

02/28/97
COST&USE
1994

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A -----
EVENT RIC A

Page: 1
Record Type: A
CODEBOOK

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$RICFMT		12,777		C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
							A	RIC A - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT		12,777		C	YY REFERENCE YEAR OF RECORD
							C4	1994 COST AND USE FILE
BASEID	4	8	\$BSIDFMT		12,777		C	UNIQUE IDENTIFICATION NUMBER
								BASEIDS
H_DOB	12	8	\$DTE8FMT		0		C	DATE OF BIRTH
					12,777			MISSING DATE AS YYYYMMDD
H_DOD	20	6	\$DTE6FMT		12,055		C	DATE OF DEATH
					722	000000-999999		MISSING DATE AS YYMMDD
H_DODSRC	26	2	\$SRCFMT		12,055		C	SOURCE OF DEATH INFORMATION
					1			NO DATE OF DEATH
					0		01	FROM MEDICARE BILL
					0		03	CLERICAL ENTRY
					352		05	BILL AND CLERICAL
					20		10	PROVEN MBR
					316		11	PROVEN MBR AND BILL
					30		20	UNPROVEN MBR
					2		21	UNPROVEN MBR AND BILL
					1		23	UNPROVEN MBR AND CLERICAL
							25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	28	1	\$SEXFMT		0		C	SEX CODE
					5,629			UNKNOWN
					7,148		1	MALE
							2	FEMALE
H_RACE	29	1	\$RACEFMT		0		C	RACE CODE
					116			UNKNOWN
					10,769		0	UNKNOWN
					1,468		1	WHITE
					177		2	BLACK
					52		3	OTHER
					186		4	ASIAN
					9		5	HISPANIC
							6	N AMERICAN NATIVE
H_AGE	30	3	AGEFMT		0		N	AGE
					12,777		.	UNKNOWN
						0-999		AGE IN YEARS

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_STRAT	33	1	\$AGEFMT				C	MCBS SAMPLE STRATUM
				0				UNKNOWN
				999			1	0-44
				1,199			2	45-64
				2,372			3	65-69
				1,972			4	70-74
				1,968			5	75-79
				2,121			6	80-84
				2,146			7	85 +
H_ENT01	34	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
				361			A	PART A MEDICARE ONLY
				104			B	PART B MEDICARE ONLY
				11,995			C	PART A AND B MEDICARE
				317			N	NO MEDICARE ENTITLEMENT
H_ENT02	35	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
				364			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,936			C	PART A AND B MEDICARE
				374			N	NO MEDICARE ENTITLEMENT
H_ENT03	36	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
				370			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,891			C	PART A AND B MEDICARE
				413			N	NO MEDICARE ENTITLEMENT
H_ENT04	37	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
				369			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,853			C	PART A AND B MEDICARE
				452			N	NO MEDICARE ENTITLEMENT
H_ENT05	38	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
				370			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,834			C	PART A AND B MEDICARE
				470			N	NO MEDICARE ENTITLEMENT
H_ENT06	39	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
				373			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,796			C	PART A AND B MEDICARE
				505			N	NO MEDICARE ENTITLEMENT
H_ENT07	40	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
				353			A	PART A MEDICARE ONLY
				102			B	PART B MEDICARE ONLY
				11,786			C	PART A AND B MEDICARE
				536			N	NO MEDICARE ENTITLEMENT

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_ENT08	41	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					356		A	PART A MEDICARE ONLY
					102		B	PART B MEDICARE ONLY
					11,762		C	PART A AND B MEDICARE
					557		N	NO MEDICARE ENTITLEMENT
H_ENT09	42	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					352		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,738		C	PART A AND B MEDICARE
					583		N	NO MEDICARE ENTITLEMENT
H_ENT10	43	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT
					351		A	PART A MEDICARE ONLY
					102		B	PART B MEDICARE ONLY
					11,720		C	PART A AND B MEDICARE
					604		N	NO MEDICARE ENTITLEMENT
H_ENT11	44	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					352		A	PART A MEDICARE ONLY
					102		B	PART B MEDICARE ONLY
					11,672		C	PART A AND B MEDICARE
					651		N	NO MEDICARE ENTITLEMENT
H_ENT12	45	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					347		A	PART A MEDICARE ONLY
					98		B	PART B MEDICARE ONLY
					11,652		C	PART A AND B MEDICARE
					680		N	NO MEDICARE ENTITLEMENT
H_D0E	46	6	\$DTE6FMT				C	ENTITLEMENT START DATE
					1			MISSING
					12,776	000000-999999		DATE AS YYMMDD
H_D0T	52	6	\$DTE6FMT				C	ENTITLEMENT END DATE
					12,741			MISSING
					36	000000-999999		DATE AS YYMMDD
H_MEDSTA	58	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					0			UNKNOWN
					10,548		10	AGED, NO ESRD
					34		11	AGED, ESRD
					2,125		20	DISABLED, NO ESRD
					36		21	DISABLED, ESRD
					34		31	ESRD ONLY

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Variable Col Len Fmt Name Frequency Ques #

Ty Label

H_LAF 60 2 \$LAFFMT

C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31

9	UNKNOWN
0	AD CUR PAY-ADJ FOR DUAL ENTITLEMENT
0	AF TRANSFER TO ANOTHER PC OR DIO
0	A9 CUR PAY-MISCELLANEOUS ADJUSTMENT
11,643	C CURRENT PAYMENT STATUS
0	DW DEFERRED-WORKERS COMP
25	D2 DEF-RETIREMENT TEST
1	D3 DEF-D2 FOR PRIMARY
5	D6 DEF-RECOVER OVERPAYMENT
1	D9 DEF-MISCELLANEOUS REASON
0	J ADVANCE FILING-CURRENT PAY
0	L2 ADVANCED FILING-WORKED INSIDE U S
0	L3 ADVANCED FILING-INSURED WORKED IN U S
0	N NOT IN PAY STATUS
1	R UNKNOWN
0	RN CUR PAY-PART B REINSTATED
1	S SUSP-DEFERRED RETIREMENT
4	SD SUSP-OTHER
0	SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
21	SH SUSP-GOVERNMENT PENSION
2	SP SUSP-PUBLIC ASSISTANCE
4	S0 SUSP-CONTINUING DISABILITY INVESTIG
39	S2 SUSP-FAILS RETIREMENT TEST
1	S3 SUSP-PRIMARY ACCOUNT S2
1	S6 SUSP-CHECK RETURNED FOR ADDRESS
23	S7 SUSP-VOCATIONAL REHAB REFUSAL
3	S8 SUSP-PAYEE NOT DETERMINED
6	S9 SUSP-MISCELLANEOUS REASON
0	TR TERM-CLAIM WITHDRAWN
0	T0 TERM-BENEFITS PAID BY ANOTHER AGENCY
677	T1 TERM-DEATH OF BENEFICIARY
0	T2 TERM-DEATH OF PRIMARY
0	T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE
1	T5 TERM-ENTITLED ON ANOTHER ACCT
1	T8 TERM-RECOVERY FROM DISABILITY
0	T9 TERM-MISCELLANEOUS
271	U ACTIVE UNINSURED STATUS (NO SSA CHECK)
0	XR TERMINATED -
24	X1 TERM-DEATH OF INSURED
0	X5 TERM-ENTITLED TO ANOTHER BENEFIT
13	X7 TERM OF UNINSURED
0	X9 TERM MISCELLANEOUS
0	ZZ ERRONEOUS ENTITLEMENT

H_CENSUS 72 2 \$CENFMT

C CENSUS REGION OF RESIDENCE AS OF DEC 31

6	UNKNOWN
0	** UNKNOWN
391	01 NEW ENGLAND
2,151	02 MIDDLE ATLANTIC
2,159	03 EAST NORTH CENTRAL
814	04 WEST NORTH CENTRAL
2,705	05 SOUTH ATLANTIC

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					731		06	EAST SOUTH CENTRAL
					1,298		07	WEST SOUTH CENTRAL
					722		08	MOUNTAIN
					1,567		09	PACIFIC
					233		10	PUERTO RICO
H_METRO	74	1	\$METFMT				C	METRO STATUS
					3,449		N	NON-METRO AREA
					6		U	UNKNOWN
					9,322		Y	METRO AREA
H_HSBEG1	75	6	\$DTE6FMT				C	BEGINNING DATE OF LATEST HOSPICE PERIOD
					12,578			MISSING
					199	000000-999999		DATE AS YYMMDD
H_HSEND1	81	6	\$DTE6FMT				C	ENDING DATE OF LATEST HOSPICE PERIOD
					12,578			MISSING
					199	000000-999999		DATE AS YYMMDD
H_HSBEG2	87	6	\$DTE6FMT				C	BEGINNING DATE OF 2ND HOSPICE PERIOD
					12,726			MISSING
					51	000000-999999		DATE AS YYMMDD
H_HSEND2	93	6	\$DTE6FMT				C	ENDING DATE OF 2ND HOSPICE PERIOD
					12,726			MISSING
					51	000000-999999		DATE AS YYMMDD
H_HSBEG3	99	6	\$DTE6FMT				C	BEGINNING DATE OF 3RD HOSPICE PERIOD
					12,753			MISSING
					24	000000-999999		DATE AS YYMMDD
H_HSEND3	105	6	\$DTE6FMT				C	ENDING DATE OF 3RD HOSPICE PERIOD
					12,753			MISSING
					24	000000-999999		DATE AS YYMMDD
H_HSBEG4	111	6	\$DTE6FMT				C	BEGINNING DATE OF 4TH HOSPICE PERIOD
					12,753			MISSING
					24	000000-999999		DATE AS YYMMDD
H_HSEND4	117	6	\$DTE6FMT				C	ENDING DATE OF 4TH HOSPICE PERIOD
					12,753			MISSING
					24	000000-999999		DATE AS YYMMDD
H_ESRBEG	123	6	\$DTE6FMT				C	BEGINNING DATE OF ESRD PERIOD
					12,771			MISSING
					6	000000-999999		DATE AS YYMMDD
H_ESREND	129	6	\$DTE6FMT				C	ENDING DATE OF ESRD PERIOD

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					12,772			MISSING
					5	000000-999999		DATE AS YYMMDD
H_GHPSW	135	1		\$GHPSW			C	1= SOME GROUP HEALTH PARTICIPATION
					11,777		0	NO ENROLLMENT
					1,000		1	SOME ENROLLMENT
H_PLTP01	136	2		\$PLNFMT			C	GHP PLAN TYPE JAN
					11,941			NO ENROLLMENT FOR MONTH
					222		01	HCPP
					20		02	COST HMO
					5		05	OLD RISK HMO
					577		06	RISK HMO
					12		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY01	138	4					N	MEDICARE PERCAP PAYMENT JAN
H_PLTP02	142	2		\$PLNFMT			C	GHP PLAN TYPE FEB
					11,936			NO ENROLLMENT FOR MONTH
					221		01	HCPP
					20		02	COST HMO
					5		05	OLD RISK HMO
					583		06	RISK HMO
					12		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY02	144	4					N	MEDICARE PERCAP PAYMENT FEB
H_PLTP03	148	2		\$PLNFMT			C	GHP PLAN TYPE MAR
					11,922			NO ENROLLMENT FOR MONTH
					219		01	HCPP
					21		02	COST HMO
					5		05	OLD RISK HMO
					598		06	RISK HMO
					12		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY03	150	4					N	MEDICARE PERCAP PAYMENT MAR
H_PLTP04	154	2		\$PLNFMT			C	GHP PLAN TYPE APR
					11,922			NO ENROLLMENT FOR MONTH
					214		01	HCPP
					21		02	COST HMO
					5		05	OLD RISK HMO
					603		06	RISK HMO
					12		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY04	156	4					N	MEDICARE PERCAP PAYMENT APR

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLTP05	160	2	\$PLNFMT				C	GHP PLAN TYPE MAY
				11,917				NO ENROLLMENT FOR MONTH
				213			01	HCPP
				21			02	COST HMO
				5			05	OLD RISK HMO
				609			06	RISK HMO
				12			12	DEMO RISK HMO
				0			17	PACE DEMO PLAN
				0			18	HCPP
H_PLPY05	162	4					N	MEDICARE PERCAP PAYMENT MAY
H_PLTP06	166	2	\$PLNFMT				C	GHP PLAN TYPE JUN
				11,913				NO ENROLLMENT FOR MONTH
				212			01	HCPP
				20			02	COST HMO
				5			05	OLD RISK HMO
				616			06	RISK HMO
				11			12	DEMO RISK HMO
				0			17	PACE DEMO PLAN
				0			18	HCPP
H_PLPY06	168	4					N	MEDICARE PERCAP PAYMENT JUN
H_PLTP07	172	2	\$PLNFMT				C	GHP PLAN TYPE JUL
				11,903				NO ENROLLMENT FOR MONTH
				208			01	HCPP
				19			02	COST HMO
				5			05	OLD RISK HMO
				632			06	RISK HMO
				10			12	DEMO RISK HMO
				0			17	PACE DEMO PLAN
				0			18	HCPP
H_PLPY07	174	4					N	MEDICARE PERCAP PAYMENT JUL
H_PLTP08	178	2	\$PLNFMT				C	GHP PLAN TYPE AUG
				11,903				NO ENROLLMENT FOR MONTH
				200			01	HCPP
				19			02	COST HMO
				5			05	OLD RISK HMO
				640			06	RISK HMO
				10			12	DEMO RISK HMO
				0			17	PACE DEMO PLAN
				0			18	HCPP
H_PLPY08	180	4					N	MEDICARE PERCAP PAYMENT AUG
H_PLTP09	184	2	\$PLNFMT				C	GHP PLAN TYPE SEP
				11,892				NO ENROLLMENT FOR MONTH
				200			01	HCPP
				19			02	COST HMO
				5			05	OLD RISK HMO
				652			06	RISK HMO
				9			12	DEMO RISK HMO

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY09	186	4					N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	190	2	\$PLNFMT				C	GHP PLAN TYPE OCT
					11,885			NO ENROLLMENT FOR MONTH
					193		01	HCPP
					19		02	COST HMO
					5		05	OLD RISK HMO
					666		06	RISK HMO
					9		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY10	192	4					N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	196	2	\$PLNFMT				C	GHP PLAN TYPE NOV
					11,879			NO ENROLLMENT FOR MONTH
					188		01	HCPP
					18		02	COST HMO
					5		05	OLD RISK HMO
					678		06	RISK HMO
					9		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY11	198	4					N	MEDICARE PERCAP PAYMENT NOV
H_PLTP12	202	2	\$PLNFMT				C	GHP PLAN TYPE DEC
					11,874			NO ENROLLMENT FOR MONTH
					183		01	HCPP
					18		02	COST HMO
					5		05	OLD RISK HMO
					687		06	RISK HMO
					10		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY12	204	4					N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	208	1	\$SWFMT				C	Y=SOME MEDICAID ELIGIBILITY FOR CY
					10,369		N	NO PARTICIPATION
					2,408		Y	SOME PARTICIPATION
H_MCDE01	209	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JAN
					0		A	STATE PART A BUY-IN

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					928		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					52		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,587		N	NO BUY-IN THIS MONTH
					1,130		Q	STATE PART B QMB BUY-IN
					39		S	STATE PART B SLMB BUY-IN
H_MCDE02	210	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR FEB
					0		A	STATE PART A BUY-IN
					922		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,588		N	NO BUY-IN THIS MONTH
					1,135		Q	STATE PART B QMB BUY-IN
					40		S	STATE PART B SLMB BUY-IN
H_MCDE03	211	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAR
					0		A	STATE PART A BUY-IN
					913		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,591		N	NO BUY-IN THIS MONTH
					1,136		Q	STATE PART B QMB BUY-IN
					45		S	STATE PART B SLMB BUY-IN
H_MCDE04	212	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR APR
					0		A	STATE PART A BUY-IN
					900		B	STATE PART B BUY-IN
					39		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,602		N	NO BUY-IN THIS MONTH
					1,140		Q	STATE PART B QMB BUY-IN
					44		S	STATE PART B SLMB BUY-IN
H_MCDE05	213	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAY
					0		A	STATE PART A BUY-IN
					897		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,594		N	NO BUY-IN THIS MONTH
					1,149		Q	STATE PART B QMB BUY-IN
					47		S	STATE PART B SLMB BUY-IN
H_MCDE06	214	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUN

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					0		A	STATE PART A BUY-IN
					894		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,594		N	NO BUY-IN THIS MONTH
					1,152		Q	STATE PART B QMB BUY-IN
					47		S	STATE PART B SLMB BUY-IN
H_MCDE07	215	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUL
					0		A	STATE PART A BUY-IN
					895		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,590		N	NO BUY-IN THIS MONTH
					1,152		Q	STATE PART B QMB BUY-IN
					48		S	STATE PART B SLMB BUY-IN
H_MCDE08	216	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR AUG
					0		A	STATE PART A BUY-IN
					891		B	STATE PART B BUY-IN
					39		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,591		N	NO BUY-IN THIS MONTH
					1,153		Q	STATE PART B QMB BUY-IN
					51		S	STATE PART B SLMB BUY-IN
H_MCDE09	217	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR SEP
					0		A	STATE PART A BUY-IN
					892		B	STATE PART B BUY-IN
					39		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,582		N	NO BUY-IN THIS MONTH
					1,160		Q	STATE PART B QMB BUY-IN
					52		S	STATE PART B SLMB BUY-IN
H_MCDE10	218	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR OCT
					0		A	STATE PART A BUY-IN
					893		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					50		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,580		N	NO BUY-IN THIS MONTH
					1,161		Q	STATE PART B QMB BUY-IN
					54		S	STATE PART B SLMB BUY-IN

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Variable Col Len Fmt Name Frequency Ques #

Ty Label

H_MCDE11 219 1 \$MDCDFMT

C MEDICAID ELIGIBILITY FOR NOV

0
885
38
50
1
10,587
1,161
55

A STATE PART A BUY-IN
B STATE PART B BUY-IN
C STATE PART A AND B BUY-IN
D STATE PART A AND B QMB BUY-IN
E STATE PART A AND B SLMB BUY-IN
N NO BUY-IN THIS MONTH
Q STATE PART B QMB BUY-IN
S STATE PART B SLMB BUY-IN

H_MCDE12 220 1 \$MDCDFMT

C MEDICAID ELIGIBILITY FOR DEC

0
863
37
50
1
10,623
1,148
55

A STATE PART A BUY-IN
B STATE PART B BUY-IN
C STATE PART A AND B BUY-IN
D STATE PART A AND B QMB BUY-IN
E STATE PART A AND B SLMB BUY-IN
N NO BUY-IN THIS MONTH
Q STATE PART B QMB BUY-IN
S STATE PART B SLMB BUY-IN

H_HOSSW 221 1 \$UTLFMT

C 1 = ONE OR MORE HOSPICE BILLS IN CY

12,687
90

0 NO UTILIZATION THIS TYPE
1 SOME UTILIZATION THIS TYPE

H_INPSW 222 1 \$UTLFMT

C 1 = ONE OR MORE INP DISCHARGES IN CY

10,136
2,641

0 NO UTILIZATION THIS TYPE
1 SOME UTILIZATION THIS TYPE

H_SNFSW 223 1 \$UTLFMT

C 1 = ONE OR MORE SNF ADMISSIONS IN CY

12,346
431

0 NO UTILIZATION THIS TYPE
1 SOME UTILIZATION THIS TYPE

H_HHASW 224 1 \$UTLFMT

C 1 = ONE OR MORE HHA VISITS IN CY

11,576
1,201

0 NO UTILIZATION THIS TYPE
1 SOME UTILIZATION THIS TYPE

H_OUTSW 225 1 \$UTLFMT

C 1 = ONE OR MORE OUTPT VISITS IN CY

5,840
6,937

0 NO UTILIZATION THIS TYPE
1 SOME UTILIZATION THIS TYPE

H_PBSW 226 1 \$UTLFMT

C 1 = ONE OR MORE PART B CLAIMS IN CY

1,944
10,833

0 NO UTILIZATION THIS TYPE
1 SOME UTILIZATION THIS TYPE

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PTARMB	227	6					N	\$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	233	6					N	\$\$\$\$\$\$ TOTAL PART B REIMB CY
H_LATDCH	239	6	\$DTE6FMT				C	DISCHARGE DATE OF LATEST INP STAY
					10,212			MISSING
					2,565	000000-999999		DATE AS YYMMDD
H_LATDRG	245	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					10,212			UNKNOWN, OR NO DISCHARGE
					2,565	000-999		DRG
H_DISDES	248	2	\$DSTFMT				C	DISCHARGE DESTINATION FOR LAST STAY
					10,212			NO DISCHARGE
					1,522		01	DISCHARGE TO HOME
					22		02	TRANSFER-TO HOSP
					379		03	TRANSFER-TO SNF
					67		04	TRANSFER-TO ICF
					95		05	TRANSFER-OTHER
					225		06	TRANSFER TO HHA
					15		07	LEFT AGAINST MEDICAL ADVICE
					0		08	HOME IV DRUG
					0		09	ADMIT/READMIT
					0		10-19	TRANSFER-ST CODES
					240		20	EXPIRED
					0		21-29	EXPIRED-ST CODES
					0		30	STILL PATIENT
					0		31-39	STILL PATIENT, ST
					0		40	EXPIRED AT HOME
					0		41	DIED IN FACILITY
					0		42	DIED, PLACE UNK
					0		43-99	NOT USED
H_LATLOS	250	3					C	NOT USED
H_INPSTY	253	2					N	NO. OF INPAT STAYS FOR CY
H_INPDAY	255	3					N	NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	258	6					N	\$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	264	6					N	\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	270	6					N	\$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPCDY	280	2					N	INPAT COINSURANCE DAYS USED IN CY
H_INPCAM	282	5					N	\$\$\$\$\$\$ TOTAL INP COINS AMT CY
H_SNFSTY	295	2					N	TOTAL SNF STAYS IN CY

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_SNFDAY	297	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	300	6					N	\$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	306	6					N	\$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
H_SNFRMB	312	6					N	\$\$\$\$\$\$\$ TOTAL SNF REIMB IN CY
H_SNFCDY	318	3					N	TOTAL SNF COINS DAYS IN CY
H_SNFCAM	321	6					N	\$\$\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	327	3					N	TOTAL HHA VISITS IN CY
H_HHACCH	330	6					N	\$\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	336	6					N	\$\$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMB	342	6					N	\$\$\$\$\$\$\$ TOT HHA REIMB IN CY
H_HSDAYS	348	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	351	6					N	\$\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	357	6					N	\$\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	363	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	366	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	372	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	378	4					N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	382	4					N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	386	6					N	\$\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	392	6					N	\$\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	398	6					N	\$\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	404	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	407	6					N	TOTAL OFFICE VISIT CHARGES IN CY
H_PTBDDED	413	4					C	NOT USED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$RICFMT		12,777	0	C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
							A	RIC A - HCFA RECORD SUMMARY
							N	RIC N - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT		12,777		C	YY REFERENCE YEAR OF RECORD
							C4	1994 COST AND USE FILE
BASEID	4	8	\$BSIDFMT		12,777		C	UNIQUE IDENTIFICATION NUMBER
								BASEIDS
H_DOB	12	8	\$DTE8FMT		0		C	DATE OF BIRTH
					12,777			MISSING DATE AS YYYYMMDD
H_DOD	20	6	\$DTE6FMT		12,055	722	C	DATE OF DEATH
						000000-999999		MISSING DATE AS YYMMDD
H_DODSRC	26	2	\$SRCFMT		12,055		C	SOURCE OF DEATH INFORMATION
					1			NO DATE OF DEATH
					0		01	FROM MEDICARE BILL
					0		03	CLERICAL ENTRY
					352		05	BILL AND CLERICAL
					20		10	PROVEN MBR
					316		11	PROVEN MBR AND BILL
					30		20	UNPROVEN MBR
					2		21	UNPROVEN MBR AND BILL
					1		23	UNPROVEN MBR AND CLERICAL
							25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	28	1	\$SEXFMT		0		C	SEX CODE
					5,629			UNKNOWN
					7,148		1	MALE
							2	FEMALE
H_RACE	29	1	\$RACEFMT		0		C	RACE CODE
					116			UNKNOWN
					10,769		0	UNKNOWN
					1,468		1	WHITE
					177		2	BLACK
					52		3	OTHER
					186		4	ASIAN
					9		5	HISPANIC
							6	N AMERICAN NATIVE
H_AGE	30	3	AGEFMT		0		N	AGE
					12,777		.	UNKNOWN
						0-999		AGE IN YEARS

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_STRAT	33	1	\$AGEFMT				C	MCBS SAMPLE STRATUM
				0				UNKNOWN
				999			1	0-44
				1,199			2	45-64
				2,372			3	65-69
				1,972			4	70-74
				1,968			5	75-79
				2,121			6	80-84
				2,146			7	85 +
H_ENT01	34	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
				361			A	PART A MEDICARE ONLY
				104			B	PART B MEDICARE ONLY
				11,995			C	PART A AND B MEDICARE
				317			N	NO MEDICARE ENTITLEMENT
H_ENT02	35	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
				364			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,936			C	PART A AND B MEDICARE
				374			N	NO MEDICARE ENTITLEMENT
H_ENT03	36	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
				370			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,891			C	PART A AND B MEDICARE
				413			N	NO MEDICARE ENTITLEMENT
H_ENT04	37	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
				369			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,853			C	PART A AND B MEDICARE
				452			N	NO MEDICARE ENTITLEMENT
H_ENT05	38	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
				370			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,834			C	PART A AND B MEDICARE
				470			N	NO MEDICARE ENTITLEMENT
H_ENT06	39	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
				373			A	PART A MEDICARE ONLY
				103			B	PART B MEDICARE ONLY
				11,796			C	PART A AND B MEDICARE
				505			N	NO MEDICARE ENTITLEMENT
H_ENT07	40	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
				353			A	PART A MEDICARE ONLY
				102			B	PART B MEDICARE ONLY
				11,786			C	PART A AND B MEDICARE
				536			N	NO MEDICARE ENTITLEMENT

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_ENT08	41	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					356		A	PART A MEDICARE ONLY
					102		B	PART B MEDICARE ONLY
					11,762		C	PART A AND B MEDICARE
					557		N	NO MEDICARE ENTITLEMENT
H_ENT09	42	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					352		A	PART A MEDICARE ONLY
					104		B	PART B MEDICARE ONLY
					11,738		C	PART A AND B MEDICARE
					583		N	NO MEDICARE ENTITLEMENT
H_ENT10	43	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT
					351		A	PART A MEDICARE ONLY
					102		B	PART B MEDICARE ONLY
					11,720		C	PART A AND B MEDICARE
					604		N	NO MEDICARE ENTITLEMENT
H_ENT11	44	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					352		A	PART A MEDICARE ONLY
					102		B	PART B MEDICARE ONLY
					11,672		C	PART A AND B MEDICARE
					651		N	NO MEDICARE ENTITLEMENT
H_ENT12	45	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					347		A	PART A MEDICARE ONLY
					98		B	PART B MEDICARE ONLY
					11,652		C	PART A AND B MEDICARE
					680		N	NO MEDICARE ENTITLEMENT
H_D0E	46	6	\$DTE6FMT				C	ENTITLEMENT START DATE
					1			MISSING
					12,776	000000-999999		DATE AS YYMMDD
H_D0T	52	6	\$DTE6FMT				C	ENTITLEMENT END DATE
					12,741			MISSING
					36	000000-999999		DATE AS YYMMDD
H_MEDSTA	58	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					0			UNKNOWN
					10,548		10	AGED, NO ESRD
					34		11	AGED, ESRD
					2,125		20	DISABLED, NO ESRD
					36		21	DISABLED, ESRD
					34		31	ESRD ONLY

