	HE25B
DAYCAR97	CHILD CARE ARRANGEMENTS REQUIRED '97- PANEL 1 ONLY	HE25A

FILE 2:

SURVEY ADMINISTRATION AND ID VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DUID	DWELLING UNIT ID	ASSIGNED IN

VARIABLE	DESCRIPTION	SOURCE
		SAMPLING
PID	PERSON NUMBER	ASSIGNED IN SAMPLING
DUPERSID	PERSON ID (DUID + PID)	ASSIGNED IN SAMPLING
EVNTIDX	EVNT ID:DUPERSID + EVENT NUMBER	CAPI DERIVED

OUTPATIENT DEPARTMENT VISIT VARIABLE

VARIABLE	DESCRIPTION	SOURCE
SEETLKPV	DID PATIENT VISIT PROVIDER IN PERSON OR TELEPHONE	OP02

FILE 3:

SURVEY ADMINISTRATION AND ID VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DUID	DWELLING UNIT ID	ASSIGNED IN SAMPLING
PID	PERSON NUMBER	ASSIGNED IN SAMPLING
DUPERSID	PERSON ID (DUID + PID)	ASSIGNED IN SAMPLING

CARE GIVER (CG) VARIABLES

VARIABLE	DESCRIPTION	SOURCE
CGVRIDX	DUPERSID RECORD ID (DUID + RU ID + COUNTER)	CONSTRUCTED
CGDUPERS	DUPERSID OF POTENTIAL CAREGIVER IF MEPS	CONSTRUCTED

PANELRN	PANEL/ROUND INDICATOR FOR CG DATA	CONSTRUCTED
AGE42X	AGE-R4/2 (EDITED/IMPUTED)	
CGCOUNT	NUMBER OF POTENTIAL CAREGIVERS ON FILE FOR EACH MEPS PERSON	CONSTRUCTED
GETCARE	1 IF POTENTIAL CG IS ACTUAL CG; 0 OTHERWISE	CONSTRUCTED
CGELIG	1 IF PERSON IS ELIGIBLE FOR CG SUPPL; 0 OTHERWISE	CONSTRUCTED
RESPNDCR	1 IF PERSON ANSWERED 1 ST SECT OF CG SUPP; 0 OTHERWISE	CONSTRUCTED
CGDETELG	ELIGIBILITY FOR CAREGIVER DETAIL QUESTIONS	CONSTRUCTED
RESPNDCG	1 IF PERSON RESPONDED TO CG DETAIL QUESTIONS	CONSTRUCTED
CREATEQ	QUESTION NO. WHERE POTENTIAL CG ADDED	CG02, CG09, CG15, CG17, CG19
MEPSCG	STATUS OF POTENTIAL CAREGIVER	CONSTRUCTED
MEMHLPX	ED PID RECEIVE HELP FROM RU MEMBER	CG01
MEMBMVEX	ED DID ANYONE MOVE TO ENABLE CARE	CG03
MOVECARX	ED PERSON MOVED TO RECEIVE CARE	CG04
MOVEDX	ED PERSON MOVED TO GIVE CARE	CG04
HLPMDTRX	ED CR14 & CG05 HELP PERS W/MEDICAL TREATMENT	CG05, CR14
HLPDLACX	ED CR14 & CG05 HELP PERS W/DAILY ACTIVITIES	CG05, CR14
HLPPCARX	ED CR14 & CG05 HELP PERS W/PERSONAL CARE	CG05, CR14
HLPOTHX	ED CR14 & CG05 HELP WITH OTHER ACTIVITY	CG05, CR14
CGVRTIMX	ED LENGTH OF TIME PERSON RECEIVED HELP	CG06
CGHRSWX	ED EXTRA HOURS PER WEEK SPENT HELPING	CG07
OLDRCHLX	ED PID HAVE CHILDREN >=18 YRS OLD	CG08, CG14
NUMSISX	ED PID NUMBER OF LIVING SISTERS	CG10
NUMBROX	ED PIDNUMBER OF LIVING BROTHERS	CG11
MOTHLVGX	ED PID MOTHER LIVING	CG12
FATHLVGX	ED PID FATHER LIVING	CG13
OLDRSIBX	ED PID HAVE BROS/SISTERS >=18 YRS OLD	CG16
PARELSEX	ED PID HAVE MOTH/FATH LIVING ELSEWHERE	CG18