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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H_LAF	60	2	\$LAFFMT				C	STATUS OF SSA BENEFIT CHECK (LAF) DEC 31
								UNKNOWN
							AD	CUR PAY-ADJ FOR DUAL ENTITLEMENT
							AF	TRANSFER TO ANOTHER PC OR DIO
							A9	CUR PAY-MISCELLANEOUS ADJUSTMENT
							C	CURRENT PAYMENT STATUS
							DW	DEFERRED-WORKERS COMP
							D2	DEF-RETIREMENT TEST
							D3	DEF-D2 FOR PRIMARY
							D6	DEF-RECOVER OVERPAYMENT
							D9	DEF-MISCELLANEOUS REASON
							J	ADVANCED FILING-CURRENT PAY
							L2	ADVANCED FILING-WORKED INSIDE U S
							L3	ADVANCED FILING-INSURED WORKED IN U S
							N	NOT IN PAY STATUS
							R	UNKNOWN
							RN	CUR PAY-PART B REINSTATED
							S	SUSP-DEFERRED RETIREMENT
							SD	SUSP-OTHER
							SF	SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
							SH	SUSP-GOVERNMENT PENSION
							SP	SUSP-PUBLIC ASSISTANCE
							S0	SUSP-CONTINUING DISABILITY INVESTIG
							S2	SUSP-FAILS RETIREMENT TEST
							S3	SUSP-PRIMARY ACCOUNT S2
							S6	SUSP-CHECK RETURNED FOR ADDRESS
							S7	SUSP-VOCATIONAL REHAB REFUSAL
							S8	SUSP-PAYEE NOT DETERMINED
							S9	SUSP-MISCELLANEOUS REASON
							TR	TERM-CLAIM WITHDRAWN
							T0	TERM-BENEFITS PAID BY ANOTHER AGENCY
							T1	TERM-DEATH OF BENEFICIARY
							T2	TERM-DEATH OF PRIMARY
							T3	TERM-DIVORCE, MARRIAGE, REMARRIAGE
							T5	TERM-ENTITLED ON ANOTHER ACCT
							T8	TERM-RECOVERY FROM DISABILITY
							T9	TERM-MISCELLANEOUS
							U	ACTIVE UNINSURED STATUS (NO SSA CHECK)
							XR	TERMINATED -
							X1	TERM-DEATH OF INSURED
							X5	TERM-ENTITLED TO ANOTHER BENEFIT
							X7	TERM OF UNINSURED
							X9	TERM MISCELLANEOUS
							ZZ	ERRONEOUS ENTITLEMENT

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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H_RESST	62	2	\$STFMT				C	SSA STATE CODE OF RESIDENCE AS OF DEC 31
---------	----	---	---------	--	--	--	---	--

6		UNKNOWN
390	01	AL
0	02	AK
114	03	AZ
112	04	AR
1,149	05	CA
234	06	CO
98	07	CT
3	08	DE
57	09	DC
705	10	FL
628	11	GA
0	12	HI
80	13	ID
460	14	IL
320	15	IN
258	16	IA
157	17	KS
160	18	KY
123	19	LA
132	20	ME
167	21	MD
152	22	MA
399	23	MI
150	24	MN
112	25	MS
182	26	MO
1	27	MT
2	28	NE
118	29	NV
4	30	NH
619	31	NJ
116	32	NM
869	33	NY
12	34	NC
64	35	ND
531	36	OH
230	37	OK
7	38	OR
663	39	PA
233	40	PR
3	41	RI
492	42	SC
1	43	SD
69	44	TN
833	45	TX
5	46	UT
2	47	VT
0	48	VI
509	49	VA
411	50	WA

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					132		51	WV
					449		52	WI
					54		53	WY
					0		54-99	UNKNOWN
H_RESCTY	64	3	\$CTYFMT				C	SSA COUNTY CODE OF RES. AS OF DEC 31
					6			UNKNOWN
					12,771		000-999	COUNTY CODE
H_ZIP	67	5	\$ZIPFMT				C	POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31
					6			UNKNOWN
					12,771		00000-99999	ZIP CODE
H_CENSUS	72	2	\$CENFMT				C	CENSUS REGION OF RESIDENCE AS OF DEC 31
					6			UNKNOWN
					0		**	UNKNOWN
					391		01	NEW ENGLAND
					2,151		02	MIDDLE ATLANTIC
					2,159		03	EAST NORTH CENTRAL
					814		04	WEST NORTH CENTRAL
					2,705		05	SOUTH ATLANTIC
					731		06	EAST SOUTH CENTRAL
					1,298		07	WEST SOUTH CENTRAL
					722		08	MOUNTAIN
					1,567		09	PACIFIC
					233		10	PUERTO RICO
H_METRO	74	1	\$METFMT				C	METRO STATUS
					3,449		N	NON-METRO AREA
					6		U	UNKNOWN
					9,322		Y	METRO AREA
H_HSBEG1	75	6	\$DTE6FMT				C	BEGINNING DATE OF LATEST HOSPICE PERIOD
					12,578			MISSING
					199		000000-999999	DATE AS YYMMDD
H_HSEND1	81	6	\$DTE6FMT				C	ENDING DATE OF LATEST HOSPICE PERIOD
					12,578			MISSING
					199		000000-999999	DATE AS YYMMDD
H_HSBEG2	87	6	\$DTE6FMT				C	BEGINNING DATE OF 2ND HOSPICE PERIOD
					12,726			MISSING
					51		000000-999999	DATE AS YYMMDD
H_HSEND2	93	6	\$DTE6FMT				C	ENDING DATE OF 2ND HOSPICE PERIOD
					12,726			MISSING
					51		000000-999999	DATE AS YYMMDD
H_HSBEG3	99	6	\$DTE6FMT				C	BEGINNING DATE OF 3RD HOSPICE PERIOD
					12,753			MISSING
					24		000000-999999	DATE AS YYMMDD

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_HSEND3	105	6	\$DTE6FMT				C	ENDING DATE OF 3RD HOSPICE PERIOD
					12,753			MISSING
					24	000000-999999		DATE AS YYMMDD
H_HSBEG4	111	6	\$DTE6FMT				C	BEGINNING DATE OF 4TH HOSPICE PERIOD
					12,753			MISSING
					24	000000-999999		DATE AS YYMMDD
H_HSEND4	117	6	\$DTE6FMT				C	ENDING DATE OF 4TH HOSPICE PERIOD
					12,753			MISSING
					24	000000-999999		DATE AS YYMMDD
H_ESRBEG	123	6	\$DTE6FMT				C	BEGINNING DATE OF ESRD PERIOD
					12,771			MISSING
					6	000000-999999		DATE AS YYMMDD
H_ESREND	129	6	\$DTE6FMT				C	ENDING DATE OF ESRD PERIOD
					12,772			MISSING
					5	000000-999999		DATE AS YYMMDD
H_GHPSW	135	1	\$GHPSW				C	1= SOME GROUP HEALTH PARTICIPATION IN 94
					11,777		0	NO ENROLLMENT
					1,000		1	SOME ENROLLMENT
H_PLTP01	136	2	\$PLNFMT				C	GHP PLAN TYPE JAN
					11,941			NO ENROLLMENT FOR MONTH
					222		01	HCPP
					20		02	COST HMO
					5		05	OLD RISK HMO
					577		06	RISK HMO
					12		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN01	138	5	\$GHPFMT				C	GHP CONTRACT NUMBER JAN
					800	H0000-H9999		PLAN IDENTIFIER
					11,941	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY01	143	4					N	MEDICARE PERCAP PAYMENT JAN
H_PLTP02	147	2	\$PLNFMT				C	GHP PLAN TYPE FEB
					11,936			NO ENROLLMENT FOR MONTH
					221		01	HCPP
					20		02	COST HMO
					5		05	OLD RISK HMO
					583		06	RISK HMO
					12		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLAN02	149	5	\$GHPFMT				C	GHP CONTRACT NUMBER FEB
					805	H0000-H9999		PLAN IDENTIFIER
					11,936	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY02	154	4					N	MEDICARE PERCAP PAYMENT FEB
H_PLTP03	158	2	\$PLNFMT				C	GHP PLAN TYPE MAR
					11,922			NO ENROLLMENT FOR MONTH
					219	01		HCPP
					21	02		COST HMO
					5	05		OLD RISK HMO
					598	06		RISK HMO
					12	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN03	160	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAR
					819	H0000-H9999		PLAN IDENTIFIER
					11,922	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY03	165	4					N	MEDICARE PERCAP PAYMENT MAR
H_PLTP04	169	2	\$PLNFMT				C	GHP PLAN TYPE APR
					11,922			NO ENROLLMENT FOR MONTH
					214	01		HCPP
					21	02		COST HMO
					5	05		OLD RISK HMO
					603	06		RISK HMO
					12	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN04	171	5	\$GHPFMT				C	GHP CONTRACT NUMBER APR
					819	H0000-H9999		PLAN IDENTIFIER
					11,922	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY04	176	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	180	2	\$PLNFMT				C	GHP PLAN TYPE MAY
					11,917			NO ENROLLMENT FOR MONTH
					213	01		HCPP
					21	02		COST HMO
					5	05		OLD RISK HMO
					609	06		RISK HMO
					12	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN

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					0		18	HCPP
H_PLAN05	182	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAY
					824	H0000-H9999		PLAN IDENTIFIER
					11,917	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY05	187	4					N	MEDICARE PERCAP PAYMENT MAY
H_PLTP06	191	2	\$PLNFMT				C	GHP PLAN TYPE JUN
					11,913			NO ENROLLMENT FOR MONTH
					212	01		HCPP
					20	02		COST HMO
					5	05		OLD RISK HMO
					616	06		RISK HMO
					11	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN06	193	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUN
					828	H0000-H9999		PLAN IDENTIFIER
					11,913	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY06	198	4					N	MEDICARE PERCAP PAYMENT JUN
H_PLTP07	202	2	\$PLNFMT				C	GHP PLAN TYPE JUL
					11,903			NO ENROLLMENT FOR MONTH
					208	01		HCPP
					19	02		COST HMO
					5	05		OLD RISK HMO
					632	06		RISK HMO
					10	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN07	204	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUL
					838	H0000-H9999		PLAN IDENTIFIER
					11,903	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY07	209	4					N	MEDICARE PERCAP PAYMENT JUL
H_PLTP08	213	2	\$PLNFMT				C	GHP PLAN TYPE AUG
					11,903			NO ENROLLMENT FOR MONTH
					200	01		HCPP
					19	02		COST HMO
					5	05		OLD RISK HMO
					640	06		RISK HMO

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					10		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN08	215	5	\$GHPFMT				C	GHP CONTRACT NUMBER AUG
					838	H0000-H9999		PLAN IDENTIFIER
					11,903	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY08	220	4					N	MEDICARE PERCAP PAYMENT AUG
H_PLTP09	224	2	\$PLNFMT				C	GHP PLAN TYPE SEP
					11,892			NO ENROLLMENT FOR MONTH
					200	01		HCPP
					19	02		COST HMO
					5	05		OLD RISK HMO
					652	06		RISK HMO
					9	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN09	226	5	\$GHPFMT				C	GHP CONTRACT NUMBER SEP
					849	H0000-H9999		PLAN IDENTIFIER
					11,892	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY09	231	4					N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	235	2	\$PLNFMT				C	GHP PLAN TYPE OCT
					11,885			NO ENROLLMENT FOR MONTH
					193	01		HCPP
					19	02		COST HMO
					5	05		OLD RISK HMO
					666	06		RISK HMO
					9	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN10	237	5	\$GHPFMT				C	GHP CONTRACT NUMBER OCT
					856	H0000-H9999		PLAN IDENTIFIER
					11,885	N		UNKNOWN, OR NO PLAN
					36	90091		PLAN IDENTIFIER
H_PLPY10	242	4					N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	246	2	\$PLNFMT				C	GHP PLAN TYPE NOV
					11,879			NO ENROLLMENT FOR MONTH
					188	01		HCPP
					18	02		COST HMO

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5		05	OLD RISK HMO
					678		06	RISK HMO
					9		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN11	248	5	\$GHPFMT				C	GHP CONTRACT NUMBER NOV
					863	H0000-H9999		PLAN IDENTIFIER
					11,879	N		UNKNOWN, OR NO PLAN
					35	90091		PLAN IDENTIFIER
H_PLPY11	253	4					N	MEDICARE PERCAP PAYMENT NOV
H_PLTP12	257	2	\$PLNFMT				C	GHP PLAN TYPE DEC
					11,874			NO ENROLLMENT FOR MONTH
					183		01	HCPP
					18		02	COST HMO
					5		05	OLD RISK HMO
					687		06	RISK HMO
					10		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN12	259	5	\$GHPFMT				C	GHP CONTRACT NUMBER DEC
					868	H0000-H9999		PLAN IDENTIFIER
					11,874	N		UNKNOWN, OR NO PLAN
					35	90091		PLAN IDENTIFIER
H_PLPY12	264	4					N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	268	1	\$SWFMT				C	Y=SOME MEDICAID ELIGIBILITY FOR CY
					10,369		N	NO PARTICIPATION
					2,408		Y	SOME PARTICIPATION
H_MCDE01	269	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JAN
					0		A	STATE PART A BUY-IN
					928		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					52		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,587		N	NO BUY-IN THIS MONTH
					1,130		Q	STATE PART B QMB BUY-IN
					39		S	STATE PART B SLMB BUY-IN
H_MCDE02	270	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR FEB
					0		A	STATE PART A BUY-IN
					922		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		E	STATE PART A AND B SLMB BUY-IN
					10,588		N	NO BUY-IN THIS MONTH
					1,135		Q	STATE PART B QMB BUY-IN
					40		S	STATE PART B SLMB BUY-IN
H_MCDE03	271	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAR
					0		A	STATE PART A BUY-IN
					913		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,591		N	NO BUY-IN THIS MONTH
					1,136		Q	STATE PART B QMB BUY-IN
					45		S	STATE PART B SLMB BUY-IN
H_MCDE04	272	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR APR
					0		A	STATE PART A BUY-IN
					900		B	STATE PART B BUY-IN
					39		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,602		N	NO BUY-IN THIS MONTH
					1,140		Q	STATE PART B QMB BUY-IN
					44		S	STATE PART B SLMB BUY-IN
H_MCDE05	273	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAY
					0		A	STATE PART A BUY-IN
					897		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,594		N	NO BUY-IN THIS MONTH
					1,149		Q	STATE PART B QMB BUY-IN
					47		S	STATE PART B SLMB BUY-IN
H_MCDE06	274	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUN
					0		A	STATE PART A BUY-IN
					894		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,594		N	NO BUY-IN THIS MONTH
					1,152		Q	STATE PART B QMB BUY-IN
					47		S	STATE PART B SLMB BUY-IN
H_MCDE07	275	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUL
					0		A	STATE PART A BUY-IN
					895		B	STATE PART B BUY-IN
					40		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		E	STATE PART A AND B SLMB BUY-IN
					10,590		N	NO BUY-IN THIS MONTH
					1,152		Q	STATE PART B QMB BUY-IN
					48		S	STATE PART B SLMB BUY-IN
H_MCDE08	276	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR AUG
					0		A	STATE PART A BUY-IN
					891		B	STATE PART B BUY-IN
					39		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,591		N	NO BUY-IN THIS MONTH
					1,153		Q	STATE PART B QMB BUY-IN
					51		S	STATE PART B SLMB BUY-IN
H_MCDE09	277	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR SEP
					0		A	STATE PART A BUY-IN
					892		B	STATE PART B BUY-IN
					39		C	STATE PART A AND B BUY-IN
					51		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,582		N	NO BUY-IN THIS MONTH
					1,160		Q	STATE PART B QMB BUY-IN
					52		S	STATE PART B SLMB BUY-IN
H_MCDE10	278	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR OCT
					0		A	STATE PART A BUY-IN
					893		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					50		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,580		N	NO BUY-IN THIS MONTH
					1,161		Q	STATE PART B QMB BUY-IN
					54		S	STATE PART B SLMB BUY-IN
H_MCDE11	279	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR NOV
					0		A	STATE PART A BUY-IN
					885		B	STATE PART B BUY-IN
					38		C	STATE PART A AND B BUY-IN
					50		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,587		N	NO BUY-IN THIS MONTH
					1,161		Q	STATE PART B QMB BUY-IN
					55		S	STATE PART B SLMB BUY-IN
H_MCDE12	280	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR DEC
					0		A	STATE PART A BUY-IN
					863		B	STATE PART B BUY-IN

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					37		C	STATE PART A AND B BUY-IN
					50		D	STATE PART A AND B QMB BUY-IN
					1		E	STATE PART A AND B SLMB BUY-IN
					10,623		N	NO BUY-IN THIS MONTH
					1,148		Q	STATE PART B QMB BUY-IN
					55		S	STATE PART B SLMB BUY-IN
H_MACY01	281	3	\$MACYFMT				C	BUY-IN AGENCY FOR JAN
					10,587		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,190		000-999	STATE AGENCY CODE
H_MACY02	284	3	\$MACYFMT				C	BUY-IN AGENCY FOR FEB
					10,588		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,189		000-999	STATE AGENCY CODE
H_MACY03	287	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAR
					10,591		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,186		000-999	STATE AGENCY CODE
H_MACY04	290	3	\$MACYFMT				C	BUY-IN AGENCY FOR APR
					10,602		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,175		000-999	STATE AGENCY CODE
H_MACY05	293	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAY
					10,594		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,183		000-999	STATE AGENCY CODE
H_MACY06	296	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUN
					10,594		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,183		000-999	STATE AGENCY CODE
H_MACY07	299	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUL
					10,590		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,187		000-999	STATE AGENCY CODE
H_MACY08	302	3	\$MACYFMT				C	BUY-IN AGENCY FOR AUG
					10,591		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,186		000-999	STATE AGENCY CODE
H_MACY09	305	3	\$MACYFMT				C	BUY-IN AGENCY FOR SEP
					10,582		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,195		000-999	STATE AGENCY CODE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_MACY10	308	3	\$MACYFMT				C	BUY-IN AGENCY FOR OCT
					10,580		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,197		000-999	STATE AGENCY CODE
H_MACY11	311	3	\$MACYFMT				C	BUY-IN AGENCY FOR NOV
					10,587		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,190		000-999	STATE AGENCY CODE
H_MACY12	314	3	\$MACYFMT				C	BUY-IN AGENCY FOR DEC
					10,623		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,154		000-999	STATE AGENCY CODE
H_HOSSW	317	1	\$UTLFMT				C	1 = ONE OR MORE HOSPICE BILLS IN CY
					12,687		0	NO UTILIZATION THIS TYPE
					90		1	SOME UTILIZATION THIS TYPE
H_INPSW	318	1	\$UTLFMT				C	1 = ONE OR MORE INP DISCHARGES IN CY
					10,136		0	NO UTILIZATION THIS TYPE
					2,641		1	SOME UTILIZATION THIS TYPE
H_SNFSW	319	1	\$UTLFMT				C	1 = ONE OR MORE SNF ADMISSIONS IN CY
					12,346		0	NO UTILIZATION THIS TYPE
					431		1	SOME UTILIZATION THIS TYPE
H_HHASW	320	1	\$UTLFMT				C	1 = ONE OR MORE HHA VISITS IN CY
					11,576		0	NO UTILIZATION THIS TYPE
					1,201		1	SOME UTILIZATION THIS TYPE
H_OUTSW	321	1	\$UTLFMT				C	1 = ONE OR MORE OUTPT VISITS IN CY
					5,840		0	NO UTILIZATION THIS TYPE
					6,937		1	SOME UTILIZATION THIS TYPE
H_PBSW	322	1	\$UTLFMT				C	1 = ONE OR MORE PART B CLAIMS IN CY
					1,944		0	NO UTILIZATION THIS TYPE
					10,833		1	SOME UTILIZATION THIS TYPE
H_PTARMB	323	6					N	\$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	329	6					N	\$\$\$\$\$\$ TOTAL PART B REIMB CY
H_LATDCH	335	6	\$DTE6FMT				C	DISCHARGE DATE OF LATEST INP STAY
					10,212		MISSING	
					2,565	000000-999999		DATE AS YYMMDD

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_LATDRG	341	3	\$DRGFMT		10,212		C	DRG CODE FOR LATEST INP STAY
					2,565		000-999	UNKNOWN, OR NO DISCHARGE DRG
H_DISDES	344	2	\$DSTFMT		10,212		C	DISCHARGE DESTINATION FOR LAST STAY
					1,522			NO DISCHARGE
					22		01	DISCHARGE TO HOME
					379		02	TRANSFER-TO HOSP
					67		03	TRANSFER-TO SNF
					95		04	TRANSFER-TO ICF
					225		05	TRANSFER-OTHER
					15		06	TRANSFER TO HHA
					0		07	LAMA
					0		08	HOME IV DRUG
					0		09	ADMIT/READMIT
					0		10-19	TRANSFER-ST CODES
					240		20	EXPIRED
					0		21-29	EXPIRED-ST CODES
					0		30	STILL PATIENT
					0		31-39	STILL PATIENT, ST
					0		40	EXPIRED AT HOME
					0		41	DIED IN FACILITY
					0		42	DIED, PLACE UNK
					0		43-99	NOT USED
H_LATLOS	346	3					C	NOT USED
H_INPSTY	349	2					N	NO. OF INPAT STAYS FOR CY
H_INPDAY	351	3					N	NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	354	6					N	\$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	360	6					N	\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	366	6					N	\$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPDED	372	4					C	NOT USED
H_INPCDY	376	2					N	INPAT COVRD DAYS USED IN CY
H_INPCAM	378	5					N	\$\$\$\$\$\$ TOTAL INP COINS AMT CY
H_PSYDAY	383	3					C	NOT USED
H_LRDAY	386	3					C	NOT USED
H_BLDED	389	2					C	NOT USED
H_SNFSTY	391	2					N	TOTAL SNF STAYS IN CY
H_SNFDAY	393	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCCH	396	6					N	\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	402	6					N	\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
H_SNFRMB	408	6					N	\$\$\$\$\$\$ TOTAL SNF REIMB IN CY

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H_SNFCDY	414	3					N	TOTAL SNF COINS DAYS IN CY
H_SNFCAM	417	6					N	\$\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	423	3					N	TOTAL HHA VISITS IN CY
H_HHACCH	426	6					N	\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	432	6					N	\$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMB	438	6					N	\$\$\$\$\$\$ TOT HHA REIMB IN CY
H_HSDAYS	444	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	447	6					N	\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	453	6					N	\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	459	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	462	6					N	\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	468	6					N	\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	474	4					N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	478	4					N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	482	6					N	\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	488	6					N	\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	494	6					N	\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	500	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	503	6					N	TOTAL OFFICE VISIT CHARGES IN CY
H_PTBDDED	509	4					C	NOT USED

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 1 -----
SURVEY IDENTIFICATION RECORD

Page: 31
Record Type: 1

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
D_DOB	12	6					C	
ROSTSEX	18	2	SECFMT				N	SEX OF HOUSEHOLD MEMBER
					0		.	INAPPLICABLE
					5,623		1	MALE
					7,154		2	FEMALE
D_AFEVER	20	2	HELPMFT				N	SP EVER SERVE IN ARMED FORCES?
					3		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					72		-8	DONT KNOW
					1		-7	REFUSED
					2,816		1	YES
					9,885		2	NO
D_AFVIET	22	2	NECFMT				N	SP SERVED IN AF DURING VIETNAM ERA?
					9,961		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					2		-7	REFUSED
					235		1	INDICATED
					2,568		2	NOT INDICATED
D_AFKORE	24	2	NECFMT				N	SP SERVED IN AF DURING KOREAN CONFLICT?
					9,961		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					2		-7	REFUSED
					547		1	INDICATED
					2,256		2	NOT INDICATED
D_AFWWII	26	2	NECFMT				N	SP SERVED IN AF DURING WORLD WAR II?
					9,961		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					2		-7	REFUSED
					2,168		1	INDICATED
					636		2	NOT INDICATED
D_AFWWI	28	2	NECFMT				N	SP SERVED IN AF DURING WORLD WAR I?
					9,961		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					2		-7	REFUSED
					31		1	INDICATED
					2,772		2	NOT INDICATED

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 1 -----
SURVEY IDENTIFICATION RECORD

Page: 32
Record Type: 1

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_AFPEAC	30	2	NECFMT				N	SP SERVED IN AF DURING PEACE TIME?
					9,961		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					2		-7	REFUSED
					251		1	INDICATED
					2,552		2	NOT INDICATED
D_NGEVER	32	2	HELPMFT				N	SP EVER ACTIVE NATL GUARD/RESERVE?
					3		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					91		-8	DONT KNOW
					3		-7	REFUSED
					655		1	YES
					12,023		2	NO
INAPPLICABLE WHEN SAMPLE PERSON IS UNDER 17 YEARS OF AGE								
D_NGALL	34	2	HELPMFT				N	ALL ACTIVE DUTY RELATED TO NATL GUARD?
					12,122		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					193		1	YES
					460		2	NO
D_NGDSBL	36	2	HELPMFT				N	SP HAVE ANY DISABILITY FROM AF SERVICE?
					9,884		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					1		-7	REFUSED
					384		1	YES
					2,500		2	NO
D_VARATE	38	3	VARFMT				N	CURRENT VA DISABILITY RATING OF SP
					12,393		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					57		-8	DONT KNOW
					4		-7	REFUSED
					322		0-100	DISABILITY RATING
D_RACE	41	2	HISFMT				N	RACE OF SP
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					7		-7	REFUSED
					107		1	AMERICAN INDIAN
					134		2	ASIAN/PACIF ISL
					1,477		3	BLACK/AFRI AMER
					10,836		4	WHITE
					213		91	OTHER

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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D_ETHNIC	43	2	HELPFMT				N	SP OF HISPANIC ANCESTRY
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					39		-8	DONT KNOW
					3		-7	REFUSED
					800		1	YES
					11,934		2	NO
SPCHNLNM	45	2	CHILFMT				N	# OF CHILDREN LIVING
					750		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					8		-8	DONT KNOW
					3		-7	REFUSED
					12,016		0-25	NUMBER OF CHILDS
SPHIGRAD	47	2	HIGHFMT				N	HIGHEST SCHOOL GRADE COMPLETED
					0		.	INAPPLICABLE
					35		-9	NOT ASCERTAINED
					337		-8	DONT KNOW
					17		-7	REFUSED
					358		1	1ST GRADE OR LESS
					127		2	2ND GRADE
					236		3	3RD GRADE
					299		4	4TH GRADE
					274		5	5TH GRADE
					390		6	6TH GRADE
					471		7	7TH GRADE
					1,379		8	8TH GRADE
					623		9	1ST YR HIGH SCH
					812		10	2ND YR HIGH SCH
					656		11	3RD YR HIGH SCH
					3,792		12	4TH YR HIGH SCH
					520		13	1 YR COLLEGE
					789		14	2 YRS COLLEGE
					275		15	3 YRS COLLEGE
					748		16	4 YRS COLLEGE
					148		17	5 YRS COLLEGE
					491		18	6 OR MORE COLL
SPMARSTA	49	2	MARFMT				N	MARITAL STATUS OF SP
					3		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					9		-8	DONT KNOW
					3		-7	REFUSED
					6,197		1	MARRIED
					4,023		2	WIDOWED
					985		3	DIVORCED
					210		4	SEPARATED
					1,344		5	NEVER MARRIED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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INCOME	51	3	INCFMT	N	INCOME RANGE OF SP
			0	.	NOT REPORTED
			0	-25	UNDER \$25,000
			0	-8	NOT REPORTED
			0	-7	NOT REPORTED
			786	1	\$5,000 OR LESS
			4,317	2	\$5,001-\$10,000
			2,385	3	\$10,001-\$15,000
			1,538	4	\$15,001-\$20,000
			1,120	5	\$20,001-\$25,000
			786	6	\$25,001-\$30,000
			461	7	\$30,001-\$35,000
			405	8	\$35,001-\$40,000
			202	9	\$40,001-\$45,000
			282	10	\$45,001-\$50,000
			495	11	\$50,001 OR MORE
			0	25	\$25,000 OR MORE

INCOME_C	54	8		N	ACTUAL INCOME OF SP
D_DIVCUR	62	2	\$IVIFMT	C	CURRENT CENSUS DIVISION
			9	UN	UNKNOWN
			0	00	UNKNOWN
			385	01	NEW ENGLAND
			2,155	02	MIDDLE ATLANTIC
			2,156	03	EAST NORTH CENTRAL
			817	04	WEST NORTH CENTRAL
			2,706	05	SOUTH ATLANTIC
			731	06	EAST SOUTH CENTRAL
			1,294	07	WEST SOUTH CENTRAL
			727	08	MOUNTAIN
			1,566	09	PACIFIC
			231	10	PUERTO RICO

APPLICABLE ONLY TO ADDRESSES IN US OR PR

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	SURVEY HEALTH STATUS & FUNC RECORD
FILEYR	2	2					C	YY REFERENCE YEAR OF RECORD
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
GENHELTH	13	2	GENHFMT		HS2		N	GENERAL HEALTH OF SP
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					23		-8	DONT KNOW
					3		-7	REFUSED
					1,783		1	EXCELLENT
					2,914		2	VERY GOOD
					3,884		3	GOOD
					2,827		4	FAIR
					1,336		5	POOR

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HELMTACT	15	2	HELLFMT		HS3		N	HEALTH LIMIT SOCIAL LIFE IN PAST MONTH?
					0		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					17		-8	DONT KNOW
					4		-7	REFUSED
					7,428		1	NONE OF THE TIME
					2,805		2	SOME OF THE TIME
					1,396		3	MOST OF THE TIME
					1,119		4	ALL OF THE TIME
					0		5	POOR

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ECHELP	17	2	BLNDFMT		S3		N	SP WEAR EYEGLASSES/CONTACT LENSES?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					2		-7	REFUSED
					10,630		1	YES
					2,000		2	NO
					136		3	BLIND

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ECTROUB	19	2	LOOKFMT		HS4		N	DESCRIPTION OF SP VISION
					143		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					73		-8	DONT KNOW
					0		-7	REFUSED
					6,865		1	NO TROUBLE
					4,226		2	LITTLE TROUBLE
					1,467		3	LOT OF TROUBLE

INAPPLICABLE WHEN SP VISUALLY IMPAIRED, OR ECHHELP NOT ANSWERED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ECCATOP	21	2	CNDITFMT	HS5			N	SP EVER HAD OPERATION FOR CATARACTS?
					89		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					14		-8	DONT KNOW
					0		-7	REFUSED
					2,129		1	YES
					10,544		2	NO

HCHelp	23	2	DEAFFMT	HS6			N	SP USE HEARING AID?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					4		-8	DONT KNOW
					2		-7	REFUSED
					1,272		1	YES
					11,441		2	NO
					51		3	DEAF

THIS VARIABLE IS ALWAYS APPLICABLE

HCTROUB	25	2	LOOKFMT	HS7			N	DESCRIPTION OF SP HEARING
					59		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					33		-8	DONT KNOW
					0		-7	REFUSED
					7,167		1	NO TROUBLE
					4,353		2	LITTLE TROUBLE
					1,160		3	LOT OF TROUBLE

INAPPLICABLE WHEN SP CANNOT HEAR, OR HCHelp NOT ANSWERED

DCTROUB	27	2	CNDITFMT	HS8			N	SP HAVE DIFFICULTY EATING SOLID FOODS?
					0		.	INAPPLICABLE
					28		-9	NOT ASCERTAINED
					9		-8	DONT KNOW
					2		-7	REFUSED
					1,996		1	YES
					10,742		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

HEIGHTFT	29	2	HEITFMT	HS9			N	HEIGHT OF SP--FEET
					0		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					118		-8	DONT KNOW
					1		-7	REFUSED
					12,650		3-7	HEIGHT IN FEET

HEIGHTIN	31	2	INCHFMT	HS9			N	HEIGHT OF SP--INCHES
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					139		-8	DONT KNOW
					2		-7	REFUSED
					12,629		0-11	INCH PORTION-HGHT

Variable Col Len Fmt Name Frequency Ques # Ty Label

WEIGHT 33 3 WEITFMT HS10 N WEIGHT OF SP--POUNDS

0	.	INAPPLICABLE
4	-9	NOT ASCERTAINED
158	-8	DONT KNOW
35	-7	REFUSED
2	0-50	0-50 POUNDS
462	51-100	51-100 POUNDS
5,328	101-150	101-150 POUNDS
5,434	151-200	151-200 POUNDS
1,163	201-250	201-250 POUNDS
156	251-300	251-300 POUNDS
26	301-350	301-350 POUNDS
7	351-400	351-400 POUNDS
2	401-450	401-450 POUNDS
0	451-500	451-500 POUNDS
0	501-999	OVER 500 POUNDS

MAMMOGRM 36 2 CNDITFMT HS11 N SP HAD MAMMOGRAM IN LAST YEAR?

5,624	.	INAPPLICABLE
4	-9	NOT ASCERTAINED
139	-8	DONT KNOW
4	-7	REFUSED
2,159	1	YES
4,847	2	NO

PAPSMEAR 38 2 CNDITFMT HS12 N SP HAD PAPSMEAR IN LAST YEAR?

5,624	.	INAPPLICABLE
4	-9	NOT ASCERTAINED
154	-8	DONT KNOW
4	-7	REFUSED
1,817	1	YES
5,174	2	NO

INAPPLICABLE: MAMMOGRM= .

HYSTEREC 40 2 CNDITFMT HS13 N SP EVER HAD HYSTERECTOMY?

7,891	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
35	-8	DONT KNOW
1	-7	REFUSED
1,704	1	YES
3,144	2	NO

INAPPLICABLE: PAPSMEAR= .,1,-7,-8,-9

FLUSHOT 42 2 CNDITFMT HS14 N SP HAVE FLU SHOT FOR LAST WINTER?

0	.	INAPPLICABLE
9	-9	NOT ASCERTAINED
297	-8	DONT KNOW
3	-7	REFUSED
6,944	1	YES
5,524	2	NO

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PNEUSHOT	44	2	CNDITFMT	HS15			N	SP EVER HAVE SHOT FOR PNEUMONIA?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					242		-8	DONT KNOW
					0		-7	REFUSED
					2,642		1	YES
					9,892		2	NO

INAPPLICABLE TO CONTINUING SAMPLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVERSMOK	46	2	CNDITFMT	HS16			N	SP EVER SMOKED CIGARETTES/CIGARS?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					31		-8	DONT KNOW
					0		-7	REFUSED
					7,439		1	YES
					5,307		2	NO

INAPPLICABLE IF SAMPLE PERSON IS OR HAS BEEN A SMOKER

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
SMOKNOW	48	2	CNDITFMT	HS17			N	SP SMOKE NOW?
					5,419		.	INAPPLICABLE
					15		-9	NOT ASCERTAINED
					4		-8	DONT KNOW
					2		-7	REFUSED
					2,053		1	YES
					5,284		2	NO

INAPPLICABLE: EVERSMOK=2,-7,-8,-9

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DIFSTOOP	50	2	DIFYFMT	HS18			N	SP HAVE DIFFICULTY STOOPING/KNEELING?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					9		-8	DONT KNOW
					2		-7	REFUSED
					3,587		1	NO DIFFICULTY
					2,625		2	LITTLE DIFFCULTY
					2,011		3	SOME DIFFICULTY
					2,388		4	LOT OF DIFFCULTY
					2,148		5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DIFLIFT	52	2	DIFYFMT	HS19			N	SP HAVE DIFFICULTY LIFTING 10 LBS?
					0		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					12		-8	DONT KNOW
					2		-7	REFUSED
					6,562		1	NO DIFFICULTY
					1,676		2	LITTLE DIFFCULTY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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					1,102		3	SOME DIFFICULTY
					1,223		4	LOT OF DIFFCULTY
					2,192		5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

DIFREACH	54	2	DIFYFMT	HS20			N	SP HAVE DIFFICULTY REACHING OVER HEAD?
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					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					12		-8	DONT KNOW
					2		-7	REFUSED
					8,191		1	NO DIFFICULTY
					1,652		2	LITTLE DIFFCULTY
					1,276		3	SOME DIFFICULTY
					965		4	LOT OF DIFFCULTY
					672		5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

DIFWRITE	56	2	DIFYFMT	HS21			N	SP HAVE DIFFICULTY WRITING?
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					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					8		-8	DONT KNOW
					2		-7	REFUSED
					8,400		1	NO DIFFICULTY
					1,896		2	LITTLE DIFFCULTY
					1,169		3	SOME DIFFICULTY
					894		4	LOT OF DIFFCULTY
					401		5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

DIFWALK	58	2	DIFYFMT	HS22			N	SP HAVE DIFFICULTY WALKING 2-3 BLOCKS?
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					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					19		-8	DONT KNOW
					2		-7	REFUSED
					5,939		1	NO DIFFICULTY
					1,355		2	LITTLE DIFFCULTY
					1,192		3	SOME DIFFICULTY
					1,306		4	LOT OF DIFFCULTY
					2,957		5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

OCARTERY	60	2	CNDITFMT	HS23A			N	SP EVER TOLD HAD HARDENING OF ARTERIES?
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					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					1		-7	REFUSED
					2,041		1	YES
					10,728		2	NO

OCHBP	62	2	CNDITFMT	HS23B			N	SP EVER TOLD HAD HYPERTENSION?
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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
2	-8	DONT KNOW
1	-7	REFUSED
6,802	1	YES
5,972	2	NO

OCMYOCAR 64 2 CNDITFMT HS23C N SP EVER TOLD HAD MYOCARDIAL INFARCTION?

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
1	-7	REFUSED
2,048	1	YES
10,728	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCCHD 66 2 CNDITFMT HS23D N SP EVER TOLD HAD ANGINA PECTORIS/CHD?

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
6	-8	DONT KNOW
1	-7	REFUSED
2,224	1	YES
10,546	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCOTHART 68 2 CNDITFMT HS23E N SP EVER TOLD HAD OTHER HEART CONDITIONS?

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
2	-8	DONT KNOW
1	-7	REFUSED
4,053	1	YES
8,721	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCSTROKE 70 2 CNDITFMT HS23F N SP EVER TOLD HAD STROKE/BRAIN HEMORRHAGE

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
4	-8	DONT KNOW
1	-7	REFUSED
1,771	1	YES
11,001	2	NO

OCCSKIN 72 2 CNDITFMT HS23G N SP EVER TOLD HAD SKIN CANCER?

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
1	-8	DONT KNOW
1	-7	REFUSED
1,951	1	YES
10,824	2	NO

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 -----
HEALTH STATUS AND FUNCTIONING RECORD

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Record Type: 2

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OCCANCER	74	2	CNDITFMT	HS23H			N	SP EVER TOLD HAD OTHER CANCER/TUMOR?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					2,470		1	YES
					10,303		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCCLUNG	76	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--LUNG
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					121		1	YES
					2,344		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCCOLON	78	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--COLON/BOWEL
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					369		1	YES
					2,096		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCBREAST	80	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--BREAST
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					547		1	YES
					1,918		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCUTER	82	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--UTERUS
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					254		1	YES
					2,211		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCPROST	84	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--PROSTATE
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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					1		-7	REFUSED
					315		1	YES
					2,150		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCBLAD	86	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--BLADDER
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					105		1	YES
					2,360		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCOVARY	88	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--OVARY
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					110		1	YES
					2,355		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCSTOM	90	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--STOMACH
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					102		1	YES
					2,363		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCCERVX	92	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--CERVIX
					10,307		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					73		1	YES
					2,392		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCOTHER	94	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--OTHER
					10,307		.	INAPPLICABLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					689		1	YES
					1,776		2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCCKIDNY	96	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--KIDNEY
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					52	1 YES
					2,415	2 NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCBRAIN	98	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--BRAIN
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					43	1 YES
					2,424	2 NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCTHROA	100	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--THROAT
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					48	1 YES
					2,419	2 NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCBACK	102	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--BACK
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					71	1 YES
					2,396	2 NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCHEAD	104	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--HEAD
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02/28/97
COST&USE
1994

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 2 ----- CODEBOOK
HEALTH STATUS AND FUNCTIONING RECORD

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Record Type: 2

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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10,307	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
63	1	YES
2,404	2	NO

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCCFONEC	106	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER-FEMALE ORGANS
10,307	.	INAPPLICABLE				
2	-9	NOT ASCERTAINED				
1	-8	DONT KNOW				
0	-7	REFUSED				
66	1	YES				
2,401	2	NO				

INAPPLICABLE: OCCANCER= .,2,-7,-8,-9

OCDIABTS	108	2	CNDITFMT	HS23J	N	SP EVER TOLD HAD DIABETES?
0	.	INAPPLICABLE				
0	-9	NOT ASCERTAINED				
3	-8	DONT KNOW				
1	-7	REFUSED				
2,231	1	YES				
10,542	2	NO				

OCARTHRH	110	2	CNDITFMT	HS23K	N	SP EVER TOLD HAD RHEUMATOID ARTHRITIS?
0	.	INAPPLICABLE				
0	-9	NOT ASCERTAINED				
10	-8	DONT KNOW				
1	-7	REFUSED				
1,984	1	YES				
10,782	2	NO				

OCARTH	112	2	CNDITFMT	HS23L	N	SP EVER TOLD HAD ARTHRITIS?
0	.	INAPPLICABLE				
0	-9	NOT ASCERTAINED				
5	-8	DONT KNOW				
1	-7	REFUSED				
7,149	1	YES				
5,622	2	NO				

OCAARM	114	2	CNDITFMT	HS23M	N	PART OF BODY HAD ARTHRITIS-ARMS/HANDS?
5,628	.	INAPPLICABLE				
10	-9	NOT ASCERTAINED				
3	-8	DONT KNOW				

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-7	REFUSED
					4,322		1	YES
					2,814		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCAFEET	116	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-KNEES/FEET?
					5,628		.	INAPPLICABLE
					10		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					4,375		1	YES
					2,761		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OACBACK	118	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-BACK?
					5,628		.	INAPPLICABLE
					10		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					2,471		1	YES
					4,665		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OACANECK	120	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-NECK?
					5,628		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					653		1	YES
					6,487		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCAALOVR	122	2	CNDITFMT	HS23M			N	PART BODY HAD ARTHRITIS-ALL OVER/JOINT?
					5,628		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					708		1	YES
					6,432		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCAOTHER	124	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-OTHER?
					5,628		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					91		1	YES
					7,046		2	NO

Variable Co1 Len Fmt Name Frequency Ques # Ty Label

INAPPLICABLE: OCARTH= .,2,-7,-8,-9

OCMENTAL	126	2	CNDITFMT	HS23N	N	SP EVER TOLD HAD MENTAL RETARDATION?
			0		.	INAPPLICABLE
			0		-9	NOT ASCERTAINED
			13		-8	DONT KNOW
			3		-7	REFUSED
			510		1	YES
			12,251		2	NO

OCALZHR	128	2	CNDITFMT	HS23O	N	SP EVER TOLD HAD ALZHEIMERS DISEASE?
			0		.	INAPPLICABLE
			1		-9	NOT ASCERTAINED
			2		-8	DONT KNOW
			1		-7	REFUSED
			791		1	YES
			11,982		2	NO

OCPSYCH	130	2	CNDITFMT	HS23P	N	SP EVER TOLD HAD MENTAL DISORDER?
			0		.	INAPPLICABLE
			1		-9	NOT ASCERTAINED
			3		-8	DONT KNOW
			1		-7	REFUSED
			1,461		1	YES
			11,311		2	NO

OCOSTEOP	132	2	CNDITFMT	HS23Q	N	SP EVER TOLD HAD OSTEOPOROSIS?
			0		.	INAPPLICABLE
			0		-9	NOT ASCERTAINED
			6		-8	DONT KNOW
			1		-7	REFUSED
			1,436		1	YES
			11,334		2	NO

OCBRKHIP	134	2	CNDITFMT	HS23R	N	SP EVER TOLD HAD BROKEN HIP?
			0		.	INAPPLICABLE
			1		-9	NOT ASCERTAINED
			1		-8	DONT KNOW
			1		-7	REFUSED
			862		1	YES
			11,912		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCPARKIN	136	2	CNDITFMT	HS23S	N	SP EVER TOLD HAD PARKINSONS DISEASE?
			0		.	INAPPLICABLE
			1		-9	NOT ASCERTAINED
			1		-8	DONT KNOW
			1		-7	REFUSED
			256		1	YES
			12,518		2	NO

OCEMPHYS	138	2	CNDITFMT	HS23T	N	SP EVER TOLD HAD EMPHYSEMA,ASTHMA,COPD?
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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					1		-7	REFUSED
					1,973		1	YES
					10,801		2	NO
OCPPARAL	140	2	CNDITFMT	HS23U			N	SP EVER TOLD HAD PARTIAL PARALYSIS?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					1		-7	REFUSED
					1,249		1	YES
					11,524		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
OCAMPUTE	142	2	CNDITFMT	HS23V			N	SP EVER TOLD HAD LOSS ARM OR LEG?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					1		-7	REFUSED
					164		1	YES
					12,611		2	NO
EMCAUSC1	144	2	CAUSFMT	HS25			N	1ST CAUSE OF MEDICARE ELIGIBILITY
					12,037		.	INAPPLICABLE
					12		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					1		-7	REFUSED
					178		1	BACK/SPINE/DISC
					61		2	SEVERE EYESIGHT
					11		3	SEVERE HEARING
					47		4	KIDNEY/RENAL
					40		5	SEIZURE DISORDER
					43		6	CAR/BIKE/TRAIN ACC
					23		7	MS
					7		8	MD
					12		9	CEREBRAL PALSY
					16		10	BROKEN BONES
					279		91	OTHER
EMCAUSC2	146	2	CAUSFMT	HS25			N	2ND CAUSE OF MEDICARE ELIGIBILITY
					12,722		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					16		1	BACK/SPINE/DISC
					1		2	SEVERE EYESIGHT
					5		3	SEVERE HEARING
					3		4	KIDNEY/RENAL

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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0	5	SEIZURE DISORDER
2	6	CAR/BIKE/TRAIN ACC
0	7	MS
0	8	MD
1	9	CEREBRAL PALSY
8	10	BROKEN BONES
19	91	OTHER

PRBTELE 148 2 MUSTFMT HS27A N ANY DIFFICULTY USING PHONE?

0	.	INAPPLICABLE
8	-9	NOT ASCERTAINED
1	-8	DONT KNOW
2	-7	REFUSED
1,320	1	YES
10,660	2	NO
786	3	DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

PRBLHWK 150 2 MUSTFMT HS27B N ANY DIFFICULTY DOING LIGHT HOUSEWORK?

1,184	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
1	-8	DONT KNOW
2	-7	REFUSED
1,178	1	YES
9,105	2	NO
1,302	3	DOESNT DO

INAPPLICABLE: IADLRESP>01

PRBHHWK 152 2 MUSTFMT HS27C N ANY DIFFICULTY DOING HEAVY HOUSEWORK?

1,184	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
1	-8	DONT KNOW
2	-7	REFUSED
2,744	1	YES
5,952	2	NO
2,889	3	DOESNT DO

INAPPLICABLE: IADLRESP>01

PRBMEAL 154 2 MUSTFMT HS27D N ANY DIFFICULTY MAKING MEALS?

1,184	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
1	-8	DONT KNOW
2	-7	REFUSED
990	1	YES
9,149	2	NO
1,446	3	DOESNT DO

INAPPLICABLE: IADLRESP>01

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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PRBSHOP	156	2	MUSTFMT	HS27E			N	ANY DIFFICULTY SHOPPING?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					2		-7	REFUSED
					2,055		1	YES
					8,999		2	NO
					1,711		3	DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

PRBBILS	158	2	MUSTFMT	HS27F			N	ANY DIFFICULTY MANAGING MONEY?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					7		-8	DONT KNOW
					2		-7	REFUSED
					1,309		1	YES
					9,895		2	NO
					1,557		3	DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

DONTTELE	160	2	CNDITFMT	HS28A			N	HEALTH REASON DONT USE PHONE?
					11,991		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					625		1	YES
					157		2	NO

INAPPLICABLE: PRBTELE=1,2,-7,-8,-9

DONTLHWK	162	2	CNDITFMT	HS28B			N	HEALTH REASON DONT DO LIGHT HOUSEWORK?
					11,475		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					788		1	YES
					514		2	NO

INAPPLICABLE: PRBLHWK= .,1,2,-7,-8,-9

DONTHHWK	164	2	CNDITFMT	HS28C			N	HEALTH REASON DONT DO HEAVY HOUSEWORK?
					9,888		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					1,905		1	YES
					981		2	NO

INAPPLICABLE: PRBHWWK= .,1,2,-7,-8,-9

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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DONTMEAL	166	2	CNDITFMT	HS28D			N	HEALTH REASON DONT MAKE MEALS?
					11,331		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					668		1	YES
					778		2	NO

INAPPLICABLE: PRBMEAL= .,1,2,-7,-8,-9

DONTSHOP	168	2	CNDITFMT	HS28E			N	HEALTH REASON DONT DO SHOPPING?
					11,066		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,470		1	YES
					237		2	NO

INAPPLICABLE: PRBSHOP=1,2,-7,-8,-9

DONTBILS	170	2	CNDITFMT	HS28F			N	HEALTH REASON DONT MANAGE MONEY?
					11,220		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					1,237		1	YES
					315		2	NO

INAPPLICABLE: PRBBILS=1,2,-7,-8,-9

HELPTLE	172	2	CNDITFMT	HS29A			N	RECEIVE HELP WITH PHONE?
					10,832		.	INAPPLICABLE
					21		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					1,101		1	YES
					822		2	NO

INAPP: NO PROBLEM TELPHONING, OR PROBLEM NOT HEALTH-RELATED

HELPLHWK	174	2	CNDITFMT	HS29B			N	RECEIVE HELP WITH LIGHT HOUSEWORK?
					10,811		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,621		1	YES
					345		2	NO

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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INAPP: NO PROBLEM WITH LIGHT HSWRK, OR PROB NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HELPHHWK	176	2	CNDITFMT	HS29C		N		RECEIVE HELP WITH HEAVY HOUSEWORK?
					8,128	.		INAPPLICABLE
					0	-9		NOT ASCERTAINED
					0	-8		DONT KNOW
					0	-7		REFUSED
					3,639	1		YES
					1,010	2		NO

INAPP: NO PROBLEM WITH HEAVY HSWRK, OR PROB NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HELPMEL	178	2	CNDITFMT	HS29D		N		RECEIVE HELP MAKING MEALS?
					11,119	.		INAPPLICABLE
					0	-9		NOT ASCERTAINED
					0	-8		DONT KNOW
					0	-7		REFUSED
					1,411	1		YES
					247	2		NO

INAPP: NO PROBLEM MAKING MEALS, OR PROBLEM NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HELPSHOP	180	2	CNDITFMT	HS29E		N		RECEIVE HELP WITH SHOPPING?
					9,252	.		INAPPLICABLE
					18	-9		NOT ASCERTAINED
					1	-8		DONT KNOW
					0	-7		REFUSED
					3,227	1		YES
					279	2		NO

INAPP: NO PROBLEM SHOPPING, OR PROBLEM NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HELPBILS	182	2	CNDITFMT	HS29F		N		RECEIVE HELP MANAGING MONEY?
					10,231	.		INAPPLICABLE
					22	-9		NOT ASCERTAINED
					1	-8		DONT KNOW
					0	-7		REFUSED
					2,385	1		YES
					138	2		NO

INAPP: NO PROBLEM MANAGING MONEY OR PROBLEM NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDBATH	184	2	BEDAFMT	HS31A		N		ANY DIFFICULTY BATHING/SHOWERING?
					0	.		INAPPLICABLE
					7	-9		NOT ASCERTAINED
					4	-8		DONT KNOW
					2	-7		REFUSED
					2,577	1		YES

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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					9,942		2	NO
					245		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDDRES	186	2	BEDAFMT	HS31B			N	ANY DIFFICULTY DRESSING?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					2		-7	REFUSED
					1,953		1	YES
					10,622		2	NO
					190		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDEAT	188	2	BEDAFMT	HS31C			N	ANY DIFFICULTY EATING?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					2		-7	REFUSED
					875		1	YES
					11,801		2	NO
					90		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDCHAR	190	2	BEDAFMT	HS31D			N	ANY DIFFICULTY GETTING IN/OUT OF CHAIRS?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					2		-7	REFUSED
					2,638		1	YES
					9,951		2	NO
					179		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDWALK	192	2	BEDAFMT	HS31E			N	ANY DIFFICULTY WALKING?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					2		-7	REFUSED
					3,776		1	YES
					8,516		2	NO
					476		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDTOIL	194	2	BEDAFMT	HS31F			N	ANY DIFFICULTY USING THE TOILET?
					0		.	INAPPLICABLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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7	-9	NOT ASCERTAINED
4	-8	DONT KNOW
2	-7	REFUSED
1,458	1	YES
11,087	2	NO
219	3	BEDRIDDEN, ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DONTBATH	196	2	CNDITFMT	HS32A			N	B/C HEALTH PROBLEM - SP DOESNT BATHE
					12,532		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					243		1	YES
					2		2	NO

INAPPLICABLE: HPPDBATH=1,2,-7,-8,-9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DONTDRES	198	2	CNDITFMT	HS32B			N	B/C HEALTH PROBLEM - SP DOESNT DRESS
					12,587		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					189		1	YES
					1		2	NO

INAPPLICABLE: HPPDDRES=1,2,-7,-8,-9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DONTEAT	200	2	CNDITFMT	HS32C			N	B/C HEALTH PROBLEM - SP DOESNT EAT
					12,687		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					90		1	YES
					0		2	NO

INAPPLICABLE: HPPDEAT=1,2,-7,-8,-9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DONTCHAR	202	2	CNDITFMT	HS32D			N	B/C HLTH PROB - SP DOESNT GET OUT OF BED
					12,598		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					177		1	YES
					1		2	NO

INAPPLICABLE: HPPDCHAR=1,2,-7,-8,-9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DONTWALK	204	2	CNDITFMT	HS32E			N	B/C HEALTH PROBLEM - SP DOESNT WALK
					12,301		.	INAPPLICABLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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4	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
470	1	YES
2	2	NO

INAPPLICABLE: HPPDWALK=1,2,-7,-8,-9

DONTTOIL	206	2	CNDITFMT	HS32F	N	B/C HLTH PROBLEM - SP DOESNT USE TOILET?
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12,558	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
219	1	YES
0	2	NO

INAPPLICABLE: HPPDTOIL=1,2,-7,-8,-9

HELPBATH	208	2	CNDITFMT	HS32A	N	RECEIVE HELP BATHING/SHOWERING?
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9,957	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
2,052	1	YES
765	2	NO

INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED

HELPDRES	210	2	CNDITFMT	HS32B	N	RECEIVE HELP DRESSING?
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10,635	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
1,686	1	YES
452	2	NO

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

HELPEAT	212	2	CNDITFMT	HS32C	N	RECEIVE HELP EATING?
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11,812	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
656	1	YES
307	2	NO

INAPPLICABLE: NO PROBLEM EATING OR PROBLEM NOT HEALTH-RELATED

HELPCHAR	214	2	CNDITFMT	HS32D	N	RECEIVE HELP GETTING IN/OUT OF CHAIRS?
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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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9,962	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,334	1	YES
1,479	2	NO

INAPP: NO PROB. GETTING OUT OF CHAIR OR PROB NOT HEALTH-RELATED

HELPWALK 216 2 CNDITFMT HS32E N RECEIVE HELP WALKING?

8,531	.	INAPPLICABLE
19	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,291	1	YES
2,936	2	NO

INAPPLICABLE: NO PROBLEM WALKING OR PROBLEM NOT HEALTH-RELATED

HELPTOIL 218 2 CNDITFMT HS32F N RECEIVE HELP USING THE TOILET?

11,100	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,003	1	YES
669	2	NO

INAPPLICABLE: NO PROBLEM TOILETING OR PROB. NOT HEALTH-RELATED

PCHKBATH 220 2 CNDITFMT HS33A N PERSON NEARBY WHILE BATHING/SHOWERING?

12,009	.	INAPPLICABLE
1	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
159	1	YES
608	2	NO

INAPPLICABLE: HELPBATH= .,1

PCHKDRES 222 2 CNDITFMT HS33B N PERSON NEARBY WHILE DRESSING?