MLLVGX	ED PID MOTHER-IN-LAW LIVING	CG20
FLLVGX	ED PID FATHER-IN-LAW LIVING	CG21
NUMGRPRX	ED PID NUMBER OF LIVING GRANDPARENTS	CG22
CAREAGEX	ED POTENTIAL CG AGE	CR01
CGAGERGX	ED POTENTIAL CG AGE RANGE	CR02
CAREMRDX	ED POTENTIAL CG MARITAL STATUS	CR03
CARESEXX	ED POTENTIAL CG SEX	CR04
CARESCHX	ED POTENTIAL CG EDUCATION	CR05
CARECHLX	ED POTENTIAL CG NUMBER OF CHILDREN	CR06
CHLDUN6X	ED POTENTIAL CG NUMBER OF CHILDREN < 6	CR07
CAREHTHX	ED POTENTIAL CG HEALTH	CR08
CARELIVX	ED POTENTIAL CG DISTANCE FROM PID	CR09
WRKFPX	ED POTENTIAL CG EMPLOYMENT STATUS	CR10
CRMNJBX	ED POTENTIAL CG MAIN JOB / OCCUPATION	CR11
WFEWKFPX	ED POTENTIAL CG WIFE'S EMPLOYMENT STATUS	CR12
CAREASTX	ED DID POTENTIAL CG HELP OR ASSIST PERSON	CR13
WEEKHLPX	ED CAREGIVER COME EVERY WEEK/SOME WEEKS	CR15
DAYPRWKX	ED HOW MANY DAYS PER WEEK CAREGIVER COMES	CR16
DAYPMOX	ED HOW MANY DAYS PER MONTH CAREGIVER COMES	CR17
HOWLNGHX	ED HOW LONG DID EACH VISIT LAST (HOURS)	CR18
HOWLNGMX	ED HOW LONG DID EACH VISIT LAST (MINUTES)	CR18

Attachment 1:
Sample SAS Program for Merging the LTC File with the Condition File

```
/* Convert the LTC person level file into a person-condition level file  
CONDIDS. It only contains persons with valid condition IDs and only has two  
variables: person ID DUPERSID and condition ID CONDIDX. */
```

```
DATA CONDIDS (KEEP=DUPERSID CONDIDX);  
  
    SET INOUT.LTC38 (KEEP=DUPERSID CONDIX1-CONDIX22);  
  
    ARRAY CONDID(22) CONDIX1-CONDIX22;  
  
    DO I = 1 TO 22;  
  
        CONDIDX=CONDID(I);  
  
        IF CONDIDX NE '-1' THEN OUTPUT;  
  
    END;  
  
RUN;
```

```
/* Sort the person-condition level file CONDIDS by CONDIDX */
```

```
PROC SORT DATA=CONDIDS;  
  
    BY CONDIDX;  
  
RUN;
```

```
/* Sort the condition file COND by CONDIDX */
```

```
PROC SORT DATA=COND (KEEP=CONDIDX CCCODEX) OUT=CONDS;  
  
    BY CONDIDX;  
  
RUN;
```

```
/* Merge the CCCODEX codes from the condition file to the person-condition  
level LTC file */
```

```
DATA CONDITION (DROP=CONDIDX);  
  
    MERGE CONDIDS (IN=A) CONDS;  
  
    BY CONDIDX;
```

```

IF A;

RUN;

/* Convert the person-condition level LTC file containing the CCCODEX codes of
persons with valid condition IDs back to a person level file and merge it back
to the original person level LTC file */

PROC SORT DATA=CONDITION;

    BY DUPERSID;

RUN;

DATA CONVET (KEEP=DUPERSID CCCODEX1-CCCODEX22);

    SET CONDITION;

    BY DUPERSID;

    ARRAY CCCODEXS(22) $3 CCCODEX1-CCCODEX22;

    RETAIN CCCODEX1-CCCODEX22;

    IF FIRST.DUPERSID THEN

    DO;

        J = 0;

        DO I = 1 TO 22;

            CCCODEXS(I) = ' ';

        END;

    END;

    J + 1;

    CCCODEXS(J) = CCCODEX;

    IF LAST.DUPERSID;

RUN;

PROC SORT DATA=INOUT.LTC38 OUT=LTC38;

    BY DUPERSID;

RUN;

DATA INOUT.LTC39;

```

MERGE LTC38 (IN=A) CONVET;

BY DUPERSID;

IF A;

RUN;