12,321	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
84	1	YES
369	2	NO

INAPPLICABLE: HELPDRES= .,1

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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PCHKPEAT	224	2	CNDITFMT	HS33C			N	PERSON NEARBY WHILE EATING?
					12,468		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					65		1	YES
					239		2	NO

INAPPLICABLE: HELPEAT= .,1

PCHKCHAR	226	2	CNDITFMT	HS33D			N	PERSON NEARBY WHILE GETS IN/OUT CHAIRS?
					11,296		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					201		1	YES
					1,272		2	NO

INAPPLICABLE: HELPCHAR= .,1

PCHKWALK	228	2	CNDITFMT	HS33E			N	PERSON NEARBY WHILE WALKING?
					9,822		.	INAPPLICABLE
					37		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					358		1	YES
					2,559		2	NO

INAPPLICABLE: HELPWALK= .,1

PCHKTOIL	230	2	CNDITFMT	HS33F			N	PERSON NEARBY WHILE USING TOILET?
					12,103		.	INAPPLICABLE
					14		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					117		1	YES
					543		2	NO

INAPPLICABLE: HELPTOIL= .,1

EQUIPBATH	232	2	CNDITFMT	HS34A			N	USE EQUIPMENT TO HELP BATH/SHOWER?
					9,957		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					4		-8	DONT KNOW
					0		-7	REFUSED
					1,493		1	YES
					1,320		2	NO

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPDRES	234	2	CNDITFMT	HS34B	N	USE EQUIPMENT TO HELP DRESS?		
					10,635		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					186		1	YES
					1,945		2	NO

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPEAT	236	2	CNDITFMT	HS34C	N	USE EQUIPMENT TO HELP EAT?		
					11,812		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					176		1	YES
					778		2	NO

INAPPLICABLE: NO PROBLEM EATING OR PROBLEM NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPCHAR	238	2	CNDITFMT	HS34D	N	USE EQUIPMENT TO HELP GET IN/OUT CHAIRS?		
					9,962		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					1,270		1	YES
					1,539		2	NO

INAPP: NO PROB. GETTING OUT OF CHAIR OR PROB NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPWALK	240	2	CNDITFMT	HS34E	N	USE EQUIPMENT TO HELP USE TOILET?		
					8,531		.	INAPPLICABLE
					37		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					2,486		1	YES
					1,720		2	NO

INAPPLICABLE: NO PROBLEM WALKING OR PROBLEM NOT HEALTH-RELATED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPTOIL	242	2	CNDITFMT	HS34F	N			
					11,100		.	INAPPLICABLE
					10		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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986	1	YES
679	2	NO

INAPPLICABLE: NO PROBLEM TOILETING OR PROB. NOT HEALTH-RELATED

D_ADLHNM	244	2	HELPRFMT	N	NUMBER OF HELPERS
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6,191	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
4,819	1	1 HELPER
1,254	2	2 HELPERS
361	3	3 HELPERS
108	4	4 HELPERS
22	5	5 HELPERS
19	6	6 HELPERS
0	7	7 HELPERS
2	8	8 HELPERS
0	9	9 HELPERS
0	10	10 HELPERS
0	11	11 HELPERS
0	12	12 HELPERS
1	13	13 HELPERS

D_ADLHRL	246	2	RELFRMT	N	PRIMARY HELPERS RELATIONSHIP
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12,497	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
0	-5	NEVER ASK AGN
0	1	SAMPLE PERSON
57	2	SPOUSE
25	3	SON
80	4	DAUGHTER
0	5	BROTHER
8	6	SISTER
1	7	FATHER
12	8	MOTHER

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					3		9	SON-IN-LAW
					11		10	DAUGHTER-IN-LAW
					1		11	GRANDSON
					10		12	GRANDDAUGHTER
					1		13	NEPHEW
					1		14	NIECE
					0		50	PARTNER/ROOMATE
					12		51	FRIEND/NEIGHBOR
					0		52	BOARDER
					11		53	NURSE/NURSES AIDE
					0		54	LEGAL/FINAN OFFICER
					0		55	GUARDIAN
					3		91	OTHER RELATIVE
					44		92	OTHER NON-RELATIVE

APPLICABLE ONLY WHEN A PRIMARY HELPER WAS DESIGNATED

D_ADLHDB 248 6 C DOB HELPER HELPS MOST

APPLICABLE ONLY WHEN A PRIMARY HELPER WAS DESIGNATED

LOSTURIN	254	2	URIFMT	HS37	N	HOW OFTEN SP LOST URINE LAST 12 MONTHS
				0	.	INAPPLICABLE
				15	-9	NOT ASCERTAINED
				80	-8	DONT KNOW
				14	-7	REFUSED
				1,556	1	> ONCE A WEEK
				342	2	ABT ONCE/WEEK
				322	3	2-3 TIMES/MONTH
				225	4	ONCE A MONTH
				201	5	EVERY 2-3 MONTH
				380	6	1-2 TIMES/YEAR
				9,472	7	NOT AT ALL
				170	8	DIALYSIS, CATHER

THIS VARIABLE IS ALWAYS APPLICABLE

PLACEPAR	256	2	MOSTFMT	US1	N	PARTICULAR PLACE USUALLY GO FOR MED CARE
				722	.	INAPPLICABLE
				8	-9	NOT ASCERTAINED
				13	-8	DONT KNOW
				5	-7	REFUSED
				11,010	1	YES
				1,019	2	NO

PLACEKND	258	2	PLACEFMT	US2	N	KIND OF PLACE USUALLY GO FOR MED CARE
				1,767	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				2	-8	DONT KNOW
				0	-7	REFUSED
				8,355	1	DR OFF/GRP PRAC
				1,032	2	DOCTORS CLINIC
				568	3	HMO
				155	4	NEIGH/FAM HTH CTR
				0	5	FREEST SURGI CTR
				20	6	RURAL HLTH CLINIC
				19	7	COMPANY CLINIC

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					95		8	OTHER CLINIC
					16		9	WALK-IN URGT CTR
					61		10	AT HOME
					60		11	HOSPITAL ER
					389		12	HOSP OUTPAT DEPT
					210		13	VA FACILITY
					1		14	MENTAL HLTH CTR
					27		91	OTHER SPECIFY

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

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Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
D_CARE1	12	1	\$CAREFMT				C	JAN MEDICARE COVERAGE
					317		0	NO COVERAGE
					361		1	PART A
					104		2	PART B
					11,995		3	PARTS A & B
D_CAID1	13	1	\$CAIDFMT				C	JAN MEDICAID COVERAGE OBTAINED FROM
					10,252		0	NO COVERAGE
					335		1	SURVEY INFORMATION
					634		2	HCFA RECORDS
					1,556		3	BOTH SURVEY AND HCFA RECORDS
D_PHI1	14	1	\$PHIFMT				C	JAN PRIVATE HEALTH INSURANCE
					5,510		0	NO COVERAGE
					3,212		1	EMPLOYER SPONSORED
					3,416		2	SELF PURCHASED
					469		3	BOTH
					170		4	UNKNOWN
D_HMO1	15	1	\$HMOFMT				C	JAN HMO COVERAGE
					11,463		0	NO COVERAGE
					581		1	PRIVATE
					716		2	MEDICARE
					17		3	BOTH
D_OTH1	16	1					C	# OF OTHER JAN PLANS
D_CARE2	17	1	\$CAREFMT				C	FEB MEDICARE COVERAGE
					374		0	NO COVERAGE
					364		1	PART A
					103		2	PART B
					11,936		3	PARTS A & B
D_CAID2	18	1	\$CAIDFMT				C	FEB MEDICAID COVERAGE OBTAINED FROM
					10,259		0	NO COVERAGE
					329		1	SURVEY INFORMATION
					627		2	HCFA RECORDS
					1,562		3	BOTH SURVEY AND HCFA RECORDS
D_PHI2	19	1	\$PHIFMT				C	FEB PRIVATE HEALTH INSURANCE
					5,527		0	NO COVERAGE
					3,205		1	EMPLOYER SPONSORED
					3,401		2	SELF PURCHASED
					469		3	BOTH
					175		4	UNKNOWN

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_HMO2	20	1	\$HMOFMT				C	FEB HMO COVERAGE
					11,454		0	NO COVERAGE
					581		1	PRIVATE
					724		2	MEDICARE
					18		3	BOTH
D_OTH2	21	1					C	# OF OTHER FEB PLANS
D_CARE3	22	1	\$CAREFMT				C	MAR MEDICARE COVERAGE
					413		0	NO COVERAGE
					370		1	PART A
					103		2	PART B
					11,891		3	PARTS A & B
D_CAID3	23	1	\$CAIDFMT				C	MAR MEDICAID COVERAGE OBTAINED FROM
					10,273		0	NO COVERAGE
					318		1	SURVEY INFORMATION
					626		2	HCFA RECORDS
					1,560		3	BOTH SURVEY AND HCFA RECORDS
D_PHI3	24	1	\$PHIFMT				C	MAR PRIVATE HEALTH INSURANCE
					5,546		0	NO COVERAGE
					3,190		1	EMPLOYER SPONSORED
					3,392		2	SELF PURCHASED
					468		3	BOTH
					181		4	UNKNOWN
D_HMO3	25	1	\$HMOFMT				C	MAR HMO COVERAGE
					11,440		0	NO COVERAGE
					576		1	PRIVATE
					740		2	MEDICARE
					21		3	BOTH
D_OTH3	26	1					C	# OF OTHER MAR PLANS
D_CARE4	27	1	\$CAREFMT				C	APR MEDICARE COVERAGE
					452		0	NO COVERAGE
					369		1	PART A
					103		2	PART B
					11,853		3	PARTS A & B
D_CAID4	28	1	\$CAIDFMT				C	APR MEDICAID COVERAGE OBTAINED FROM
					10,295		0	NO COVERAGE
					307		1	SURVEY INFORMATION
					616		2	HCFA RECORDS
					1,559		3	BOTH SURVEY AND HCFA RECORDS
D_PHI4	29	1	\$PHIFMT				C	APR PRIVATE HEALTH INSURANCE
					5,591		0	NO COVERAGE
					3,175		1	EMPLOYER SPONSORED
					3,374		2	SELF PURCHASED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					461		3	BOTH
					176		4	UNKNOWN
D_HMO4	30	1	\$HMOFMT				C	APR HMO COVERAGE
					11,439		0	NO COVERAGE
					568		1	PRIVATE
					751		2	MEDICARE
					19		3	BOTH
D_OTH4	31	1					C	# OF OTHER APR PLANS
D_CARE5	32	1	\$CAREFMT				C	MAY MEDICARE COVERAGE
					470		0	NO COVERAGE
					370		1	PART A
					103		2	PART B
					11,834		3	PARTS A & B
D_CAID5	33	1	\$CAIDFMT				C	MAY MEDICAID COVERAGE OBTAINED FROM
					10,290		0	NO COVERAGE
					304		1	SURVEY INFORMATION
					620		2	HCFA RECORDS
					1,563		3	BOTH SURVEY AND HCFA RECORDS
D_PHI5	34	1	\$PHIFMT				C	MAY PRIVATE HEALTH INSURANCE
					5,625		0	NO COVERAGE
					3,144		1	EMPLOYER SPONSORED
					3,364		2	SELF PURCHASED
					464		3	BOTH
					180		4	UNKNOWN
D_HMO5	35	1	\$HMOFMT				C	MAY HMO COVERAGE
					11,430		0	NO COVERAGE
					565		1	PRIVATE
					762		2	MEDICARE
					20		3	BOTH
D_OTH5	36	1					C	# OF OTHER MAY PLANS
D_CARE6	37	1	\$CAREFMT				C	JUN MEDICARE COVERAGE
					505		0	NO COVERAGE
					373		1	PART A
					103		2	PART B
					11,796		3	PARTS A & B
D_CAID6	38	1	\$CAIDFMT				C	JUN MEDICAID COVERAGE OBTAINED FROM
					10,300		0	NO COVERAGE
					294		1	SURVEY INFORMATION
					618		2	HCFA RECORDS
					1,565		3	BOTH SURVEY AND HCFA RECORDS
D_PHI6	39	1	\$PHIFMT				C	JUN PRIVATE HEALTH INSURANCE
					5,638		0	NO COVERAGE

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					3,134		1	EMPLOYER SPONSORED
					3,340		2	SELF PURCHASED
					459		3	BOTH
					206		4	UNKNOWN
D_HM06	40	1	\$HMOFMT				C	JUN HMO COVERAGE
					11,424		0	NO COVERAGE
					559		1	PRIVATE
					771		2	MEDICARE
					23		3	BOTH
D_OTH6	41	1					C	# OF OTHER JUN PLANS
D_CARE7	42	1	\$CAREFMT				C	JUL MEDICARE COVERAGE
					536		0	NO COVERAGE
					353		1	PART A
					102		2	PART B
					11,786		3	PARTS A & B
D_CAID7	43	1	\$CAIDFMT				C	JUL MEDICAID COVERAGE OBTAINED FROM
					10,305		0	NO COVERAGE
					285		1	SURVEY INFORMATION
					620		2	HCFA RECORDS
					1,567		3	BOTH SURVEY AND HCFA RECORDS
D_PHI7	44	1	\$PHIFMT				C	JUL PRIVATE HEALTH INSURANCE
					5,669		0	NO COVERAGE
					3,110		1	EMPLOYER SPONSORED
					3,314		2	SELF PURCHASED
					458		3	BOTH
					226		4	UNKNOWN
D_HM07	45	1	\$HMOFMT				C	JUL HMO COVERAGE
					11,427		0	NO COVERAGE
					547		1	PRIVATE
					778		2	MEDICARE
					25		3	BOTH
D_OTH7	46	1					C	# OF OTHER JUL PLANS
D_CARE8	47	1	\$CAREFMT				C	AUG MEDICARE COVERAGE
					557		0	NO COVERAGE
					356		1	PART A
					102		2	PART B
					11,762		3	PARTS A & B
D_CAID8	48	1	\$CAIDFMT				C	AUG MEDICAID COVERAGE OBTAINED FROM
					10,315		0	NO COVERAGE
					276		1	SURVEY INFORMATION
					617		2	HCFA RECORDS
					1,569		3	BOTH SURVEY AND HCFA RECORDS
D_PHI8	49	1	\$PHIFMT				C	AUG PRIVATE HEALTH INSURANCE

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5,703		0	NO COVERAGE
					3,100		1	EMPLOYER SPONSORED
					3,293		2	SELF PURCHASED
					450		3	BOTH
					231		4	UNKNOWN
D_HM08	50	1	\$HMOFMT				C	AUG HMO COVERAGE
					11,429		0	NO COVERAGE
					542		1	PRIVATE
					780		2	MEDICARE
					26		3	BOTH
D_OTH8	51	1					C	# OF OTHER AUG PLANS
D_CARE9	52	1	\$CAREFMT				C	SEP MEDICARE COVERAGE
					583		0	NO COVERAGE
					352		1	PART A
					104		2	PART B
					11,738		3	PARTS A & B
D_CAID9	53	1	\$CAIDFMT				C	SEP MEDICAID COVERAGE OBTAINED FROM
					10,319		0	NO COVERAGE
					263		1	SURVEY INFORMATION
					622		2	HCFA RECORDS
					1,573		3	BOTH SURVEY AND HCFA RECORDS
D_PHI9	54	1	\$PHIFMT				C	SEP PRIVATE HEALTH INSURANCE
					5,721		0	NO COVERAGE
					3,091		1	EMPLOYER SPONSORED
					3,284		2	SELF PURCHASED
					451		3	BOTH
					230		4	UNKNOWN
D_HM09	55	1	\$HMOFMT				C	SEP HMO COVERAGE
					11,426		0	NO COVERAGE
					533		1	PRIVATE
					789		2	MEDICARE
					29		3	BOTH
D_OTH9	56	1					C	# OF OTHER SEP PLANS
D_CARE10	57	1	\$CAREFMT				C	OCT MEDICARE COVERAGE
					604		0	NO COVERAGE
					351		1	PART A
					102		2	PART B
					11,720		3	PARTS A & B
D_CAID10	58	1	\$CAIDFMT				C	OCT MEDICAID COVERAGE OBTAINED FROM
					10,330		0	NO COVERAGE
					250		1	SURVEY INFORMATION
					625		2	HCFA RECORDS
					1,572		3	BOTH SURVEY AND HCFA RECORDS

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_PHI10	59	1	\$PHIFMT				C	OCT PRIVATE HEALTH INSURANCE
					5,777		0	NO COVERAGE
					3,070		1	EMPLOYER SPONSORED
					3,236		2	SELF PURCHASED
					450		3	BOTH
					244		4	UNKNOWN
D_HMO10	60	1	\$HMOFMT				C	OCT HMO COVERAGE
					11,417		0	NO COVERAGE
					529		1	PRIVATE
					799		2	MEDICARE
					32		3	BOTH
D_OTH10	61	1					C	# OF OTHER OCT PLANS
D_CARE11	62	1	\$CAREFMT				C	NOV MEDICARE COVERAGE
					651		0	NO COVERAGE
					352		1	PART A
					102		2	PART B
					11,672		3	PARTS A & B
D_CAID11	63	1	\$CAIDFMT				C	NOV MEDICAID COVERAGE OBTAINED FROM
					10,334		0	NO COVERAGE
					253		1	SURVEY INFORMATION
					624		2	HCFA RECORDS
					1,566		3	BOTH SURVEY AND HCFA RECORDS
D_PHI11	64	1	\$PHIFMT				C	NOV PRIVATE HEALTH INSURANCE
					5,914		0	NO COVERAGE
					3,018		1	EMPLOYER SPONSORED
					3,187		2	SELF PURCHASED
					441		3	BOTH
					217		4	UNKNOWN
D_HMO11	65	1	\$HMOFMT				C	NOV HMO COVERAGE
					11,424		0	NO COVERAGE
					517		1	PRIVATE
					804		2	MEDICARE
					32		3	BOTH
D_OTH11	66	1					C	# OF OTHER NOV PLANS
D_CARE12	67	1	\$CAREFMT				C	DEC MEDICARE COVERAGE
					680		0	NO COVERAGE
					347		1	PART A
					98		2	PART B
					11,652		3	PARTS A & B
D_CAID12	68	1	\$CAIDFMT				C	DEC MEDICAID COVERAGE OBTAINED FROM
					10,359		0	NO COVERAGE
					264		1	SURVEY INFORMATION

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Variable	Col	Len	Fmt	Name	Frequency	Ques	#	Ty	Label
					613			2	HCFA RECORDS
					1,541			3	BOTH SURVEY AND HCFA RECORDS
D_PHI12	69	1	\$PHIFMT					C	DEC PRIVATE HEALTH INSURANCE
					6,084			0	NO COVERAGE
					2,961			1	EMPLOYER SPONSORED
					3,153			2	SELF PURCHASED
					432			3	BOTH
					147			4	UNKNOWN
D_HMO12	70	1	\$HMOFMT					C	DEC HMO COVERAGE
					11,427			0	NO COVERAGE
					502			1	PRIVATE
					815			2	MEDICARE
					33			3	BOTH
D_OTH12	71	1						C	# OF OTHER DEC PLANS
D_CARE	72	1	\$CAREFMT					C	ANNUAL MEDICARE COVERAGE
					1			0	NO COVERAGE
					340			1	PART A
					106			2	PART B
					12,330			3	PARTS A & B
D_CAID	73	1	\$CAIDFMT					C	ANNUAL MEDICAID COVERAGE OBTAINED FROM
					10,031			0	NO COVERAGE
					338			1	SURVEY INFORMATION
					718			2	HCFA RECORDS
					1,690			3	BOTH SURVEY AND HCFA RECORDS
D_PHI	74	1	\$PHIFMT					C	ANNUAL PRIVATE HEALTH INSURANCE
					5,263			0	NO COVERAGE
					3,196			1	EMPLOYER SPONSORED
					3,436			2	SELF PURCHASED
					533			3	BOTH
					349			4	UNKNOWN
D_HMO	75	1	\$HMOFMT					C	ANNUAL HMO COVERAGE
					11,297			0	NO COVERAGE
					628			1	PRIVATE
					806			2	MEDICARE
					46			3	BOTH
D_OTH	76	1						C	# OF OTHER ANNUAL PLANS
TOT_PREM	77	8	PREMFMT					N	TOTAL HEALTH INSURANCE PREMIUMS
					4,771			.	NOT APPLICABLE
					660			0-100	\$100 OR LESS
					1,160			100.01-500	\$101-\$500
					4,006			500.01-1000	\$501-\$1000
					1,392			1000.01-1500	\$1001-\$1500
					457			1500.01-2000	\$1501-\$2000
					189			2000.01-2500	\$2001-\$2500

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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77	2500.01-3000	\$2501-\$3000
24	3000.01-3500	\$3001-\$3500
20	3500.01-4000	\$3501-\$4000
9	4000.01-4500	\$4001-\$4500
2	4500.01-5000	\$4501-\$5000
10		OVER \$5000

D_TYPPL1	85	2	PLANFMT	N	TYPE OF PLAN - PLAN 1
4,147	.	INAPPLICABLE			
3,496	1	PRIVATE EMPLOYER SPONSORED			
3,597	2	PRIVATE SELF PURCHASED			
215	3	PRIVATE UNKNOWN			
560	4	PRIVATE HMO			
762	5	MEDICARE HMO			

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_BEGPL1	87	6	DTE6FMT	N	PLAN 1 BEGIN DATE
4,147	.	INAPPLICABLE			
8,630	0-999999	DATE AS YYMMDD			

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL1	93	6	DTE6FMT	N	PLAN 1 END DATE
4,147	.	INAPPLICABLE			
8,630	0-999999	DATE AS YYMMDD			

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL1	99	2	RELFMT	N	PLAN 1 POLICY HOLDER
4,466	.	INAPPLICABLE			
0	-9	NOT ASCERTAINED			
0	-8	DONT KNOW			
0	-7	REFUSED			
0	-5	NEVER ASK AGN			
6,900	1	SAMPLE PERSON			
1,330	2	SPOUSE			
9	3	SON			
11	4	DAUGHTER			
1	5	BROTHER			
0	6	SISTER			
32	7	FATHER			
17	8	MOTHER			
3	9	SON-IN-LAW			
2	10	DAUGHTER-IN-LAW			
0	11	GRANDSON			
0	12	GRANDDAUGHTER			
0	13	NEPHEW			
0	14	NIECE			
0	50	PARTNER/ROOMATE			

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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1	51	FRIEND/NEIGHBOR
0	52	BOARDER
0	53	NURSE/NURSES AIDE
0	54	LEGAL/FINAN OFFICER
0	55	GUARDIAN
2	91	OTHER RELATIVE
3	92	OTHER NON-RELATIVE

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVNM1 101 2 NMFMT N # OF PEOPLE COVERED BY PLAN 1

4,465	.	INAPPLICABLE
1	-9	NOT ASCERTAINED
12	-8	DONT KNOW
0	-7	REFUSED
4,959	1	1
3,149	2	2
109	3	3
53	4	4
19	5	5
4	6	6
1	7	7
5	8	8

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVRX1 103 2 RXFMT N PLAN 1 PRESCRIPTION DRUG COVERAGE

4,381	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
4,020	1	PLAN COVERS DRUGS
4,376	2	DOES NOT COVER DRUGS

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVNH1 105 2 NHFMT N PLAN 1 NURSING HOME COVERAGE

4,465	.	INAPPLICABLE
1	-9	NOT ASCERTAINED
2,115	-8	DONT KNOW
3	-7	REFUSED
1,364	1	PLAN COVERS NH
4,829	2	DOES NOT COVER NH

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PAYSP1 107 2 INSFMT N DOES INSURED PAY A PREMIUM FOR PLAN 1

4,465	.	INAPPLICABLE
1	-9	NOT ASCERTAINED
119	-8	DONT KNOW
8	-7	REFUSED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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						6,294	1	YES
						1,890	2	NO

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ANAMT1 109 8 PREMFMT N ANNUAL PREMIUM FOR PLAN 1

7,276	.	NOT APPLICABLE
207	0-100	\$100 OR LESS
935	100.01-500	\$101-\$500
1,830	500.01-1000	\$501-\$1000
1,383	1000.01-1500	\$1001-\$1500
585	1500.01-2000	\$1501-\$2000
266	2000.01-2500	\$2001-\$2500
155	2500.01-3000	\$2501-\$3000
60	3000.01-3500	\$3001-\$3500
31	3500.01-4000	\$3501-\$4000
27	4000.01-4500	\$4001-\$4500
9	4500.01-5000	\$4501-\$5000
13		OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL1 117 2 INSFMT N IS PLAN 1 AN HMO

4,519	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
99	-8	DONT KNOW
4	-7	REFUSED
1,322	1	YES
6,828	2	NO

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_MHMO1 119 5 C PLAN 1 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP1 124 2 OBTFMT N HOW DID INSURED GET PLAN 1

4,564	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
52	-8	DONT KNOW
2	-7	REFUSED
3,414	1	DIRECTLY
581	2	CURRENT EMPLOYER
2,938	3	FORMER EMPLOYER
178	4	UNION

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					83		5	FAMILY BUSINESS
					507		6	AARP
					269		7	DECEASED SPOUSES FORMER EMPLOYER
					9		8	DECEASED SPOUSES FORMER UNION
					175		91	SOME OTHER WAY

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_INDUS1	126	2	\$INDUFMT	C	PLAN 1 INDUSTRY CODE
			9,075		INAPPLICABLE
			0	-1	INAPPLICABLE
			4	-7	REFUSED
			2	-8	DK
			77	-9	NOT ASCERTAINED
			2	A	AGRICULTURE, FORESTRY, AND FISHING
			11	B	MINING
			10	C	CONSTRUCTION
			38	D	MANUFACTURING
			10	E	TRANSPORTATION AND PUBLIC UTILITIES
			3	F	WHOLESALE TRADE
			15	G	RETAIL TRADE
			15	H	FINANCE, INSURANCE, AND REAL ESTATE
			9	I	SERVICES
			172	J	PUBLIC ADMINISTRATION
			0	K	NONCLASSIFIABLE ESTABLISHMENTS
			6	01	AGRICULTURAL PRODUCTION - CROPS
			8	02	AGRICULTURAL PRODUCTION - LIVESTOCK
			7	07	AGRICULTURAL SERVICES
			0	08	FORESTRY
			0	09	FISHING, HUNTING, AND TRAPPING
			1	10	METAL MINING
			15	12	COAL MINING
			16	13	OIL AND GAS EXTRACTION
			1	14	NONMETALLIC MINERALS. EXCEPT FUELS
			4	15	GENERAL BUILDING CONTRACTORS
			16	16	HEAVY CONSTRUCTION, EX. BUILDING
			31	17	SPECIAL TRADE CONTRACTORS
			88	20	FOOD AND KINDRED PRODUCTS
			2	21	TOBACCO PRODUCTS
			40	22	TEXTILE MILL PRODUCTS
			31	23	APPAREL AND OTHER TEXTILE PRODUCTS
			8	24	LUMBER AND WOOD PRODUCTS
			17	25	FURNITURE AND FIXTURES
			13	26	PAPER AND ALLIED PRODUCTS
			18	27	PRINTING AND PUBLISHING
			85	28	CHEMICALS AND ALLIED PRODUCTS
			72	29	PETROLEUM AND COAL PRODUCTS
			39	30	RUBBER AND MISC. PLASTICS PRODUCTS

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					3		31	LEATHER AND LEATHER PRODUCTS
					25		32	STONE, CLAY, AND GLASS PRODUCTS
					131		33	PRIMARY METAL INDUSTRIES
					59		34	FABRICATED METAL PRODUCTS
					114		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					78		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					258		37	TRANSPORTATION EQUIPMENT
					17		38	INSTRUMENTS AND RELATED PRODUCTS
					13		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					55		40	RAILROAD TRANSPORTATION
					12		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					10		42	TRUCKING AND WAREHOUSING
					103		43	U.S. POSTAL SERVICE
					6		44	WATER TRANSPORTATION
					19		45	TRANSPORTATION BY AIR
					3		46	PIPELINES, EXCEPT NATURAL GAS
					3		47	TRANSPORTATION SERVICES
					121		48	COMMUNICATIONS
					93		49	ELECTRIC, GAS, AND SANITARY SERVICES
					15		50	WHOLESALE TRADE - DURABLE GOODS
					7		51	WHOLESALE TRADE - NONDURABLE GOODS
					5		52	BUILDING MATERIALS & GARDEN SUPPLIES
(CONTINUED)								
					46		53	GENERAL MERCHANDISE STORES
					39		54	FOOD STORES
					16		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					9		56	APPAREL AND ACCESSORY STORES
					14		57	FURNITURE AND HOMEFURNISHINGS STORES
					17		58	EATING AND DRINKING PLACES
					16		59	MISCELLANEOUS RETAIL
					79		60	DEPOSITORY INSTITUTIONS
					2		61	NONDEPOSITORY INSTITUTIONS
					6		62	SECURITY AND COMMODITY BROKERS
					63		63	INSURANCE CARRIERS
					21		64	INSURANCE AGENTS, BROKERS & SERVICES
					6		65	REAL ESTATE
					1		67	HOLDING AND OTHER INVESTMENT OFFICES
					13		70	HOTELS AND OTHER LODGING PLACES
					8		72	PERSONAL SERVICES
					40		73	BUSINESS SERVICES
					13		75	AUTO REPAIR, SERVICES, AND PARKING
					5		76	MISCELLANEOUS REPAIR SERVICES
					7		78	MOTION PICTURES
					13		79	AMUSEMENT & RECREATION SERVICES
					146		80	HEALTH SERVICES
					25		81	LEGAL SERVICES
					450		82	EDUCATIONAL SERVICES
					12		83	SOCIAL SERVICES
					1		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					44		86	MEMBERSHIP ORGANIZATIONS
					18		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					3		89	SERVICES, NEC
					195		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					66		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					12		93	FINANCE, TAXATION, & MONETARY POLICY
					17		94	ADMINISTRATION OF HUMAN RESOURCES
					18		95	ENVIRONMENTAL QUALITY AND HOUSING
					34		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					124		97	NATIONAL SECURITY AND INST. AFFAIRS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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67 99 NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER
 OR FAMILY BUSINESS 00001700

D_TYPPL2	128	2	PLANFMT	N	TYPE OF PLAN - PLAN 2
	10,684			.	INAPPLICABLE
	828			1	PRIVATE EMPLOYER SPONSORED
	875			2	PRIVATE SELF PURCHASED
	143			3	PRIVATE UNKNOWN
	120			4	PRIVATE HMO
	127			5	MEDICARE HMO

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_BEGPL2	130	6	DTE6FMT	N	PLAN 2 BEGIN DATE
	10,684			.	INAPPLICABLE
	2,093			0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL2	136	6	DTE6FMT	N	PLAN 2 END DATE
	10,684			.	INAPPLICABLE
	2,093			0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL2	142	2	REL FMT	N	PLAN 2 POLICY HOLDER
	10,971			.	INAPPLICABLE
	0			-9	NOT ASCERTAINED
	0			-8	DONT KNOW
	0			-7	REFUSED
	0			-5	NEVER ASK AGN
	1,500			1	SAMPLE PERSON
	294			2	SPOUSE
	2			3	SON
	0			4	DAUGHTER
	0			5	BROTHER
	0			6	SISTER
	6			7	FATHER
	4			8	MOTHER
	0			9	SON-IN-LAW
	0			10	DAUGHTER-IN-LAW
	0			11	GRANDSON
	0			12	GRANDDAUGHTER
	0			13	NEPHEW
	0			14	NIECE
	0			50	PARTNER/ROOMATE
	0			51	FRIEND/NEIGHBOR
	0			52	BOARDER
	0			53	NURSE/NURSES AIDE
	0			54	LEGAL/FINAN OFFICER
	0			55	GUARDIAN
	0			91	OTHER RELATIVE
	0			92	OTHER NON-RELATIVE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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11,756	.			NOT APPLICABLE				
159	0-100			\$100 OR LESS				
383	100.01-500			\$101-\$500				
246	500.01-1000			\$501-\$1000				
122	1000.01-1500			\$1001-\$1500				
53	1500.01-2000			\$1501-\$2000				
28	2000.01-2500			\$2001-\$2500				
11	2500.01-3000			\$2501-\$3000				
7	3000.01-3500			\$3001-\$3500				
5	3500.01-4000			\$3501-\$4000				
0	4000.01-4500			\$4001-\$4500				
3	4500.01-5000			\$4501-\$5000				
4				OVER \$5000				

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL2 160 2 INSFMT N IS PLAN 2 AN HMO

10,930	.			INAPPLICABLE
5	-9			NOT ASCERTAINED
21	-8			DONT KNOW
0	-7			REFUSED
247	1			YES
1,574	2			NO

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_MHMO2 162 5 C PLAN 2 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP2 167 2 OBTFTMT N HOW DID INSURED GET PLAN 2

10,972	.			INAPPLICABLE
11	-9			NOT ASCERTAINED
6	-8			DONT KNOW
0	-7			REFUSED
794	1			DIRECTLY
119	2			CURRENT EMPLOYER
617	3			FORMER EMPLOYER
56	4			UNION
6	5			FAMILY BUSINESS
116	6			AARP
51	7			DECEASED SPOUSES FORMER EMPLOYER
0	8			DECEASED SPOUSES FORMER UNION
29	91			SOME OTHER WAY

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

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COST&USE
1994

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 76
Record Type: 4

Variable Col Len Fmt Name Frequency Ques #

Ty Label

D_INDUS2 169 2 \$INDUFMT

C PLAN 2 INDUSTRY CODE

12,000

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2

20

INAPPLICABLE

-1 INAPPLICABLE

-7 REFUSED

-8 DK

-9 NOT ASCERTAINED

A AGRICULTURE, FORESTRY, AND FISHING

B MINING

C CONSTRUCTION

D MANUFACTURING

E TRANSPORTATION AND PUBLIC UTILITIES

F WHOLESALE TRADE

G RETAIL TRADE

H FINANCE, INSURANCE, AND REAL ESTATE

I SERVICES

J PUBLIC ADMINISTRATION

K NONCLASSIFIABLE ESTABLISHMENTS

01 AGRICULTURAL PRODUCTION - CROPS

02 AGRICULTURAL PRODUCTION - LIVESTOCK

07 AGRICULTURAL SERVICES

08 FORESTRY

09 FISHING, HUNTING, AND TRAPPING

10 METAL MINING

12 COAL MINING

13 OIL AND GAS EXTRACTION

14 NONMETALLIC MINERALS. EXCEPT FUELS

15 GENERAL BUILDING CONTRACTORS

16 HEAVY CONSTRUCTION, EX. BUILDING

17 SPECIAL TRADE CONTRACTORS

20 FOOD AND KINDRED PRODUCTS

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COST&USE
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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 77
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		21	TOBACCO PRODUCTS
					8		22	TEXTILE MILL PRODUCTS
					8		23	APPAREL AND OTHER TEXTILE PRODUCTS
					3		24	LUMBER AND WOOD PRODUCTS
					0		25	FURNITURE AND FIXTURES
					5		26	PAPER AND ALLIED PRODUCTS
					3		27	PRINTING AND PUBLISHING
					20		28	CHEMICALS AND ALLIED PRODUCTS
					25		29	PETROLEUM AND COAL PRODUCTS
					11		30	RUBBER AND MISC. PLASTICS PRODUCTS
					0		31	LEATHER AND LEATHER PRODUCTS
					4		32	STONE, CLAY, AND GLASS PRODUCTS
					32		33	PRIMARY METAL INDUSTRIES
					6		34	FABRICATED METAL PRODUCTS
					23		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					33		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					78		37	TRANSPORTATION EQUIPMENT
					4		38	INSTRUMENTS AND RELATED PRODUCTS
					1		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					5		40	RAILROAD TRANSPORTATION
					2		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					3		42	TRUCKING AND WAREHOUSING
					6		43	U.S. POSTAL SERVICE
					2		44	WATER TRANSPORTATION
					5		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					0		47	TRANSPORTATION SERVICES
					38		48	COMMUNICATIONS
					24		49	ELECTRIC, GAS, AND SANITARY SERVICES
					5		50	WHOLESALE TRADE - DURABLE GOODS
					3		51	WHOLESALE TRADE - NONDURABLE GOODS
					0		52	BUILDING MATERIALS & GARDEN SUPPLIES
(CONTINUED)								
					7		53	GENERAL MERCHANDISE STORES
					8		54	FOOD STORES
					1		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					2		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					2		58	EATING AND DRINKING PLACES
					1		59	MISCELLANEOUS RETAIL
					19		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					2		62	SECURITY AND COMMODITY BROKERS
					9		63	INSURANCE CARRIERS
					3		64	INSURANCE AGENTS, BROKERS & SERVICES
					0		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					1		70	HOTELS AND OTHER LODGING PLACES
					0		72	PERSONAL SERVICES
					5		73	BUSINESS SERVICES
					0		75	AUTO REPAIR, SERVICES, AND PARKING
					2		76	MISCELLANEOUS REPAIR SERVICES
					2		78	MOTION PICTURES
					1		79	AMUSEMENT & RECREATION SERVICES
					34		80	HEALTH SERVICES
					2		81	LEGAL SERVICES
					100		82	EDUCATIONAL SERVICES
					3		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					6		86	MEMBERSHIP ORGANIZATIONS

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 COST&USE RECORD IDENTIFICATION CODE 4 ----- CODEBOOK Record Type: 4
 1994 HEALTH INSURANCE RECORD

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					32		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					10		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					3		93	FINANCE, TAXATION, & MONETARY POLICY
					9		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					6		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					3		97	NATIONAL SECURITY AND INST. AFFAIRS
					17		99	NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER
 OR FAMILY BUSINESS 00003800

D_TYPPL3	171	2	PLANFMT	N	TYPE OF PLAN - PLAN 3
	12,270			.	INAPPLICABLE
	191			1	PRIVATE EMPLOYER SPONSORED
	137			2	PRIVATE SELF PURCHASED
	135			3	PRIVATE UNKNOWN
	26			4	PRIVATE HMO
	18			5	MEDICARE HMO

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_BEGPL3	173	6	DTE6FMT	N	PLAN 3 BEGIN DATE
	12,270			.	INAPPLICABLE
	507			0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL3	179	6	DTE6FMT	N	PLAN 3 END DATE
	12,270			.	INAPPLICABLE
	507			0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL3	185	2	REL FMT	N	PLAN 3 POLICY HOLDER
	12,447			.	INAPPLICABLE
	0			-9	NOT ASCERTAINED
	0			-8	DONT KNOW
	0			-7	REFUSED
	0			-5	NEVER ASK AGN
	249			1	SAMPLE PERSON
	78			2	SPOUSE
	0			3	SON
	0			4	DAUGHTER
	0			5	BROTHER
	0			6	SISTER
	3			7	FATHER
	0			8	MOTHER
	0			9	SON-IN-LAW
	0			10	DAUGHTER-IN-LAW
	0			11	GRANDSON
	0			12	GRANDDAUGHTER
	0			13	NEPHEW

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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0	14	NIECE
0	50	PARTNER/ROOMATE
0	51	FRIEND/NEIGHBOR
0	52	BOARDER
0	53	NURSE/NURSES AIDE
0	54	LEGAL/FINAN OFFICER
0	55	GUARDIAN
0	91	OTHER RELATIVE
0	92	OTHER NON-RELATIVE

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_COVNM3 187 2 NMFMT N # OF PEOPLE COVERED BY PLAN 3

12,447	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
157	1	1
162	2	2
8	3	3
2	4	4
0	5	5
0	6	6
0	7	7
0	8	8

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_COVRX3 189 2 RXFMT N PLAN 3 PRESCRIPTION DRUG COVERAGE

12,405	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
128	1	PLAN COVERS DRUGS
244	2	DOES NOT COVER DRUGS

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_COVNH3 191 2 NHFMT N PLAN 3 NURSING HOME COVERAGE

12,447	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
37	-8	DONT KNOW
0	-7	REFUSED
50	1	PLAN COVERS NH
243	2	DOES NOT COVER NH

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_PAYSP3 193 2 INSFMT N DOES INSURED PAY A PREMIUM FOR PLAN 3

12,447	.	INAPPLICABLE
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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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0	-9	NOT ASCERTAINED
9	-8	DONT KNOW
0	-7	REFUSED
179	1	YES
142	2	NO

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_ANAMT3 195 8 PREMFMT N ANNUAL PREMIUM FOR PLAN 3

12,626	.	NOT APPLICABLE
30	0-100	\$100 OR LESS
56	100.01-500	\$101-\$500
42	500.01-1000	\$501-\$1000
13	1000.01-1500	\$1001-\$1500
5	1500.01-2000	\$1501-\$2000
3	2000.01-2500	\$2001-\$2500
0	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
2	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000
0		OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL3 203 2 INSFMT N IS PLAN 3 AN HMO

12,439	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
3	-8	DONT KNOW
0	-7	REFUSED
44	1	YES
288	2	NO

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_MHMO3 205 5 C PLAN 3 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP3 210 2 OBTFMT N HOW DID INSURED GET PLAN 3

12,444	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
138	1	DIRECTLY
28	2	CURRENT EMPLOYER
140	3	FORMER EMPLOYER
7	4	UNION
0	5	FAMILY BUSINESS
5	6	AARP
6	7	DECEASED SPOUSES FORMER EMPLOYER
0	8	DECEASED SPOUSES FORMER UNION
5	91	SOME OTHER WAY

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

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CODEBOOK Record Type: 4

Variable Col Len Fmt Name Frequency Ques #

Ty Label

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COST&USE
1994

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 82
CODEBOOK Record Type: 4

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_INDUS3	212	2		\$INDUFMT			C	PLAN 3 INDUSTRY CODE
					12,606			INAPPLICABLE
					0		-1	INAPPLICABLE
					0		-7	REFUSED
					0		-8	DK
					2		-9	NOT ASCERTAINED
					0		A	AGRICULTURE, FORESTRY, AND FISHING
					0		B	MINING
					0		C	CONSTRUCTION
					4		D	MANUFACTURING
					1		E	TRANSPORTATION AND PUBLIC UTILITIES
					0		F	WHOLESALE TRADE
					0		G	RETAIL TRADE
					1		H	FINANCE, INSURANCE, AND REAL ESTATE
					0		I	SERVICES
					5		J	PUBLIC ADMINISTRATION
					0		K	NONCLASSIFIABLE ESTABLISHMENTS
					0		01	AGRICULTURAL PRODUCTION - CROPS
					0		02	AGRICULTURAL PRODUCTION - LIVESTOCK
					0		07	AGRICULTURAL SERVICES
					0		08	FORESTRY
					0		09	FISHING, HUNTING, AND TRAPPING
					0		10	METAL MINING
					0		12	COAL MINING
					2		13	OIL AND GAS EXTRACTION
					0		14	NONMETALLIC MINERALS, EXCEPT FUELS
					0		15	GENERAL BUILDING CONTRACTORS
					0		16	HEAVY CONSTRUCTION, EX. BUILDING
					2		17	SPECIAL TRADE CONTRACTORS
					1		20	FOOD AND KINDRED PRODUCTS
					0		21	TOBACCO PRODUCTS
					0		22	TEXTILE MILL PRODUCTS
					1		23	APPAREL AND OTHER TEXTILE PRODUCTS
					0		24	LUMBER AND WOOD PRODUCTS
					0		25	FURNITURE AND FIXTURES
					1		26	PAPER AND ALLIED PRODUCTS
					1		27	PRINTING AND PUBLISHING
					1		28	CHEMICALS AND ALLIED PRODUCTS
					2		29	PETROLEUM AND COAL PRODUCTS
					1		30	RUBBER AND MISC. PLASTICS PRODUCTS
					0		31	LEATHER AND LEATHER PRODUCTS
					2		32	STONE, CLAY, AND GLASS PRODUCTS
					6		33	PRIMARY METAL INDUSTRIES
					1		34	FABRICATED METAL PRODUCTS
					6		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					3		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					23		37	TRANSPORTATION EQUIPMENT
					2		38	INSTRUMENTS AND RELATED PRODUCTS
					0		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					0		40	RAILROAD TRANSPORTATION
					0		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					0		42	TRUCKING AND WAREHOUSING
					1		43	U.S. POSTAL SERVICE
					2		44	WATER TRANSPORTATION
					1		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					1		47	TRANSPORTATION SERVICES
					13		48	COMMUNICATIONS
					6		49	ELECTRIC, GAS, AND SANITARY SERVICES
					0		50	WHOLESALE TRADE - DURABLE GOODS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		51	WHOLESALE TRADE - NONDURABLE GOODS
					0		52	BUILDING MATERIALS & GARDEN SUPPLIES
(CONTINUED)								
					1		53	GENERAL MERCHANDISE STORES
					2		54	FOOD STORES
					0		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					0		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					0		58	EATING AND DRINKING PLACES
					0		59	MISCELLANEOUS RETAIL
					1		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					0		62	SECURITY AND COMMODITY BROKERS
					2		63	INSURANCE CARRIERS
					1		64	INSURANCE AGENTS, BROKERS & SERVICES
					1		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					0		70	HOTELS AND OTHER LODGING PLACES
					0		72	PERSONAL SERVICES
					2		73	BUSINESS SERVICES
					0		75	AUTO REPAIR, SERVICES, AND PARKING
					0		76	MISCELLANEOUS REPAIR SERVICES
					0		78	MOTION PICTURES
					1		79	AMUSEMENT & RECREATION SERVICES
					11		80	HEALTH SERVICES
					1		81	LEGAL SERVICES
					34		82	EDUCATIONAL SERVICES
					1		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					0		86	MEMBERSHIP ORGANIZATIONS
					0		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					7		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					2		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					0		93	FINANCE, TAXATION, & MONETARY POLICY
					5		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					2		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					2		97	NATIONAL SECURITY AND INST. AFFAIRS
					3		99	NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER
 OR FAMILY BUSINESS 00005900

D_TYPPL4	214	2	PLANFMT	N	TYPE OF PLAN - PLAN 4
			12,644	.	INAPPLICABLE
			44	1	PRIVATE EMPLOYER SPONSORED
			20	2	PRIVATE SELF PURCHASED
			54	3	PRIVATE UNKNOWN
			11	4	PRIVATE HMO
			4	5	MEDICARE HMO

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_BEGPL4	216	6	DTE6FMT	N	PLAN 4 BEGIN DATE
			12,644	.	INAPPLICABLE
			133	0-999999	DATE AS YYMMDD

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL4	222	6	DTE6FMT				N	PLAN 4 END DATE
				12,644			.	INAPPLICABLE
				133			0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL4	228	2	REL FMT				N	PLAN 4 POLICY HOLDER
				12,716			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				0			-7	REFUSED
				0			-5	NEVER ASK AGN
				48			1	SAMPLE PERSON
				13			2	SPOUSE
				0			3	SON
				0			4	DAUGHTER
				0			5	BROTHER
				0			6	SISTER
				0			7	FATHER
				0			8	MOTHER
				0			9	SON-IN-LAW
				0			10	DAUGHTER-IN-LAW
				0			11	GRANDSON
				0			12	GRANDDAUGHTER
				0			13	NEPHEW
				0			14	NIECE
				0			50	PARTNER/ROOMATE
				0			51	FRIEND/NEIGHBOR
				0			52	BOARDER
				0			53	NURSE/NURSES AIDE
				0			54	LEGAL/FINAN OFFICER
				0			55	GUARDIAN
				0			91	OTHER RELATIVE
				0			92	OTHER NON-RELATIVE

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_COVNM4	230	2	NMFMT				N	# OF PEOPLE COVERED BY PLAN 4
				12,716			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				0			-7	REFUSED
				29			1	1
				30			2	2
				1			3	3
				1			4	4
				0			5	5
				0			6	6
				0			7	7
				0			8	8

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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D_COVRX4	232	2	RXFMT				N	PLAN 4 PRESCRIPTION DRUG COVERAGE
				12,698			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				0			-7	REFUSED
				27			1	PLAN COVERS DRUGS
				52			2	DOES NOT COVER DRUGS

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_COVNH4	234	2	NHFMT				N	PLAN 4 NURSING HOME COVERAGE
				12,716			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				9			-8	DONT KNOW
				0			-7	REFUSED
				5			1	PLAN COVERS NH
				47			2	DOES NOT COVER NH

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_PAYSP4	236	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 4
				12,716			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				1			-8	DONT KNOW
				0			-7	REFUSED
				30			1	YES
				30			2	NO

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_ANAMT4	238	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 4
				12,752			.	NOT APPLICABLE
				8		0-100		\$100 OR LESS
				12		100.01-500		\$101-\$500
				2		500.01-1000		\$501-\$1000
				1		1000.01-1500		\$1001-\$1500
				0		1500.01-2000		\$1501-\$2000
				1		2000.01-2500		\$2001-\$2500
				0		2500.01-3000		\$2501-\$3000
				0		3000.01-3500		\$3001-\$3500
				0		3500.01-4000		\$3501-\$4000
				0		4000.01-4500		\$4001-\$4500
				1		4500.01-5000		\$4501-\$5000
				0				OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL4	246	2	INSFMT				N	IS PLAN 4 AN HMO
				12,711			.	INAPPLICABLE
				1			-9	NOT ASCERTAINED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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1	-8	DONT KNOW
0	-7	REFUSED
15	1	YES
49	2	NO

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_MHM04 248 5 C PLAN 4 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP4 253 2 OBTFT N HOW DID INSURED GET PLAN 4

12,716	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
18	1	DIRECTLY
6	2	CURRENT EMPLOYER
31	3	FORMER EMPLOYER
2	4	UNION
0	5	FAMILY BUSINESS
1	6	AARP
0	7	DECEASED SPOUSES FORMER EMPLOYER
0	8	DECEASED SPOUSES FORMER UNION
3	91	SOME OTHER WAY

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

Page: 87
Record Type: 4

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

D_INDUS4 255 2 \$INDUFMT

C PLAN 4 INDUSTRY CODE

12,740

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INAPPLICABLE

-1 INAPPLICABLE

-7 REFUSED

-8 DK

-9 NOT ASCERTAINED

A AGRICULTURE, FORESTRY, AND FISHING

B MINING

C CONSTRUCTION

D MANUFACTURING

E TRANSPORTATION AND PUBLIC UTILITIES

F WHOLESALE TRADE

G RETAIL TRADE

H FINANCE, INSURANCE, AND REAL ESTATE

I SERVICES

J PUBLIC ADMINISTRATION

K NONCLASSIFIABLE ESTABLISHMENTS

01 AGRICULTURAL PRODUCTION - CROPS

02 AGRICULTURAL PRODUCTION - LIVESTOCK

03 AGRICULTURAL SERVICES

08 FORESTRY

09 FISHING, HUNTING, AND TRAPPING

11 METAL MINING

12 COAL MINING

13 OIL AND GAS EXTRACTION

14 NONMETALLIC MINERALS. EXCEPT FUELS

15 GENERAL BUILDING CONTRACTORS

16 HEAVY CONSTRUCTION, EX. BUILDING

17 SPECIAL TRADE CONTRACTORS

20 FOOD AND KINDRED PRODUCTS

21 TOBACCO PRODUCTS

22 TEXTILE MILL PRODUCTS

23 APPAREL AND OTHER TEXTILE PRODUCTS

24 LUMBER AND WOOD PRODUCTS

25 FURNITURE AND FIXTURES

26 PAPER AND ALLIED PRODUCTS

27 PRINTING AND PUBLISHING

28 CHEMICALS AND ALLIED PRODUCTS

29 PETROLEUM AND COAL PRODUCTS

30 RUBBER AND MISC. PLASTICS PRODUCTS

31 LEATHER AND LEATHER PRODUCTS

32 STONE, CLAY, AND GLASS PRODUCTS

33 PRIMARY METAL INDUSTRIES

34 FABRICATED METAL PRODUCTS

35 INDUSTRIAL MACHINERY AND EQUIPMENT

36 ELECTRONIC & OTHER ELECTRIC EQUIPMENT

37 TRANSPORTATION EQUIPMENT

38 INSTRUMENTS AND RELATED PRODUCTS

39 MISCELLANEOUS MANUFACTURING INDUSTRIES

40 RAILROAD TRANSPORTATION

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Record Type: 4

Ty Label

(CONTINUED)

0	53	GENERAL MERCHANDISE STORES
0	54	FOOD STORES
0	55	AUTOMOTIVE DEALERS & SERVICE STATIONS
0	56	APPAREL AND ACCESSORY STORES
0	57	FURNITURE AND HOMEFURNISHINGS STORES
0	58	EATING AND DRINKING PLACES
0	59	MISCELLANEOUS RETAIL
0	60	DEPOSITORY INSTITUTIONS
0	61	NONDEPOSITORY INSTITUTIONS
0	62	SECURITY AND COMMODITY BROKERS
0	63	INSURANCE CARRIERS
0	64	INSURANCE AGENTS, BROKERS & SERVICES
0	65	REAL ESTATE
0	67	HOLDING AND OTHER INVESTMENT OFFICES
0	70	HOTELS AND OTHER LODGING PLACES
0	72	PERSONAL SERVICES
1	73	BUSINESS SERVICES
0	75	AUTO REPAIR, SERVICES, AND PARKING
0	76	MISCELLANEOUS REPAIR SERVICES
0	78	MOTION PICTURES
0	79	AMUSEMENT & RECREATION SERVICES
0	80	HEALTH SERVICES
0	81	LEGAL SERVICES
6	82	EDUCATIONAL SERVICES
1	83	SOCIAL SERVICES
0	84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
0	86	MEMBERSHIP ORGANIZATIONS
0	87	ENGINEERING & MANAGEMENT SERVICES
0	88	PRIVATE HOUSEHOLDS
0	89	SERVICES, NEC
1	91	EXECUTIVE, LEGISLATIVE, AND GENERAL
1	92	JUSTICE, PUBLIC ORDER, AND SAFETY
0	93	FINANCE, TAXATION, & MONETARY POLICY
1	94	ADMINISTRATION OF HUMAN RESOURCES
0	95	ENVIRONMENTAL QUALITY AND HOUSING
0	96	ADMINISTRATION OF ECONOMIC PROGRAMS
0	97	NATIONAL SECURITY AND INST. AFFAIRS
4	99	NONCLASSIFIABLE ESTABLISHMENTS

00008000

N TYPE OF PLAN - PLAN 5

. INAPPLICABLE
1 PRIVATE EMPLOYER SPONSORED
2 PRIVATE SELF PURCHASED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
----------	-----	-----	-----	------	-----------	--------	----	-------

25	3	PRIVATE UNKNOWN
0	4	PRIVATE HMO
0	5	MEDICARE HMO

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_BEGPL5	259	6	DTE6FMT	N	PLAN 5 BEGIN DATE
12,737	.	INAPPLICABLE			
40	0-999999	DATE AS YYMMDD			

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL5	265	6	DTE6FMT	N	PLAN 5 END DATE
12,737	.	INAPPLICABLE			
40	0-999999	DATE AS YYMMDD			

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL5	271	2	REL FMT	N	PLAN 5 POLICY HOLDER
12,762	.	INAPPLICABLE			
0	-9	NOT ASCERTAINED			
0	-8	DONT KNOW			
0	-7	REFUSED			
0	-5	NEVER ASK AGN			
10	1	SAMPLE PERSON			
5	2	SPOUSE			
0	3	SON			
0	4	DAUGHTER			
0	5	BROTHER			
0	6	SISTER			
0	7	FATHER			
0	8	MOTHER			
0	9	SON-IN-LAW			
0	10	DAUGHTER-IN-LAW			
0	11	GRANDSON			
0	12	GRANDDAUGHTER			
0	13	NEPHEW			
0	14	NIECE			
0	50	PARTNER/ROOMATE			
0	51	FRIEND/NEIGHBOR			
0	52	BOARDER			
0	53	NURSE/NURSES AIDE			
0	54	LEGAL/FINAN OFFICER			
0	55	GUARDIAN			
0	91	OTHER RELATIVE			
0	92	OTHER NON-RELATIVE			

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_COVNM5	273	2	NMFMT	N	# OF PEOPLE COVERED BY PLAN 5
12,762	.	INAPPLICABLE			
1	-9	NOT ASCERTAINED			
0	-8	DONT KNOW			
0	-7	REFUSED			
4	1	1			
9	2	2			

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		3	3
					0		4	4
					0		5	5
					0		6	6
					0		7	7
					0		8	8

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_COVRX5	275	2	RXFMT				N	PLAN 5 PRESCRIPTION DRUG COVERAGE
				12,762			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				0			-7	REFUSED
				6			1	PLAN COVERS DRUGS
				9			2	DOES NOT COVER DRUGS

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_COVNH5	277	2	NHFMT				N	PLAN 5 NURSING HOME COVERAGE
				12,762			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				1			-8	DONT KNOW
				0			-7	REFUSED
				3			1	PLAN COVERS NH
				11			2	DOES NOT COVER NH

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_PAYSP5	279	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 5
				12,762			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				0			-7	REFUSED
				7			1	YES
				8			2	NO

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_ANAMT5	281	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 5
				12,771			.	NOT APPLICABLE
				3		0-100		\$100 OR LESS
				1		100.01-500		\$101-\$500
				1		500.01-1000		\$501-\$1000
				0		1000.01-1500		\$1001-\$1500
				0		1500.01-2000		\$1501-\$2000
				0		2000.01-2500		\$2001-\$2500
				0		2500.01-3000		\$2501-\$3000
				0		3000.01-3500		\$3001-\$3500
				0		3500.01-4000		\$3501-\$4000

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 1994 HEALTH INSURANCE RECORD

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000
1		OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL5 289 2 INSFMT N IS PLAN 5 AN HMO

12,762	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
0	1	YES
15	2	NO

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_MHMO5 291 5 C PLAN 5 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP5 296 2 OBTFTMT N HOW DID INSURED GET PLAN 5

12,762	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
2	1	DIRECTLY
1	2	CURRENT EMPLOYER
6	3	FORMER EMPLOYER
3	4	UNION
0	5	FAMILY BUSINESS
1	6	AARP
0	7	DECEASED SPOUSES FORMER EMPLOYER
0	8	DECEASED SPOUSES FORMER UNION
2	91	SOME OTHER WAY

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

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Record Type: 4

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

D_INDUS5 298 2 \$INDUFMT

C PLAN 5 INDUSTRY CODE

12,770

INAPPLICABLE

0

-1 INAPPLICABLE

0

-7 REFUSED

0

-8 DK

0

-9 NOT ASCERTAINED

0

A AGRICULTURE, FORESTRY, AND FISHING

0

B MINING

0

C CONSTRUCTION

0

D MANUFACTURING

0

E TRANSPORTATION AND PUBLIC UTILITIES

0

F WHOLESALE TRADE

0

G RETAIL TRADE

0

H FINANCE, INSURANCE, AND REAL ESTATE

1

I SERVICES

0

J PUBLIC ADMINISTRATION

0

K NONCLASSIFIABLE ESTABLISHMENTS

0

01 AGRICULTURAL PRODUCTION - CROPS

0

02 AGRICULTURAL PRODUCTION - LIVESTOCK

0

07 AGRICULTURAL SERVICES

0

08 FORESTRY

0

09 FISHING, HUNTING, AND TRAPPING

0

10 METAL MINING

0

12 COAL MINING

0

13 OIL AND GAS EXTRACTION

0

14 NONMETALLIC MINERALS, EXCEPT FUELS

0

15 GENERAL BUILDING CONTRACTORS

0

16 HEAVY CONSTRUCTION, EX. BUILDING

0

17 SPECIAL TRADE CONTRACTORS

0

20 FOOD AND KINDRED PRODUCTS

0

21 TOBACCO PRODUCTS

0

22 TEXTILE MILL PRODUCTS

0

23 APPAREL AND OTHER TEXTILE PRODUCTS

0

24 LUMBER AND WOOD PRODUCTS

0

25 FURNITURE AND FIXTURES

0

26 PAPER AND ALLIED PRODUCTS

0

27 PRINTING AND PUBLISHING

0

28 CHEMICALS AND ALLIED PRODUCTS

0

29 PETROLEUM AND COAL PRODUCTS

0

30 RUBBER AND MISC. PLASTICS PRODUCTS

0

31 LEATHER AND LEATHER PRODUCTS

0

32 STONE, CLAY, AND GLASS PRODUCTS

0

33 PRIMARY METAL INDUSTRIES

0

34 FABRICATED METAL PRODUCTS

0

35 INDUSTRIAL MACHINERY AND EQUIPMENT

0

36 ELECTRONIC & OTHER ELECTRIC EQUIPMENT

0

37 TRANSPORTATION EQUIPMENT

2

38 INSTRUMENTS AND RELATED PRODUCTS

0

39 MISCELLANEOUS MANUFACTURING INDUSTRIES

0

40 RAILROAD TRANSPORTATION

0

41 LOCAL AND INTERURBAN PASSENGER TRANSIT

0

42 TRUCKING AND WAREHOUSING

0

43 U.S. POSTAL SERVICE

0

44 WATER TRANSPORTATION

0

45 TRANSPORTATION BY AIR

0

46 PIPELINES, EXCEPT NATURAL GAS

0

47 TRANSPORTATION SERVICES

3

48 COMMUNICATIONS

0

49 ELECTRIC, GAS, AND SANITARY SERVICES

0

50 WHOLESALE TRADE - DURABLE GOODS

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 4 -----
HEALTH INSURANCE RECORD

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		51	WHOLESALE TRADE - NONDURABLE GOODS
					0		52	BUILDING MATERIALS & GARDEN SUPPLIES
(CONTINUED)								
					0		53	GENERAL MERCHANDISE STORES
					0		54	FOOD STORES
					0		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					0		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					0		58	EATING AND DRINKING PLACES
					0		59	MISCELLANEOUS RETAIL
					0		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					0		62	SECURITY AND COMMODITY BROKERS
					0		63	INSURANCE CARRIERS
					0		64	INSURANCE AGENTS, BROKERS & SERVICES
					0		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					0		70	HOTELS AND OTHER LODGING PLACES
					0		72	PERSONAL SERVICES
					0		73	BUSINESS SERVICES
					0		75	AUTO REPAIR, SERVICES, AND PARKING
					0		76	MISCELLANEOUS REPAIR SERVICES
					0		78	MOTION PICTURES
					0		79	AMUSEMENT & RECREATION SERVICES
					0		80	HEALTH SERVICES
					0		81	LEGAL SERVICES
					0		82	EDUCATIONAL SERVICES
					0		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					0		86	MEMBERSHIP ORGANIZATIONS
					0		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					1		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					0		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					0		93	FINANCE, TAXATION, & MONETARY POLICY
					0		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					0		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					0		97	NATIONAL SECURITY AND INST. AFFAIRS
					0		99	NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER
OR FAMILY BUSINESS

00010100

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 5 -----
SURVEY ENUMERATION RECORD

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Record Type: 5

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	
D_HHTOT	12	2	PEOPLE				N	TOTAL NUMBER OF PEOPLE IN HH
					0		0	NO ONE
					2,976		1	ONE PERSON
					5,530		2	TWO PEOPLE
					1,490		3	THREE PEOPLE
					788		4	FOUR PEOPLE
					445		5	FIVE PEOPLE
					224		6	SIX PEOPLE
					114		7	SEVEN PEOPLE
					70		8	EIGHT PEOPLE
					32		9	NINE PEOPLE
					29		10	TEN PEOPLE
					10		11	ELEVEN PEOPLE
					12		12	TWELVE PEOPLE
					9		13	THIRTEEN PEOPLE
					7		14	FOURTEEN PEOPLE
					3		15	FIFTEEN PEOPLE
					1		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					2		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					1		22	TWENTY-TWO PEOPLE
D_HHREL	14	2	PEOPLE				N	NO. IN HH RELATED TO SP (INCLUDING SP)
					0		0	NO ONE
					3,310		1	ONE PERSON
					5,419		2	TWO PEOPLE
					1,421		3	THREE PEOPLE
					746		4	FOUR PEOPLE
					410		5	FIVE PEOPLE
					201		6	SIX PEOPLE
					99		7	SEVEN PEOPLE
					58		8	EIGHT PEOPLE
					29		9	NINE PEOPLE
					22		10	TEN PEOPLE
					6		11	ELEVEN PEOPLE
					9		12	TWELVE PEOPLE
					5		13	THIRTEEN PEOPLE
					6		14	FOURTEEN PEOPLE
					1		15	FIFTEEN PEOPLE
					1		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
-----	----	----	----	-----	-----	-----	---	-----
D_HHUNRL	16	2		PEOPLE			N	TOTAL NO. PEOPLE IN HH UNRELATED TO SP
					11,110		0	NO ONE
					450		1	ONE PERSON
					87		2	TWO PEOPLE
					33		3	THREE PEOPLE
					27		4	FOUR PEOPLE
					10		5	FIVE PEOPLE
					8		6	SIX PEOPLE
					7		7	SEVEN PEOPLE
					2		8	EIGHT PEOPLE
					2		9	NINE PEOPLE
					0		10	TEN PEOPLE
					1		11	ELEVEN PEOPLE
					2		12	TWELVE PEOPLE
					1		13	THIRTEEN PEOPLE
					1		14	FOURTEEN PEOPLE
					0		15	FIFTEEN PEOPLE
					0		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					1		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					1		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE
D_HHCOMP	18	2		HHCDFMT			N	HOUSEHOLD COMPOSITION CODE
					0		.	INAPPLICABLE
					0		-8	DONT KNOW
					2,976		1	BENEFICIARY LIVES ALONE
					4,404		2	SPOUSE ONLY
					1,675		3	SPOUSE & OTHERS
					733		4	CHILDREN ONLY
					638		5	CHILDREN & OTHERS
					983		6	OTHERS ONLY
					334		7	NON RELATIVE
D_HHLT50	20	2		PEOPLE			N	NUMBER IN HH UNDER 50 (MAY INCLUDE SP)
					7,866		0	NO ONE
					1,703		1	ONE PERSON
					800		2	TWO PEOPLE
					529		3	THREE PEOPLE
					373		4	FOUR PEOPLE
					211		5	FIVE PEOPLE
					107		6	SIX PEOPLE
					65		7	SEVEN PEOPLE
					33		8	EIGHT PEOPLE
					20		9	NINE PEOPLE
					13		10	TEN PEOPLE
					10		11	ELEVEN PEOPLE
					6		12	TWELVE PEOPLE
					4		13	THIRTEEN PEOPLE
					1		14	FOURTEEN PEOPLE
					0		15	FIFTEEN PEOPLE
					0		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					1		18	EIGHTEEN PEOPLE

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 5 -----
SURVEY ENUMERATION RECORD

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Record Type: 5

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE
D_HHGE50	22	2		PEOPLE			N	NO. IN HH 50 AND OVER (MAY INCLUDE SP)
					769		0	NO ONE
					4,242		1	ONE PERSON
					6,211		2	TWO PEOPLE
					435		3	THREE PEOPLE
					61		4	FOUR PEOPLE
					15		5	FIVE PEOPLE
					4		6	SIX PEOPLE
					2		7	SEVEN PEOPLE
					2		8	EIGHT PEOPLE
					0		9	NINE PEOPLE
					0		10	TEN PEOPLE
					2		11	ELEVEN PEOPLE
					0		12	TWELVE PEOPLE
					0		13	THIRTEEN PEOPLE
					0		14	FOURTEEN PEOPLE
					0		15	FIFTEEN PEOPLE
					0		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RIC CODE FOR SURVEY FACILITY ID RECORD
APPLICABLE ONLY TO FACILITY INTERVIEWS								
FILEYR	2	2					C	YY REFERENCE YEAR OF RECORD
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
D_FACID	12	6					C	FACILITY ID
NHSTAT	18	2	NHSTFMT				N	NURSING HOME STAT FL
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					10		0	NOT MET--NH
					1,225		1	MEETS-NO PAR PROBS
					140		2	MEETS-MR
					50		3	MEETS-MENTALLY ILL
					1		4	MEETS-DEAF OR BLIND
					6		5	MEETS-PHYS HANDI
					1		6	MEETS-UNWED MOMS,ETC.
					5		7	MEETS-SOME OTH GROUP
					2		8	MEETS-NO PART GROUP
					6		9	UNABLE TO DETERMINE
FACOWNED	20	2	OWNFMT			FQ1	N	DESCRIPTION OF OWNERSHIP OF FACILITY
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					934		1	FOR PROFIT
					337		2	PRIV NON PROFIT
					73		3	CITY/COUNTY GOVT
					90		4	STATE GOVT
					11		5	VETERANS ADMIN
					0		91	OT FED AG (SPEC)
FACDISC	22	2	FACFMT			FQ2	N	FACILITY DESCRIPTION
					0		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					11		1	HOSPITAL
					1,043		2	NURSING HOME
					26		3	RETIREMENT HOME
					55		4	DOMI/PER CARE FAC
					48		5	MENTAL HLTH FACILITY
					88		6	INST FOR MR/DEV DISA
					6		7	MENTAL HLTH CNTR
					18		8	LIFE CARE/CONT CARE
					69		9	ASSISTED LIVING FAC
					7		10	REHAB FACILITY
					72		91	OTHER PLACE (SPEC)

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 7 -----
SURVEY FACILITY IDENTIFICATION

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CODEBOOK Record Type: 7

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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FACDIOS	24	2	FACDFMT	FQ20T	N	FACILITY DESCRIPTION--OTHER SPECIFIED
				1,374	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				0	-7	REFUSED
				6	1	ADULT HOSTEL
				8	2	ADULT FOSTER CARE
				1	3	HOSPICE
				5	4	RESIDENTIAL CARE
				0	5	EXTENDED CARE FACILITY
				0	6	INDEPENDENT LIVING
				5	7	GROUP HOME--MENTAL ILL
				0	8	SHELTER CARE
				0	9	FAMILY CARE/FOSTER
				2	10	NH/PERSONAL CARE FAC
				14	11	NH/REHAB FACILITY
				0	12	ASSISTED LIVING
				0	13	RETIRE HOME/ASSIST LIV
				1	14	PSYCHIATRIC HOSPITAL
				0	15	ACLF
				0	16	DOMICILIARY/ASSIST LIV
				0	17	CBRF
				0	18	GRP HOME FOR EMOT DIST
				0	19	RESIDENTIAL CARE
				2	20	GROUP HOME
				0	21	PEDIATRIC LTC FACILITY
				1	22	NH/ASSISTED LIVING
				0	23	MENTAL HLTH/MR/DEV DIS
				0	24	NURSING HM/ASSISTED
				0	25	NH/RETIREMENT HME/DD
				3	26	NH/RETIREMENT HOME
				3	27	DOMICILIARY/ASSISTED
				1	28	NH/PERSONAL CARE FAC
				1	29	RESIDENTIAL HEALTH CARE
				1	30	FAMILY CARE
				0	31	NH/LIFE CARE FACILITY
				0	32	NH/MEDICAL CENTER
				3	33	ON LOK
				1	34	CONVALESCENT HOME
				1	35	REST HOME/PROTECT CARE
				0	36	RESIDENTAIL SHELTER
				1	37	INST FOR MR/DEV DIS/REST
				1	38	REST HOME
				1	39	NH/LIFE CARE/REHAB
				1	40	NURSING HOME/PERS CARE
				2	41	HOSPITAL/RETIRE HOME
				1	43	NH/HOSPICE
				1	45	RESID FAC FOR DEAF
				1	46	RETIRE HOME/PERS CARE
				1	48	MENTAL HEALTH
				1	49	INST FOR MR/DEV DIS
				1	51	RETIREMENT HOME
				1	53	NH/RETIRE/ASSIST LIV

INAPPLICABLE: FACDISC Λ=91

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Variable	Col	Len	Fmt	Name	Frequency	Ques	#	Ty	Label
FACLONGT	26	2	MOSTFMT		FQ3	N	DOES FACILITY PROVIDE LONG TERM CARE?		
				0		.	INAPPLICABLE		
				0		-9	NOT ASCERTAINED		
				0		-8	DONT KNOW		
				0		-7	REFUSED		
				1,441		1	YES		
				5		2	NO		
FACLTBED	28	3	BEDFMT		FQ5	N	NUMBER OF LONG TERM BEDS ONLY		
				5		.	INAPPLICABLE		
				3		-9	NOT ASCERTAINED		
				3		-8	DONT KNOW		
				0		-7	REFUSED		
				1,426		0-990	NUMBER OF BEDS		
				0		993	3 OR MORE BEDS		
				9		996	# BEDS > 990		
FACTOBED	31	3	BEDFAFMT		FQ6	N	TOTAL NUMBER OF BEDS IN FACILITY		
				0		.	INAPPLICABLE		
				2		-9	NOT ASCERTAINED		
				3		-8	DONT KNOW		
				0		-7	REFUSED		
				1,417		0-995	NUMBER OF BEDS		
				24		996	# BEDS > 995		
PROVLEVL	34	2	MOSTFMT		FQ7	N	DOES FACILITY PROVIDE DIFF CARE LEVELS?		
				0		.	INAPPLICABLE		
				1		-9	NOT ASCERTAINED		
				1		-8	DONT KNOW		
				0		-7	REFUSED		
				822		1	YES		
				622		2	NO		
LEVLSKIL	36	2	MOSTFMT		FQ8A	N	DOES FACILITY PROVIDE SKILLED CARE?		
				624		.	INAPPLICABLE		
				1		-9	NOT ASCERTAINED		
				1		-8	DONT KNOW		
				0		-7	REFUSED		
				693		1	YES		
				127		2	NO		
INAPPLICABLE: PROVLEVL=2,-7,-8,-9									
LEVLINTR	38	2	MOSTFMT		FQ8B	N	DOES FACILITY PROVIDE INTERMEDIATE CARE?		
				624		.	INAPPLICABLE		
				0		-9	NOT ASCERTAINED		
				1		-8	DONT KNOW		
				0		-7	REFUSED		
				669		1	YES		
				152		2	NO		

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Ty Label

INAPPLICABLE: PROVLEVL=2,-7,-8,-9

LEVLOTH1	40	2	MOSTFMT	FQ8C	N	DOES FACILITY PROV OTHER LVL OF CARE 1?
			624		.	INAPPLICABLE
			0		-9	NOT ASCERTAINED
			1		-8	DONT KNOW
			0		-7	REFUSED
			337		1	YES
			484		2	NO

INAPPLICABLE: PROVLEVL=2,-7,-8,-9

LEVLOTS1	42	2	LEVLOTFT	FQ8CO	N	OTHER LEVEL OF CARE 1 - SPECIFY
			1,109		.	INAPPLICABLE
			0		-9	NOT ASCERTAINED
			0		-8	DK
			0		-7	REFUSED
			6		1	LIGHT
			16		2	HEAVY
			22		3	CUSTODIAL
			10		4	ALZHEIMERS
			9		5	MINIMUM
			7		6	MODERATE
			0		7	MAXIMUM
			4		8	SPECIALIZED CARE
			9		9	INTENSIVE
			0		10	HEAVY INTENSIVE CARE
			0		11	EXTENSIVE CARE
			2		12	RETARDED
			0		13	RETARDED/EXTRA CARE
			19		14	PERSONAL CARE/TOTAL
			4		15	BEHAVIORAL
			1		16	DEVELOPMENTALLY DISABLED
			1		17	MENTALLY ILL & HOMELESS
			2		18	COMPLEX CARE ISNF
			0		19	CLOSELY MONITORED
			1		20	ADL ASSISTANCE
			1		21	PROFOUND MENTAL RETARDATION
			0		22	MILD MENTAL RETARDATION
			0		23	SEVERE MENTAL RETARDATION
			3		24	SPECIALIZED DEMENTIA
			0		34	RESPIRE
			0		38	PSYCHIATRIC REHAB
			0		46	LONG TERM PSYCHIATRIC
			0		47	DEPENDENT
			0		56	OUTPATIENT
			0		57	INDEPENDENT LIVING
			0		61	RETIREMENT
			175		95	NOT SPECIFIC
			45		96	STATE SPECIFIC

INAPPLICABLE: LEVLOTH1=-1,2,-7,-8,-9

LEVLOTH2	44	2	MOSTFMT	FQ8D	N	DOES FACILITY PROV OTHER LVL OF CARE 2?
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Ty Label

624
0
0
0
60
762

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

INAPPLICABLE: PROVLEV=-1,2,-7,-8,-9
LEVLOTS2 46 2 LEVLOTFT FQ8DO

N OTHER LEVEL OF CARE 2 - SPECIFY

1,386

0

0

0

3

4

1

7

0

12

1

1

0

0

1

0

0

6

0

3

2

0

0

0

0

1

0

0

0

0

0

0

0

0

0

17

1

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DK
-7 REFUSED
1 LIGHT
2 HEAVY
3 CUSTODIAL
4 ALZHEIMERS
5 MINIMUM
6 MODERATE
7 MAXIMUM
8 SPECIALIZED CARE
9 INTENSIVE
10 HEAVY INTENSIVE CARE
11 EXTENSIVE CARE
12 RETARDED
13 RETARDED/EXTRA CARE
14 PERSONAL CARE/TOTAL
15 BEHAVIORAL
16 DEVELOPMENTALLY DISABLED
17 MENTALLY ILL & HOMELESS
18 COMPLEX CARE ISNF
19 CLOSELY MONITORED
20 ADL ASSISTANCE
21 PROFOUND MENTAL RETARDATION
22 MILD MENTAL RETARDATION
23 SEVERE MENTAL RETARDATION
24 SPECIALIZED DEMENTIA
34 RESPITE
38 PSYCHIATRIC REHAB
46 LONG TERM PSYCHIATRIC
47 DEPENDENT
56 OUTPATIENT
57 INDEPENDENT LIVING
61 RETIREMENT
95 NOT SPECIFIC
96 STATE SPECIFIC

INAPPLICABLE: LEVLOTH2=-1, 2,-7,-8,-9

LEVLOTH3 48 2 MOSTFMT FQ8E

N DOES FACILITY PROV OTHER LVL OF CARE 3?

624

0

0

0

0

15

807

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

INAPPLICABLE: PROVLEV=2,-7,-8,-9

Variable Col Len Fmt Name Frequency Ques # Ty Label

LEVLOTS3	50	2	LEVLOTFT	FQ8EO	N	OTHER LEVEL OF CARE 3 - SPECIFY
			1,431	.		INAPPLICABLE
			0	-9		NOT ASCERTAINED
			0	-8		DK
			0	-7		REFUSED
			2	1		LIGHT
			3	2		HEAVY
			0	3		CUSTODIAL
			2	4		ALZHEIMERS
			0	5		MINIMUM
			0	6		MODERATE
			3	7		MAXIMUM
			0	8		SPECIALIZED CARE
			0	9		INTENSIVE
			0	10		HEAVY INTENSIVE CARE
			0	11		EXTENSIVE CARE
			0	12		RETARDED
			0	13		RETARDED/EXTRA CARE
			0	14		PERSONAL CARE/TOTAL
			0	15		BEHAVIORAL
			0	16		DEVELOPMENTALLY DISABLED
			1	17		MENTALLY ILL & HOMELESS
			0	18		COMPLEX CARE ISNF
			0	19		CLOSELY MONITORED
			0	20		ADL ASSISTANCE
			0	21		PROFOUND MENTAL RETARDATION
			0	22		MILD MENTAL RETARDATION
			0	23		SEVERE MENTAL RETARDATION
			0	24		SPECIALIZED DEMENTIA
			0	34		RESPIRE
			0	38		PSYCHIATRIC REHAB
			0	46		LONG TERM PSYCHIATRIC
			0	47		DEPENDENT
			0	56		OUTPATIENT
			0	57		INDEPENDENT LIVING
			0	61		RETIREMENT
			4	95		NOT SPECIFIC
			0	96		STATE SPECIFIC

INAPPLICABLE: LEVLOTH3=-1, 2,-7,-8,-9

SNFBEDN	52	3	SNFBEFMT	FQ10	N	NUMBER OF SNF BEDS--MEDICARE
			585	.		INAPPLICABLE
			0	-9		NOT ASCERTAINED
			5	-8		DONT KNOW
			0	-7		REFUSED
			0	0		NO BEDS OF TYPE
			856	1-997		NUMBER OF BEDS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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MCDSNFN	55	3	SNFBEFMT		FQ12		N	NUMBER OF SNF BEDS--MEDICAID
				536			.	INAPPLICABLE
				3			-9	NOT ASCERTAINED
				2			-8	DONT KNOW
				0			-7	REFUSED
				0			0	NO BEDS OF TYPE
				905			1-997	NUMBER OF BEDS

INAPPLICABLE: MCADCERT=2,-7,-8,-9

MCDICFN	58	3	SNFBEFMT		FQ14		N	NUMBER OF ICF BEDS ONLY
				891			.	INAPPLICABLE
				19			-9	NOT ASCERTAINED
				5			-8	DONT KNOW
				0			-7	REFUSED
				54			0	NO BEDS OF TYPE
				477			1-997	NUMBER OF BEDS

INAPPLICABLE: MCADICF=2,-7,-8,-9

MCDICFMR	61	3	SNFBEFMT		FQ15		N	NUMBER OF ICF-MR BEDS ONLY
				891			.	INAPPLICABLE
				31			-9	NOT ASCERTAINED
				6			-8	DONT KNOW
				0			-7	REFUSED
				405			0	NO BEDS OF TYPE
				113			1-997	NUMBER OF BEDS

INAPPLICABLE: MCADICF=2,-7,-8,-9

CERTBEDS	64	3	SNFBEFMT		FQ17		N	NUMBER OF UNCERTIFIED BEDS
				1,272			.	INAPPLICABLE
				3			-9	NOT ASCERTAINED
				9			-8	DONT KNOW
				0			-7	REFUSED
				0			0	NO BEDS OF TYPE
				162			1-997	NUMBER OF BEDS

INAPPLICABLE: CERTMCMD=-1,2,-7,-8,-9

PRIMDEAF	67	2	MOSTFMT		FQ18A		N	FACIL PRIM SERVE--DEAF
				0			.	INAPPLICABLE
				2			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				0			-7	REFUSED
				15			1	YES
				1,429			2	NO

PRIMBLND	69	2	MOSTFMT		FQ18B		N	FACIL PRIM SERVE--BLIND
				0			.	INAPPLICABLE
				2			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				0			-7	REFUSED
				18			1	YES

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,426		2	NO
PRIMUWED	71	2	MOSTFMT	FQ18C			N	FACIL PRIM SERVE--UNWED MOMS
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		1	YES
					1,444		2	NO
PRIMABUS	73	2	MOSTFMT	FQ18D			N	FACIL PRIM SERVE--ALCOHOL/DRUG ABUSERS
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					11		1	YES
					1,433		2	NO
PRIMORPH	75	2	MOSTFMT	FQ18E			N	FACIL PRIM SERVE--ORPHANS/DEPEND
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					2		1	YES
					1,442		2	NO
PRIMMDEF	77	2	MOSTFMT	FQ18G			N	FACIL PRIM SERVE--MENTALLY ILL & DEAF
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					2		1	YES
					1,442		2	NO
PRIMMENT	79	2	MOSTFMT	FQ18F			N	FACIL PRIM SERVE--MENTALLY ILL ONLY
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					58		1	YES
					1,386		2	NO
PRIMMEDD	81	2	MOSTFMT	FQ18H			N	FACIL PRIM SERVE--MENT RET/DEV DIS
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					138		1	YES
					1,306		2	NO
PRIMMIMR	83	2	MOSTFMT	FQ18I			N	FACIL PRIM SERVE--MENT RET & MENT ILL

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					60		1	YES
					1,384		2	NO
PRIMGERI	85	2	MOSTFMT	FQ18K			N	FACIL PRIM SERVE-GERIATRIC
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,199		1	YES
					245		2	NO
PRIMNEUR	87	2	MOSTFMT	FQ18J			N	FACIL PRIM SERVE-NEURO OR PHYS HANDI
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					52		1	YES
					1,392		2	NO
PRIMOTHR	89	2	MOSTFMT	FQ18L			N	FACIL PRIM SERVE-SOME OTHER GRP
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					10		1	YES
					1,434		2	NO
PRIMOS	91	2	LVL1FMT	FQ18L			N	FACIL PRIM SERVE-SOME OTHER GRP-OS
					1,436		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					2		1	ALZHEIMERS
					1		2	TER ILL PAT
					1		3	VETERANS
					1		4	REHABILITATION
					0		5	CHRISTIAN SCIENCE
					0		6	HOSPICE
					0		7	CONVICTS
					0		8	ADOLESCENT MEN ILL
					0		9	MALES >18 AMBULATORY
					0		10	POST SURGICAL REHAB
					0		11	AIDS
					1		12	EMOTIONALLY DISTURB
					0		13	MENTAL ILL/PHYSICAL
					1		14	VENTILATOR DEPEND
					0		15	MENTAL ILL/HOMELESS
					0		16	ADULT FOSTER CARE
					1		17	SISTERS OF THE CONV
					1		18	PROTECTIVE CARE

INAPPLICABLE: PRIMOTHR=2,-7,-8,-9

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PRIMGRP	93	2	MOSTFMT			FQ18M	N	FACIL PRIM SERVE-NO PRIMARY GRP
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					36		1	YES
					1,408		2	NO

ROOMCARE	95	2	MOSTFMT			FQ19A	N	DOES FACIL PROVIDE NURSE/MEDICAL CARE?
					0		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,337		1	YES
					105		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

SUPRMED	97	2	MOSTFMT			FQ19B	N	DOES FACIL SUPERVISE SELF-ADMIN MEDS?
					0		.	INAPPLICABLE
					32		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					1,089		1	YES
					322		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPBATH	99	2	MOSTFMT			FQ19C	N	DOES FACIL PROVIDE HELP W/BATHING?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,416		1	YES
					28		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPDRES	101	2	MOSTFMT			FQ19D	N	DOES FACIL PROVIDE HELP W/DRESSING?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,416		1	YES
					29		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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FHLPSHOP	103	2	MOSTFMT	FQ19E	N	DOES FACIL PROVIDE HELP W/SHOPPING?		
				0	.	INAPPLICABLE		
				1	-9	NOT ASCERTAINED		
				0	-8	DONT KNOW		
				0	-7	REFUSED		
				1,423	1	YES		
				22	2	NO		

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPWALK	105	2	MOSTFMT	FQ19F	N	DOES FACIL PROVIDE HELP W/WALKING?		
				0	.	INAPPLICABLE		
				3	-9	NOT ASCERTAINED		
				0	-8	DONT KNOW		
				0	-7	REFUSED		
				1,393	1	YES		
				50	2	NO		

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPEAT	107	2	MOSTFMT	FQ19G	N	DOES FACIL PROVIDE HELP W/EATING?		
				0	.	INAPPLICABLE		
				4	-9	NOT ASCERTAINED		
				0	-8	DONT KNOW		
				0	-7	REFUSED		
				1,382	1	YES		
				60	2	NO		

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPCOMM	109	2	MOSTFMT	FQ19H	N	DOES FACIL PROVIDE HELP W/COMMUNICATION?		
				0	.	INAPPLICABLE		
				8	-9	NOT ASCERTAINED		
				0	-8	DONT KNOW		
				0	-7	REFUSED		
				1,394	1	YES		
				44	2	NO		

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPNURS	111	2	MOSTFMT	FQ20	N	DOES FACIL PROVIDE 24HR NURSING CARE?		
				0	.	INAPPLICABLE		
				7	-9	NOT ASCERTAINED		
				0	-8	DONT KNOW		
				0	-7	REFUSED		
				1,422	1	YES		
				17	2	NO		

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INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

SPIDCNT	113	2	SPFMT	N	NUMBER OF SPS IN FACILITY
			0	.	INAPPLICABLE
			0	-9	NOT ASCERTAINED
			1,021	1	ONE SAMPLE PERSON
			214	2	TWO SAMPLE PEOPLE
			82	3	THREE SAMPLE PEOPLE
			50	4	FOUR SAMPLE PEOPLE
			20	5	FIVE SAMPLE PEOPLE
			23	6	SIX SAMPLE PEOPLE
			10	7	SEVEN SAMPLE PEOPLE
			5	8	EIGHT SAMPLE PEOPLE
			14	9	NINE SAMPLE PEOPLE
			7	10	TEN SAMPLE PEOPLE

NORATE	115	2	NORTFMT	FQ18R	N	REASON FOR NO RATES
			1,432	.	INAPPLICABLE	
			2	1	VA	
			11	2	STATE FUNDED	
			0	3	CAPITATED	
			1	4	CONVENT	

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$RICFMT				C	INTERVIEW RECORD
				47,841			8	SURVEY INTERVIEW RECORD
FILEYR	2	2	\$FYRFMT				C	YY REFERENCE YEAR
				47,841			94	FILE YEAR
BASEID	4	8	\$BASEFMT				C	UNIQUE IDENTIFICATION NUMBER
				47,841			ZZZZZZZZ	
INTERVU	12	1	\$INTRFMT				C	TYPE OF INTERVIEW
				43,236			C	COMMUNITY
				4,605			F	FACILITY
INT_DATE	13	6	\$DATEFMT				N	DATE OF INTERVIEW
				47,841			YYMMDD	
RESTART	19	2	\$STARFMT				N	NUMBER OF TIMES INTRV INTERRUPTED
				14,762			.	INAPPLICABLE
				0			-9	NOT ASCERTAINED
				0			-8	DONT KNOW
				31,917			0	NOT INTERRUPTED
				829			1	ONE RESTART
				234			2	TWO RESTARTS
				74			3	THREE RESTARTS
				19			4	FOUR RESTARTS
				3			5	FIVE RESTARTS
				1			6	SIX RESTARTS
				1			7	SEVEN RESTARTS
				0			8	EIGHT RESTARTS
				1			9	NINE RESTARTS
				0			10	TEN RESTARTS
				0			11	ELEVEN RESTARTS
				0			12	TWELVE RESTARTS

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

LENGTH	21	5	LENGFMT				N	DURATION OF INTERVIEW
				11,258			.	MISSING
				36,583			0-999999	MINUTES IN LENGTH

ONLY APPLICABLE TO UNINTERRUPTED COMMUNITY INTERVIEWS

LANG	26	2	\$LANGFMT				C	LANGUAGE OF INTERVIEW
				59			-1	MISSING
				41,495			E	ENGLISH
				1,626			S	SPANISH

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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PROXY	28	2	PROXFMT				N	SELF-RESPONDENT OR PROXY
				59			.	MISSING
				4,605			-1	INAPPLICABLE
				36,404			1	SP RESPONDED
				6,773			2	PROXY RESPONDED

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

D_PROXR	30	2	PNSPFMT				N	PROXY'S RELATIONSHIP TO SP
				42,592			.	INAPPLICABLE
				0			-1	INAPPLICABLE
				0			1	SAMPLE PERSON
				170			2	SPOUSE
				588			3	SON
				952			4	DAUGHTER
				249			5	BROTHER
				308			6	SISTER
				50			7	FATHER
				72			8	MOTHER
				94			9	SON-IN-LAW
				168			10	DAUGHTER-IN-LAW
				228			11	GRANDSON
				272			12	GRANDDAUGHTER
				80			13	NEPHEW
				151			14	NIECE
				24			50	PARTNER/ROOMMATE
				526			51	FRIEND/NEIGHBOR
				25			52	BOARDER
				110			53	NURSE/NURSES AIDE
				24			54	LEGAL/FINANCIAL OFFICER
				7			55	GUARDIAN
				446			91	OTHER RELATIVE
				639			92	OTHER NON-RELATIVE

VARIABLE IS ONLY APPLICABLE TO PROXY COMMUNITY INTERVIEWS

PN_SPOLD	32	2	PN_SPFMT				N	PROXY NEC-SP TOO OLD/FRAIL
				43,092			.	INAPPLICABLE
				13			-9	NOT ASCERTAINED
				1			-8	DONT KNOW
				728			1	INDICATED
				4,007			2	NOT INDICATED
PN_SPILL	34	2	PN_SPFMT				N	PROXY NECESSARY-SP TOO ILL
				43,092			.	INAPPLICABLE
				13			-9	NOT ASCERTAINED
				1			-8	DONT KNOW
				619			1	INDICATED
				4,116			2	NOT INDICATED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
-----	----	----	----	-----	-----	-----	---	-----
PN_SPHOH	36	2	PN_SPFMT			N		PROXY NEC-SP HARD OF HEARING
				43,092	.			INAPPLICABLE
				13	-9			NOT ASCERTAINED
				1	-8			DONT KNOW
				489	1			INDICATED
				4,249	2			NOT INDICATED
PN_SPSBB	38	2	PN_SPFMT			N		PROXY NEC-SP SHOULDNT BE BOTHERED
				42,092	.			INAPPLICABLE
				13	-9			NOT ASCERTAINED
				1	-8			DONT KNOW
				584	1			INDICATED
				4,151	2			NOT INDICATED
PN_SPWBA	40	2	PN_SPFMT			N		PROXY NEC-SP NOT ABLE TO ANSWER
				43,092	.			INAPPLICABLE
				13	-9			NOT ASCERTAINED
				1	-8			DONT KNOW
				2,073	1			INDICATED
				2,662	2			NOT INDICATED
PN_SPMEM	42	2	PN_SPFMT			N		PROXY NEC-SP MEMORY IS BAD
				43,092	.			INAPPLICABLE
				13	-9			NOT ASCERTAINED
				1	-8			DONT KNOW
				811	1			INDICATED
				3,924	2			NOT INDICATED
PN_SPNAM	44	2	PN_SPFMT			N		PROXY NEC-SP NOT ABLE MENTALLY
				43,092	.			INAPPLICABLE
				13	-9			NOT ASCERTAINED
				1	-8			DONT KNOW
				1,477	1			INDICATED
				3,924	2			NOT INDICATED
PN_SPINH	46	2	PN_SPFMT			N		PROXY NEC-SP IN HOSPITAL
				43,092	.			INAPPLICABLE
				12	-9			NOT ASCERTAINED
				1	-8			DONT KNOW
				73	1			INDICATED
				4,663	2			NOT INDICATED
PN_SPLAN	48	2	PN_SPFMT			N		PROXY NEC-LANGUAGE PROBLEM
				43,092	.			INAPPLICABLE
				13	-9			NOT ASCERTAINED
				1	-8			DONT KNOW
				206	1			INDICATED
				4,529	2			NOT INDICATED

Variable Col Len Fmt Name Frequency Ques # Ty Label

PN_SPDED 50 2 PN_SPFMT

N PROXY NEC-SP DECEASED

43,092
 11
 1
 476
 4,261

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 1 INDICATED
 2 NOT INDICATED

PN_SPINS 52 2 PN_SPFMT

N PROXY NEC-SP INSTITUTIONALIZED

43,092
 12
 1
 174
 4,562

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 1 INDICATED
 2 NOT INDICATED

PN_SPUNA 54 2 PN_SPFMT

N PROXY NEC-SP UNAVAILABLE

43,092
 12
 1
 490
 4,312

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 1 INDICATED
 2 NOT INDICATED

PN_SPOTH 56 2 PN_SPFMT

N PROXY NEC-OTHER REASON

43,092
 11
 1
 340
 4,397

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 1 INDICATED
 2 NOT INDICATED

RREHELP 58 2 RESTFMT

N DID RESPONDENT RECEIVE HELP ANSWERING

7,674
 6
 0
 5,464
 34,697

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 1 YES
 2 NO

D_IHLPRL 60 2 PNSPFMT

N HELPERS RELATIONSHIP TO SP

42,959
 13
 2
 10
 153
 858
 1150
 128
 230

. INAPPLICABLE
 -9 NOT ASCERTAINED
 -8 DONT KNOW
 1 SAMPLE PERSON
 2 SPOUSE
 3 SON
 4 DAUGHTER
 5 BROTHER
 6 SISTER

Variable Col Len Fmt Name Frequency Ques # Ty Label

22	7	FATHER
40	8	MOTHER
68	9	SON-IN-LAW
109	10	DAUGHTER-IN-LAW
144	11	GRANDSON
192	12	GRANDDAUGHTER
43	13	NEPHEW
82	14	NIECE
18	50	PARTNER/ROOMMATE
702	51	FRIEND/NEIGHBOR
10	52	BOARDER
64	53	NURSE/NURSES AIDE
12	54	LEGAL/FINANCIAL OFFICER
1	55	GUARDIAN
418	91	OTHER RELATIVE
413	92	OTHER NON-RELATIVE

RINFOSAT 62 2 RESTFMT N INFO PROVIDED BY RESPON IS SATISFACTORY

7,674	.	INAPPLICABLE
1	-9	NOT ASCERTAINED
0	-8	DONT KNOW
38,888	1	YES
1,278	2	NO

SEQNUM 64 3 N SEQUENCE NUMBER WITHIN SP

12,092	1	ONE SEQUENCE
11,952	2	TWO SEQUENCES
12,082	3	THREE SEQUENCES
11,183	4	FOUR SEQUENCES
439	5	FIVE SEQUENCES
75	6	SIX SEQUENCES
17	7	SEVEN SEQUENCES
1	8	EIGHT SEQUENCES

TOTLINTV 67 3 N TOTAL INTERVIEWS FOR SP

253	1	INTERVIEW
625	2	INTERVIEWS
2,376	3	INTERVIEWS
43,244	4	INTERVIEWS
1,122	5	INTERVIEWS
159	6	INTERVIEWS
62	7	INTERVIEWS

D_FACID 70 6 \$FACIFMT C FACILITY ID

4,461	TOTAL FACILITY IDS
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<i>Variable</i>	<i>Col</i>	<i>Len</i>	<i>Fmt</i>	<i>Name</i>	<i>Frequency</i>	<i>Ques #</i>	<i>Ty</i>	<i>Label</i>
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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 9 ----- CODEBOOK
TIME-LINE RECORD

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Record Type: 9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
NUMSIT	12	2	F_NUMSIT				N	NUMBER OF SITUATIONS
					12,068		1	SINGLE SITUATION
					588		2	TWO SITUATIONS
					90		3	THREE SITUATIONS
					30		4	FOUR SITUATIONS
					1		5	FIVE SITUATIONS
					0		6	SIX SITUATIONS
					0		7	SEVEN SITUATIONS
					0		8	EIGHT SITUATIONS
					0		9	NINE SITUATIONS
D_SIT1	14	6	\$DTE6FMT				C	EARLIEST SITUATION DATE (SITUATION 1)
					0			MISSING
					12,777	000000-999999		DATE AS YYMMDD
D_CODE1	20	1	\$CODEFMT				C	EARLIEST SITUATION CODE
					0			MISSING
					11,024		C	COMMUNITY
					697		D	DEEMED COMMUNITY
					1,044		F	FACILITY
					12		G	DEEMED FACILITY
D_FACID1	21	6	\$FACLFMT				C	EARLIEST FACILITY ID
					11,729			MISSING
					1,048	000000-999999		FACILITY ID
D_SIT2	27	6	\$DTE6FMT				C	SITUATION 2 START DATE
					12,068			MISSING
					709	000000-999999		DATE AS YYMMDD
D_CODE2	33	1	\$CODEFMT				C	SITUATION 2 CODE
					12,068			MISSING
					68		C	COMMUNITY
					278		D	DEEMED COMMUNITY
					310		F	FACILITY
					53		G	DEEMED FACILITY
D_FACID2	34	6	\$FACLFMT				C	SITUATION 2 FACILITY ID
					12,467			MISSING
					310	000000-999999		FACILITY ID
D_SIT3	40	6	\$DTE6FMT				C	SITUATION 3 START DATE
					12,656			MISSING
					121	000000-999999		DATE AS YYMMDD

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 9 -----
TIME-LINE RECORD

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Record Type: 9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_CODE3	46	1	\$CODEFMT				C	SITUATION 3 CODE
					12,656			MISSING
					21		C	COMMUNITY
					5		D	DEEMED COMMUNITY
					76		F	FACILITY
					19		G	DEEMED FACILITY
D_FACID3	47	6	\$FACLFMT				C	SITUATION 3 FACILITY ID
					12,701			MISSING
					76	000000-999999		FACILITY ID
D_SIT4	53	6	\$DTE6FMT				C	SITUATION 4 START DATE
					12,746			MISSING
					31	000000-999999		DATE AS YYMMDD
D_CODE4	59	1	\$CODEFMT				C	SITUATION 4 CODE
					12,746			MISSING
					3		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					22		F	FACILITY
					6		G	DEEMED FACILITY
D_FACID4	60	6	\$FACLFMT				C	SITUATION 4 FACILITY ID
					12,755			MISSING
					22	000000-999999		FACILITY ID
D_SIT5	66	6	\$DTE6FMT				C	SITUATION 5 START DATE
					12,776			MISSING
					1	000000-999999		DATE AS YYMMDD
D_CODE5	72	1	\$CODEFMT				C	SITUATION 5 CODE
					12,776			MISSING
					1		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID5	73	6	\$FACLFMT				C	SITUATION 5 FACILITY ID
					12,777			MISSING
					0	000000-999999		FACILITY ID
D_SIT6	79	6	\$DTE6FMT				C	SITUATION 6 START DATE
					12,777			MISSING
					0	000000-999999		DATE AS YYMMDD
D_CODE6	85	1	\$CODEFMT				C	SITUATION 6 CODE
					12,777			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 9 -----
TIME-LINE RECORD

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Record Type: 9

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID6	86	6	\$FACLFMT				C	SITUATION 6 FACILITY ID
					12,777			MISSING
					0	000000-999999		FACILITY ID
D_SIT7	92	6	\$DTE6FMT				C	SITUATION 7 START DATE
					12,777			MISSING
					0	000000-999999		DATE AS YYMMDD
D_CODE7	98	1	\$CODEFMT				C	SITUATION 7 CODE
					12,777			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID7	99	6	\$FACLFMT				C	SITUATION 7 FACILITY ID
					12,777			MISSING
					0	000000-999999		FACILITY ID
D_SIT8	105	6	\$DTE6FMT				C	SITUATION 8 START DATE
					12,777			MISSING
					0	000000-999999		DATE AS YYMMDD
D_CODE8	111	1	\$CODEFMT				C	SITUATION 8 CODE
					12,777			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID8	112	6	\$FACLFMT				C	SITUATION 8 FACILITY ID
					12,777			MISSING
					0	000000-999999		FACILITY ID
D_SIT9	118	6	\$DTE6FMT				C	SITUATION 9 START DATE
					12,777			MISSING
					0	000000-999999		DATE AS YYMMDD
D_CODE9	124	1	\$CODEFMT				C	SITUATION 9 CODE
					12,777			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID9	125	6	\$FACLFMT				C	SITUATION 9 FACILITY ID
					12,777			MISSING

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 9 -----
TIME-LINE RECORD

Page: 118
Record Type: 9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0	000000-999999		FACILITY ID
D_SIT	131	6	\$DTE6FMT				C	LATEST SURVEY COVERED DATE
					11			MISSING
					12,766	000000-999999		DATE AS YYMMDD
STATUS94	137	2	\$DISPFMT				C	1994 DISPOSITION
					0		.	INAPPLICABLE
					11,061		40	LIVING
					646		50	DECEASED
					374		60	LIVING, AT LEAST ONE GAP
					44		70	DECEASED, AT LEAST ONE GAP
					652		99	ROUND 10/13 SAMPLE
TYPE94	139	1	\$TYPEFMT				C	1994 LIVING SITUATION TYPE
					0		.	INAPPLICABLE
					307		B	BOTH
					11,442		C	COMMUNITY
					1,028		F	FACILITY
D_DOD	140	6	\$DTE6FMT				C	DEATH DATE ACCORDING TO SURVEY
					12,087			MISSING
					690	000000-999999		DATE AS YYMMDD

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE K -----
KEY RECORD

Page: 119
Record Type: K

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RIC K - KEY RECORD
FILEYR	2	2					C	C4 - 1994 COST AND USE FILE
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
SAMPLECD	12	2	\$SAM_FMT				C	START OF MEDICARE ENTITLEMENT
					1		**	NOT ENTITLED
					12,120		00	ENTITLED BEFORE 93
					311		01	FIRST ENTITLED IN 93
					345		02	FIRST ENTITLED IN 94
FIRSTRND	14	2	\$FRD_FMT				C	FIRST ROUND OF INTERVIEWS
					8,785		01	FIRST INTERVIEW R1
					1,620		04	FIRST INTERVIEW R4
					1,720		07	FIRST INTERVIEW R7
					309		10	FIRST INTERVIEW R10
					343		13	FIRST INTERVIEW R13
TYPE94	16	1	\$TYP_FMT				C	BENEFICIARY'S LIVING SITUATION FOR 1994
					0		.	INAPPLICABLE
					307		B	BOTH
					11,442		C	COMMUNITY
					1,028		F	FACILITY
STATUS94	17	2	\$STA_FMT				C	COMPLETENESS OF SURVEY DATA FOR 1994
					11,061		40	COMPLETE, ALIVE ON 12/31
					646		50	COMPLETE, DEATH ON-BEFORE 12/31
					374		60	INCOMPLETE, ALIVE ON 12/31
					44		70	INCOMPLETE, DEATH ON-BEFORE 12/31
					652		99	ROUND 10 OR 13 PANEL
C_DAYS	19	3	DAY_FMT				N	NUMBER OF COMMUNITY DAYS
					0		.	UNKNOWN
					1,028		0	ZERO
					365		0<-122	1-122
					350		122<-244	123-244
					343		244<-364	245-364
					10,691		365	ALL YEAR
					0		365<-HIGH	OVER 365
F_DAYS	22	3	DAY_FMT				N	NUMBER OF FACILITY DAYS
					0		.	UNKNOWN
					11,442		0	ZERO
					234		0<-122	1-122
					165		122<-244	123-244
					123		244<-364	245-364
					813		365	ALL YEAR
					0		365<-HIGH	OVER 365

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 COST&USE RECORD IDENTIFICATION CODE K ----- CODEBOOK Record Type: K
 1994 KEY RECORD

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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TOT_DAYS	25	3		DAY_FMT			N	TOTAL PERSON DAYS
					0		.	UNKNOWN
					0		0	ZERO
					366		0<-122	1-122
					344		122<-244	123-244
					325		244<-364	245-364
					11,742		365	ALL YEAR
					0		365<-HIGH	OVER 365

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE X ----- CODEBOOK
CROSS-SECTIONAL WEIGHTS RECORD

Page: 121
Record Type: X

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	CROSS-SECTIONAL WEIGHTS
FILEYR	2	2					C	YY REFERENCE YEAR
BASEID	4	8					C	MCBS UNIQUE IDENTIFICATION NUMBER
VARSTRAT	12	8	NUMFMT				N	VARIANCE STRATUM
					0 12,777		.	INAPPLICABLE
						0-99999999	99999999	
VARUNIT	20	8	NUMFMT				N	VARIANCE PSU
					0 12,777		.	INAPPLICABLE
						0-99999999	99999999	
SUDSTRAT	28	8	NUMFMT				N	SUDAAN STRATUM
					0 12,777		.	INAPPLICABLE
						0-99999999	99999999	
SUDUNIT	36	8	NUMFMT				N	SUDAAN PSU
					0 12,777		.	INAPPLICABLE
						0-99999999	99999999	
C94WGT	44	8	NUMFMT				N	COST94 CROSS-SECTIONAL FULL SAMPLE WGT
					0 12,777		.	INAPPLICABLE
						0-99999999	99999999	
C94W1	52	8	NUMFMT				N	COST94 CROSS-SECTIONAL REPLICATE WGT
THROUGH								
C94W100	844	8	NUMFMT					
					0 12,777		.	INAPPLICABLE
						0-99999999	99999999	

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

Page: 122
Record Type: DUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4					C	UNIQUE EVENT IDENTIFIER
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					0			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
				11,485			DU	DENTAL
				0			IP	INPATIENT
				0			IU	INSTITUTIONAL UTILIZATION
				0			MP	MEDICAL PROVIDER
				0			OM	OTHER MEDICAL EXPENSE
				0			OP	OUTPATIENT
				0			PM	PRESCRIBED MEDICINE
				0			SD	SEP BILLING DOCTOR
				0			SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					9,795		0	EVENT NOT PROV BY HMO
					1,690		1	EVENT PROVIDED BY HMO
EVBEGBYY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					11,474		1-99	YEAR
EVBEGBMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					72		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					11,413		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGBDD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					36		-9	NOT ASCERTAINED
					1,917		-8	DK
					1		-7	REFUSED
					8		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					9,523		1-31	DAY OF MONTH

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RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

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CODEBOOK Record Type: DUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
SOURCE	33	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					11,435		1	SURVEY ONLY
					0		2	CLAIMS ONLY
					50		3	BOTH SURVEY & CLAIMS
SITCODE	34	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					1		B	BOTH
					11,472		C	COMMUNITY
					11		D	DEEMED COMMUNITY
					1		F	FACILITY
					0		G	DEEMED FACILITY
AMTTOT	35	9					N	TOTAL PAYMENT
IMPATOT	44	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					8,839		0	NOT IMPUTED
					2,646		1	IMPUTED
AMTCOV	45	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	54	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	63	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	72	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE
					11,485		0	NOT IMPUTED
					0		1	IMPUTED
IMPACARE	73	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					11,485		0	NOT IMPUTED
					0		1	IMPUTED
AMTCAID	74	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	83	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					11,485		0	NOT IMPUTED
					0		1	IMPUTED
IMPACAID	84	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					10,970		0	NOT IMPUTED
					515		1	IMPUTED
AMTHMOM	85	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	94	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE HMO
					11,421		0	NOT IMPUTED
					64		1	IMPUTED
IMPAHMOM	95	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE HMO
					11,293		0	NOT IMPUTED

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RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					192		1	IMPUTED
AMTHMOP	96	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	105	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					11,458		0	NOT IMPUTED
					27		1	IMPUTED
IMPAHMOP	106	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					11,400		0	NOT IMPUTED
					85		1	IMPUTED
AMTVA	107	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	116	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					11,485		0	NOT IMPUTED
					0		1	IMPUTED
IMPAVA	117	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					11,425		0	NOT IMPUTED
					60		1	IMPUTED
AMTPRVE	118	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	127	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					11,181		0	NOT IMPUTED
					304		1	IMPUTED
IMPAPRVE	128	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					10,855		0	NOT IMPUTED
					630		1	IMPUTED
AMTPRVI	129	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	138	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					11,381		0	NOT IMPUTED
					104		1	IMPUTED
IMPAPRVI	139	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					11,315		0	NOT IMPUTED
					170		1	IMPUTED
AMTPRVU	140	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	149	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					11,485		0	NOT IMPUTED
					0		1	IMPUTED
IMPAPRVU	150	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					11,485		0	NOT IMPUTED
					0		1	IMPUTED

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RECORD IDENTIFICATION CODE DUE -----
EVENT RIC DUE

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Record Type: DUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTOOP	151	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	160	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					10,790		0	NOT IMPUTED
					695		1	IMPUTED
IMPAOOP	161	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					10,240		0	NOT IMPUTED
					1,245		1	IMPUTED
AMTDISC	162	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	171	1	IMPFLAG				N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					11,197		0	NOT IMPUTED
					288		1	IMPUTED
IMPADISC	172	1	IMPFLAG				N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					11,197		0	NOT IMPUTED
					288		1	IMPUTED
AMTOTH	173	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1	IMPFLAG				N	IMPUTATION FLAG: SOP OTHER SOURCES
					11,471		0	NOT IMPUTED
					14		1	IMPUTED
IMPAOTH	183	1	IMPFLAG				N	IMPUTATION FLAG: AMT OTHER SOURCES
					11,408		0	NOT IMPUTED
					77		1	IMPUTED
DVBRIDGE	184	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-BRIDGE
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					2,223		1	YES
					9,242		2	NO
DVCLEAN	186	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-CLEANING
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,463		1	YES
					7,002		2	NO
DVCROWN	188	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-CROWN

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,013		1	YES
					10,452		2	NO
DVEXAM	190	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-EXAMIN
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,438		1	YES
					7,027		2	NO
DVEXTRAC	192	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-EXTRACT
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					882		1	YES
					10,583		2	NO
DVFILLNG	194	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-FILLING
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,740		1	YES
					9,725		2	NO
DVORTH0	196	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-ORTHODON
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					106		1	YES
					11,359		2	NO
DVOTHER	198	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-OTHER
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					562		1	YES
					10,903		2	NO
DVRTCNAL	200	2		YESNO			N	HAVE DONE DURING DNTAL VISIT-ROOT CANAL
					0		.	

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Record Type: DUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					536		1	YES
					10,929		2	NO

DVXRAYS	202	2	YESNO				N	HAVE DONE DURING DNTAL VISIT-XRAY TAKEN
					0		.	
					2		-9	NOT ASCERTAINED
					18		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					2,859		1	YES
					8,606		2	NO

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RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

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Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RIC CODE FOR FACILITY EVENT RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
STAYNUM	14	1					N	STAY NUMBER FOR THE YEAR
REFBEGYY	15	2					N	REF DATE BEGIN YEAR
REFBEGMM	17	2					N	REG DATE BEGIN MONTH
REFBEGDD	19	2					N	REF DATE BEGIN DAY
REFENDYY	21	2					N	REF DATE END YEAR
REFENDMM	23	2					N	REG DATE END MONTH
REFENDDD	25	2					N	REF DATE END DAY
ADMISYY	27	2					N	ADMISSION DATE YEAR
ADMISMM	29	2					N	ADMISSION DATE MONTH
ADMISDD	31	2					N	ADMISSION DATE DAY
DISCHYY	33	2					N	PERMANENT DISCH DATE YEAR
DISCHMM	35	2					N	PERMANENT DISCH DATE MONTH
DISCHDD	37	2					N	PERMANENT DISCH DATE DAY
STAYDAYS	39	3					N	NUMBER OF DAYS IN STAY
D_FACID	42	6					C	FACILITY ID + PSU NUMBER
FACDESC	48	2	FACFMT				N	FACILITY DESCRIPTION
					0		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					12		1	HOSPITAL
					1,045		2	NURSING HOME
					25		3	RETIREMENT HOME
					53		4	DOMI/PER CARE FAC
					52		5	MENTAL HLTH FACILITY
					87		6	INST FOR MR/DEV DISA
					6		7	MENTAL HLTH CNTR
					14		8	LIFE CARE/CONT CARE
					72		9	ASSISTED LIVING FAC
					9		10	REHAB FACILITY
					69		91	OTHER PLACE (SPEC)

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RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

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Record Type: FAE

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

BEGSTAT 50 1 \$BEGSTAT

1
1,047
135
157
77
17
0
11
2

C STATUS AT BEGINNING OF STAY
- DON'T KNOW
0 CONTINUING SP
1 FIRST TIME SP FROM HOME
2 FIRST TIME SP FROM HOSP
3 FIRST TIME SP FROM NH
5 2ND STAY 30-DAY SPLIT (IN HOSP)
6 2ND STAY 30-DAY SPLIT (DISCH)
7 FIRST TIME SP FROM OTH FAC
9

ENDSTAT 51 1 \$ENDSTAT

2
997
46
56
77
243
19
0
1
6

C STATUS AT END OF STAY
- DON'T KNOW
0 SP STILL A RESIDENT
1 SP WAS DISCHARGED HOME
2 SP WAS DISCHARGED TO HOSP
3 SP WAS DISCHARGED TO NH
4 SP DIED IN FAC
5 STAY SPLIT BY 30-DAY HOSP
6 STAY SPLIT BY 30-DAY DISCH
7 SP WAS DISCHARGED TO OTH FAC
9 UNKNOWN REASON FOR END OF STAY

AMTTOT 52 9

N TOTAL PAYMENT

AMTCARE 61 9

N AMOUNT PAID BY MEDICARE

AMTCAID 70 9

N AMOUNT PAID BY MEDICAID

AMTVA 79 9

N AMOUNT PAID BY VETERANS ADM

AMTPRVU 88 9

N AMOUNT PAID BY PRIV INS (UNKNOWN)

AMTOOP 97 9

N AMOUNT PAID BY PERSON/FAMILY

AMTOTH 106 9

N AMOUNT PAID BY OTHER SOURCES

ANCITOT 115 9

N ANCILLARY TOTAL PAYMENT

ANCICARE 124 9

N ANCILLARY AMT PAID BY MEDICARE

ANCICAID 133 9

N ANCILLARY AMT PAID BY MEDICAID

ANCIVA 142 9

N ANCILLARY AMT PAID BY VETERANS ADM

ANCIPRVU 151 9

N ANCILLARY AMT PAID BY PRIV INS

ANCIOOP 160 9

N ANCILLARY AMT PAID BY PERSON/FAMILY

ANCIOTH 169 9

N ANCILLARY AMT PAID BY OTHER SOURCES

TOTCARE 178 9

N AMT PAID BY MEDICARE FOR ALL SERVICES

TOTALL 187 9

N AMT ALL TOTAL (INC. MCARE SERVICES)

DENTNUM 196 3

N NUMBER OF DENTAL VISITS

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RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

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Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EMNUM	199	3					N	NUMBER OF EMERGENCY ROOM VISITS
OPNUM	202	3					N	NUMBER OF CLINIC/OUTPATIENT VISITS
PNURSNUM	205	3					N	NUMBER OF PRIVATE NURSING VISITS
MDNUM	208	3					N	NUMBER OF MEDICAL DOCTOR VISITS
HPRACVIS	211	3					N	NUMBER OF HEALTH PRACTITIONER VISITS
MHNUMVIS	214	3					N	NUMBER OF MENTAL HEALTH PROFESS. VISITS
THNUMVIS	217	3					N	NUMBER OF THERAPIST VISITS
OTNUMVIS	220	4					N	NUMBER OF OTHER MEDICAL PERSON VISITS
PRNUMVIS	224	4					N	NUMBER OF PROCEDURES
MPNUMVIS	228	3					N	NUMBER OF OTHER MEDICAL PLACE VISITS
FAMPFLG	231	2	MOSTFMT				N	TYPE OF MD: FAMILY PHYSICIAN FLAG
					98		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					1,238		1	YES
					111		2	NO
INTRNFLG	233	2	MOSTFMT				N	TYPE OF MD: INTERNIST
					205		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					255		1	YES
					987		2	NO
CARDOFLG	235	2	MOSTFMT				N	TYPE OF MD: CARDIOLOGIST
					214		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					21		1	YES
					1,212		2	NO
NEUROFLG	237	2	MOSTFMT				N	TYPE OF MD: NEUROLOGIST
					210		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					54		1	YES
					1,183		2	NO
GYNFLG	239	2	MOSTFMT				N	TYPE OF MD: GYNECOLOGIST
					207		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-7	REFUSED
					38		1	YES
					1,202		2	NO
OPHFLG	241	2	MOSTFMT				N	TYPE OF MD: OPHTHALMOLOGIST
					197		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					251		1	YES
					999		2	NO
RADIOFLG	243	2	MOSTFMT				N	TYPE OF MD: RADIOLOGIST
					211		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					39		1	YES
					1,197		2	NO
PROCTFLG	245	2	MOSTFMT				N	TYPE OF MD: PROCTOLOGIST
					214		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					2		1	YES
					1,231		2	NO
ORTHOFGL	247	2	MOSTFMT				N	TYPE OF MD: ORTHOPEDIST
					211		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					97		1	YES
					1,139		2	NO
THORAFGL	249	2	MOSTFMT				N	TYPE OF MD: THORACIC SURGEON
					214		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					3		1	YES
					1,230		2	NO
AUDIOFLG	251	2	MOSTFMT				N	TYPE OF HP: AUDIOLOGIST
					892		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					104		1	YES
					444		2	NO
OPTOMFLG	253	2	MOSTFMT				N	TYPE OF HP: OPTOMETRIST

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					863		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					194		1	YES
					383		2	NO
CHIROFLG	255	2	MOSTFMT				N	TYPE OF HP: CHIROPRACTOR
					932		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					4		1	YES
					502		2	NO
PODIAFLG	257	2	MOSTFMT				N	TYPE OF HP: PODIATRIST
					685		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					719		1	YES
					40		2	NO
ENTFLG	259	2					N	TYPE OF MD: EARS/NOSE/THROAT DOCTOR
PHARMFLG	261	2	MOSTFMT				N	TYPE OF HP: PHARMACIST
					908		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					84		1	YES
					447		2	NO
DIABSUPP	263	2	MOSTFMT				N	USED DIABETIC SUPPLIES
					1,303		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					144		1	YES
					0		2	NO
EYEGLOSS	265	2	MOSTFMT				N	USED EYEGLASSES
					1,338		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					109		1	YES
					0		2	NO
HEARAID	267	2	MOSTFMT				N	USED HEARING AID
					1,412		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					35		1	YES
					0		2	NO
ORTHITEM	269	2	MOSTFMT				N	USED ORTHOPEDIC ITEMS
					1,157		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					290		1	YES
					0		2	NO
EQUIPSUP	271	2	MOSTFMT				N	USED EQUIPMENT OR SUPPLIES
					1,436		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					11		1	YES
					0		2	NO
OSTOMSUP	273	2	MOSTFMT				N	USED OSTOMY SUPPLIES
					1,381		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					66		1	YES
					0		2	NO
DIAPRSUP	275	2	MOSTFMT				N	USED DISPOSABLE DIAPERS
					803		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					644		1	YES
					0		2	NO
AMBUSERV	277	2	MOSTFMT				N	USED AMBULANCE SERVICE
					889		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					558		1	YES
					0		2	NO
PROSTHES	279	2	MOSTFMT				N	USED PROSTHESIS
					1,429		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED

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RECORD IDENTIFICATION CODE FAE -----
EVENT RIC FAE

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Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					18		1	YES
					0		2	NO
OXYGEN	281	2	MOSTFMT				N	USED OXYGEN
					1,447		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					0		1	YES
					0		2	NO
TURNPOS	283	2	MOSTFMT				N	RECEIVED TURNING AND POSITIONING
					729		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					718		1	YES
					0		2	NO
TUBEFEED	285	2	MOSTFMT				N	RECEIVED TUBE FEEDING
					1,327		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					120		1	YES
					0		2	NO
RESTRAIN	287	2	MOSTFMT				N	RECEIVED RESTRAINTS
					995		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					452		1	YES
					0		2	NO
INJECTION	289	2	MOSTFMT				N	RECEIVED INJECTIONS
					962		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					485		1	YES
					0		2	NO

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RECORD IDENTIFICATION CODE IPE -----
EVENT RIC IPE

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Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					1,376		CF00-C999	EVENT CREATED FROM CLAIM
					3,522		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					1,376			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					40		ER	EMERGENCY ROOM
					3,398		IP	INPATIENT
					42		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					42		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					0		SD	SEP BILLING DOCTOR
					0		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					4,536		0	EVENT NOT PROV BY HMO
					362		1	EVENT PROVIDED BY HMO
EVBEYY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					2		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,896		1-99	YEAR
EVBEYMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					7		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,891		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEYDD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					47		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					4,851		1-31	DAY OF MONTH

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IPE -----
EVENT RIC IPE

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Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVENDYY	33	2	EVYY				N	EVENT END YEAR
					2		-9	NOT ASCERTAINED
					3		-8	DK
					0		-7	REFUSED
					13		-1	INAPPLICABLE
					4,880		1-99	YEAR
EVENDMM	35	2	EVMM				N	EVENT END MONTH
					2		-9	NOT ASCERTAINED
					6		-8	DK
					0		-7	REFUSED
					11		-1	INAPPLICABLE
					4,877		1-12	MONTH
					2		95	STILL IN PROGRESS
EVENDDD	37	2	EVDD				N	EVENT END YEAR
					2		-9	NOT ASCERTAINED
					47		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					13		-1	INAPPLICABLE
					4,836		1-31	DAY OF MONTH
SOURCE	39	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					363		1	SURVEY ONLY
					1,376		2	CLAIMS ONLY
					3,159		3	BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
					0		B	BOTH COMM & FACILITY
					4,108		C	COMMUNITY
					153		D	DEEMED COMMUNITY
					587		F	FACILITY
					50		G	DEEMED FACILITY
AMTTOT	41	9	MONYFMT				N	TOTAL PAYMENT
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N	IMPUTATION FLAG: TOTAL PAYMENT
					3,729		0	NOT IMPUTED
					1,169		1	IMPUTED
AMTCOV	51	9	MONYFMT				N	PORTION OF TOTAL PAY COV BY MEDICARE
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N	AMOUNT PAID BY MEDICARE

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IPE -----
EVENT RIC IPE

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Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					4,891		0	NOT IMPUTED
					7		1	IMPUTED
IMPACARE	79	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					4,825		0	NOT IMPUTED
					73		1	IMPUTED
AMTCAID	80	9	MONYFMT				N	AMOUNT PAID BY MEDICAID
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					4,565		0	NOT IMPUTED
					333		1	IMPUTED
IMPACAID	90	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					4,040		0	NOT IMPUTED
					858		1	IMPUTED
AMTHMOM	91	9	MONYFMT				N	AMOUNT PAID BY MEDICARE HMO
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					4,864		0	NOT IMPUTED
					34		1	IMPUTED
IMPAHMOM	101	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					4,799		0	NOT IMPUTED
					99		1	IMPUTED
AMTHMOP	102	9	MONYFMT				N	AMOUNT PAID BY PRIVATE HMO
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					4,874		0	NOT IMPUTED
					24		1	IMPUTED
IMPAHMOP	112	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					4,833		0	NOT IMPUTED
					65		1	IMPUTED
AMTVA	113	9	MONYFMT				N	AMOUNT PAID BY VETERANS ADM
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM

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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IPE -----
EVENT RIC IPE

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Record Type: IPE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4,878		0	NOT IMPUTED
					20		1	IMPUTED
IMPAVA	123	1		IMPFLAG			N	IMPUTATION FLAG: AMT VETERANS ADM
					4,808		0	NOT IMPUTED
					90		1	IMPUTED
AMTPRVE	124	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVE	133	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					4,528		0	NOT IMPUTED
					370		1	IMPUTED
IMPAPRVE	134	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					4,458		0	NOT IMPUTED
					440		1	IMPUTED
AMTPRVI	135	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVI	144	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					4,531		0	NOT IMPUTED
					367		1	IMPUTED
IMPAPRVI	145	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					4,419		0	NOT IMPUTED
					479		1	IMPUTED
AMTPRVU	146	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSPRVU	155	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					4,852		0	NOT IMPUTED
					46		1	IMPUTED
IMPAPRVU	156	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					4,852		0	NOT IMPUTED
					46		1	IMPUTED
AMTOOP	157	9		MONYFMT			N	AMOUNT PAID BY PERSON/FAMILY
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					4,160		0	NOT IMPUTED
					738		1	IMPUTED

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Record Type: IPE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPA00P	167	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					4,034		0	NOT IMPUTED
					864		1	IMPUTED
AMTDISC	168	9		MONYFMT			N	AMOUNT OF UNCOLLECTED LIABILITIES
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					4,713		0	NOT IMPUTED
					185		1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					4,683		0	NOT IMPUTED
					215		1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
					4,898			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					4,862		0	NOT IMPUTED
					36		1	IMPUTED
IMPA0TH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					4,822		0	NOT IMPUTED
					76		1	IMPUTED
ODIAGCNT	190	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C	PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
DRG	207	3					C	DIAGNOSIS RELATED GROUP FROM CLAIM
PROCCNT	210	2					N	NUMBER OF PROCEDURE CODES ON CLAIM
PROC1	212	4					C	FIRST PROCEDURE CODE FROM CLAIMS
PROV	216	6					C	PROVIDER NUMBER FROM CLAIM
STATUS	222	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	224	3					N	NUMBER OF COVERED DAYS OF CARE
COINDAY	227	2					N	TOTAL NUMBER OF COINSURANCE DAYS
LRDAYS	229	2					N	NUMBER OF LIFETIME RESERVE DAYS USED

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EVENT RIC IPE

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Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IUE ----- CODEBOOK
EVENT RIC IUE

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Record Type: IUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					765	CF00-C999		EVENT CREATED FROM CLAIM
					256	0000-9999		SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					765			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					0		ER	EMERGENCY ROOM
					69		IP	INPATIENT
					187		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					0		SD	SEP BILLING DOCTOR
					0		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					979		0	EVENT NOT PROV BY HMO
					42		1	EVENT PROVIDED BY HMO
EVBEQYY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					0		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,021		1-99	YEAR
EVBEQMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					1		-8	DK
					1		-7	REFUSED
					0		-1	INAPPLICABLE
					1,019		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEQDD	31	2	EVDD				N	EVENT BEGIN YEAR
					1		-9	NOT ASCERTAINED
					14		-8	DK
					1		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					1,005		1-31	DAY OF MONTH

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MEDICARE CURRENT BENEFICIARY SURVEY
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EVENT RIC IUE

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Record Type: IUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVENDYY	33	2	EVYY				N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					4		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,017		1-99	YEAR
EVENDMM	35	2	EVMM				N	EVENT END MONTH
					0		-9	NOT ASCERTAINED
					6		-8	DK
					1		-7	REFUSED
					0		-1	INAPPLICABLE
					1,014		1-12	MONTH
					0		95	STILL IN PROGRESS
EVENDDD	37	2	EVDD				N	EVENT END YEAR
					1		-9	NOT ASCERTAINED
					15		-8	DK
					1		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					1,004		1-31	DAY OF MONTH
SOURCE	39	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					74		1	SURVEY ONLY
					765		2	CLAIMS ONLY
					182		3	BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
					403		C	COMMUNITY
					15		D	DEEMED COMMUNITY
					590		F	FACILITY
					13		G	DEEMED FACILITY
AMTTOT	41	9	MONYFMT				N	TOTAL PAYMENT
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N	IMPUTATION FLAG: TOTAL PAYMENT
					758		0	NOT IMPUTED
					263		1	IMPUTED
AMTCOV	51	9	MONYFMT				N	PORTION OF TOTAL PAY COV BY MEDICARE
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N	AMOUNT PAID BY MEDICARE
					1,021			AMOUNT AS \$\$\$\$\$\$.CC

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPSCARE	78	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					1,021		0	NOT IMPUTED
						0	1	IMPUTED
IMPACARE	79	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					1,018		0	NOT IMPUTED
						3	1	IMPUTED
AMTCAID	80	9	MONYFMT				N	AMOUNT PAID BY MEDICAID
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					993		0	NOT IMPUTED
						28	1	IMPUTED
IMPACAID	90	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					817		0	NOT IMPUTED
						204	1	IMPUTED
AMTHMOM	91	9	MONYFMT				N	AMOUNT PAID BY MEDICARE HMO
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					1,017		0	NOT IMPUTED
						4	1	IMPUTED
IMPAHMOM	101	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					1,013		0	NOT IMPUTED
						8	1	IMPUTED
AMTHMOP	102	9	MONYFMT				N	AMOUNT PAID BY PRIVATE HMO
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					1,016		0	NOT IMPUTED
						5	1	IMPUTED
IMPAHMOP	112	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					1,014		0	NOT IMPUTED
						7	1	IMPUTED
AMTVA	113	9	MONYFMT				N	AMOUNT PAID BY VETERANS ADM
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM

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Record Type: IUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,021		0	NOT IMPUTED
					0		1	IMPUTED
IMPAVA	123	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					1,012		0	NOT IMPUTED
					9		1	IMPUTED
AMTPRVE	124	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVE	133	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					971		0	NOT IMPUTED
					50		1	IMPUTED
IMPAPRVE	134	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					969		0	NOT IMPUTED
					52		1	IMPUTED
AMTPRVI	135	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVI	144	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					961		0	NOT IMPUTED
					60		1	IMPUTED
IMPAPRVI	145	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					959		0	NOT IMPUTED
					62		1	IMPUTED
AMTPRVU	146	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVU	155	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					902		0	NOT IMPUTED
					119		1	IMPUTED
IMPAPRVU	156	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					902		0	NOT IMPUTED
					119		1	IMPUTED
AMTOOP	157	9	MONYFMT				N	AMOUNT PAID BY PERSON/FAMILY
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					944		0	NOT IMPUTED
					77		1	IMPUTED

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Record Type: IUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPA00P	167	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					843		0	NOT IMPUTED
					178		1	IMPUTED
AMTDISC	168	9		MONYFMT			N	AMOUNT OF UNCOLLECTED LIABILITIES
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					1,001		0	NOT IMPUTED
					20		1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					990		0	NOT IMPUTED
					31		1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
					1,021			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					1,017		0	NOT IMPUTED
					4		1	IMPUTED
IMPA0TH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					1,015		0	NOT IMPUTED
					6		1	IMPUTED
ODIAGCNT	190	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C	PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
PROV	207	6					C	PROVIDER NUMBER FROM CLAIM
STATUS	213	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	215	3					N	NUMBER OF COVERED DAYS OF CARE
COINDAY	218	2					N	TOTAL NUMBER OF COINSURANCE DAYS

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EVENT RIC MPE

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Record Type: MPE

Variable	Col	Len	Fmt	Name	Frequency	Ques	#	Ty	Label
RIC	1	3						C	RECORD IDENTIFICATION CODE
FILEYR	4	2						C	YY REFERENCE YEAR OF RECORD
BASEID	6	8						C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM					C	UNIQUE EVENT IDENTIFIER
					143,181	CF00-C999			EVENT CREATED FROM CLAIM
					156,343	0000-9999			SURVEY REPORTED EVENT
EVNTTYPE	18	2	\$EVNTTYP					C	EVENT TYPE
					0				
					0			-1	INAPPLICABLE
					0			-9	NOT ASCERTAINED
					0			DU	DENTAL
					0			ER	EMERGENCY ROOM
					0			IP	INPATIENT
					0			IU	INSTITUTIONAL UTILIZATION
					151,369			MP	MEDICAL PROVIDER
					35,551			OM	OTHER MEDICAL EXPENSE
					0			OP	OUTPATIENT
					0			PM	PRESCRIBED MEDICINE
					65,601			SD	SEP BILLING DOCTOR
					47,003			SL	SEP BILLING LAB
OREVTYPE	20	2	\$EVNTTYP					C	ORIGINAL REPORTED EVENT TYPE
					143,181				
					0			-1	INAPPLICABLE
					0			-9	NOT ASCERTAINED
					0			DU	DENTAL
					615			ER	EMERGENCY ROOM
					265			IP	INPATIENT
					0			IU	INSTITUTIONAL UTILIZATION
					100,064			MP	MEDICAL PROVIDER
					21,052			OM	OTHER MEDICAL EXPENSE
					3,253			OP	OUTPATIENT
					0			PM	PRESCRIBED MEDICINE
					24,592			SD	SEP BILLING DOCTOR
					6,502			SL	SEP BILLING LAB
CLAIMID	22	6						N	CLAIM THIS SURVEY EVENT MATCHED TO
CLAIMTYP	28	1	\$CLAIMTP					C	CLAIM TYPE THAT EVENT MATCHED TO
					201,145				
					3,095			D	DME CLAIM
					95,284			P	PHYSICIAN CLAIM
HMO	29	1	\$HMO					C	EVENT PROVIDED BY AN HMO?
					280,819			0	EVENT NOT PROV BY HMO
					18,705			1	EVENT PROVIDED BY HMO

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Variable	Col	Len	Fmt	Name	Frequency	Ques	#	Ty	Label
EVBEGYY	30	2	EVYY					N	EVENT BEGIN YEAR
					0			.	
					26			-9	NOT ASCERTAINED
					105			-8	DK
					0			-7	REFUSED
					5,885			-1	INAPPLICABLE
					293,508			1-99	YEAR
EVBEGMM	32	2	EVMM					N	EVENT BEGIN MONTH
					0			.	
					57			-9	NOT ASCERTAINED
					606			-8	DK
					1			-7	REFUSED
					5,884			-1	INAPPLICABLE
					292,975			1-12	MONTH
					1			95	STILL IN PROGRESS
EVBEGDD	34	2	EVDD					N	EVENT BEGIN YEAR
					0			.	
					374			-9	NOT ASCERTAINED
					10,283			-8	DK
					5			-7	REFUSED
					8,932			-5	MULTIPLE VISITS THIS MONTH
					5,885			-1	INAPPLICABLE
					274,045			1-31	DAY OF MONTH
SOURCE	36	1	\$SOURCE					C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					57,964			1	SURVEY ONLY
					143,181			2	CLAIMS ONLY
					98,379			3	BOTH SURVEY & CLAIMS
SITCODE	37	1	\$SITCODE					C	COMMUNITY OR FACILITY SETTING?
					316			B	BOTH COMM & FACILITY
					253,205			C	COMMUNITY
					7,735			D	DEEMED COMMUNITY
					36,960			F	FACILITY
					1,308			G	DEEMED FACILITY
AMTTOT	38	9						N	TOTAL PAYMENT
IMPATOT	47	1	IMPFLAG					N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					208,393			0	NOT IMPUTED
					91,131			1	IMPUTED
AMTCOV	48	9						N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	57	9						N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	66	9						N	AMOUNT PAID BY MEDICARE
IMPSCARE	75	1	IMPFLAG					N	IMPUTATION FLAG: SOP MEDICARE
					298,951			0	NOT IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					573		1	IMPUTED
IMPACARE	76	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					288,696		0	NOT IMPUTED
					10,828		1	IMPUTED
AMTCAID	77	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	86	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					272,406		0	NOT IMPUTED
					27,118		1	IMPUTED
IMPACAID	87	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					238,810		0	NOT IMPUTED
					60,714		1	IMPUTED
AMTHMOM	88	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	97	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					298,263		0	NOT IMPUTED
					1,261		1	IMPUTED
IMPAHMOM	98	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					294,446		0	NOT IMPUTED
					5,078		1	IMPUTED
AMTHMOP	99	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	108	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					296,939		0	NOT IMPUTED
					2,585		1	IMPUTED
IMPAHMOP	109	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					295,496		0	NOT IMPUTED
					4,028		1	IMPUTED
AMTVA	110	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	119	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					299,506		0	NOT IMPUTED
					18		1	IMPUTED
IMPAVA	120	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					298,857		0	NOT IMPUTED
					667		1	IMPUTED
AMTPRVE	121	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	130	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					276,566		0	NOT IMPUTED
					22,958		1	IMPUTED
IMPAPRVE	131	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					271,997		0	NOT IMPUTED
					27,527		1	IMPUTED
AMTPRVI	132	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	141	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					273,888		0	NOT IMPUTED
					25,636		1	IMPUTED
IMPAPRVI	142	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					268,998		0	NOT IMPUTED
					30,526		1	IMPUTED
AMTPRVU	143	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	152	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					296,461		0	NOT IMPUTED
					3,063		1	IMPUTED
IMPAPRVU	153	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					296,461		0	NOT IMPUTED
					3,063		1	IMPUTED
AMTOOP	154	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	163	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					252,407		0	NOT IMPUTED
					47,117		1	IMPUTED
IMPAOOP	164	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					233,061		0	NOT IMPUTED
					66,463		1	IMPUTED
AMTDISC	165	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	174	1	IMPFLAG				N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					292,670		0	NOT IMPUTED
					6,854		1	IMPUTED
IMPADISC	175	1	IMPFLAG				N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					291,770		0	NOT IMPUTED
					7,754		1	IMPUTED
AMTOTH	176	9					N	AMOUNT PAID BY OTHER SOURCES

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPSOTH	185	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					298,362		0	NOT IMPUTED
					1,162		1	IMPUTED
IMPAOTH	186	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					295,364		0	NOT IMPUTED
					4,160		1	IMPUTED
PAMTMED	187	9					N	TOTAL AMOUNT PAID FOR MEDICAL SERVICES
PAMTSURG	196	9					N	TOTAL AMOUNT PAID FOR SURGICAL SERVICES
PAMTLABX	205	9					N	TOTAL AMOUNT PAID FOR LAB/X-RAY
PAMTOM	214	9					N	TOTAL AMOUNT PAID FOR OTH MED SERVICES
PAMTPM	223	9					N	TOTAL AMOUNT PAID FOR PRES MEDICINES
PROVSPEC	232	2		PROVSPEC			N	MEDICAL PROVIDER SPECIALTY
					143,181		.	
					430		-9	NOT ASCERTAINED
					367		-8	DK
					0		-7	REFUSED
					44,665		-1	INAPPLICABLE
					371		1	DENTIST/DENTAL PROVIDER
					84,573		2	MEDICAL DOCTOR
					272		3	AUDIOLOGIST
					5,125		4	CHIROPRACTOR
					367		5	CLINICAL SOCIAL WORKER
					25		6	DIETITIAN-NUTRITIONIST
					26		7	HEARING THERAPIST
					101		8	HOME HEALTH/HEALTH AIDE
					3		9	HOMEMAKER
					70		10	HOSPICE WORKER
					72		11	I.V. THERAPIST
					1,700		12	NURSE (RN)
					88		13	NURSE PRACTITIONER (LPN)
					10		14	NURSE'S AIDE
					301		15	OCCUPATIONAL THERAPIST (OT)
					2,212		16	OPTOMETRIST
					134		17	OSTEOPATH (DO)
					45		18	PARAMEDIC
					4,800		19	PHYSICAL THERAPIST (PT)
					126		20	PHYSICIAN'S ASSISTANT
					2,891		21	PODIATRIST (FOOT DOCTOR)
					1,444		22	PSYCHOLOGIST
					141		23	RESPIRATORY THERAPIST
					538		24	SOCIAL/CASE WORKER
					73		25	SPEECH THERAPIST
					754		26	THERAPIST (MENTAL HEALTH)
					984		27	X-RAY TECHNICIAN
					3,635		91	OTHER MEDICAL PROVIDER

Variable Col Len Fmt Name Frequency Ques # Ty Label

OMETYPE	234	2	OMETYPE	N	TYPE OF OM EVENT
			130,942	.	
			0	-9	NOT ASCERTAINED
			0	-8	DK
			0	-7	REFUSED
			135,291	-1	INAPPLICABLE
			2,948	1	EYEGLASSES
			1,502	2	HEARING OR SPEECH DEVICE
			2,800	3	ORTHOPEDIC
			3,614	4	DIABETIC
			4,512	5	AMBULANCE
			217	6	PROSTHESIS
			337	7	ALTERATION
			3,770	8	OXYGEN
			112	9	KIDNEY DIALYSIS
			13,479	10	OTHER

ORTHTYPE	236	2	ORTHTYPE	N	TYPE OF ORTHOPEDIC ITEM
			141,989	.	
			0	-9	NOT ASCERTAINED
			0	-8	DK
			0	-7	REFUSED
			154,735	-1	INAPPLICABLE
			506	1	BRACES OR SUPPORTS
			254	2	CANE
			192	3	CORRECTIVE SHOES OR INSERTS
			41	4	CRUTCHES
			443	5	WALKER
			1,304	6	WHEELCHAIR
			60	91	OTHER

ALTRTYPE	238	2	ALTRTYPE	N	TYPE OF ALTERATION
			299,409	.	
			0	-9	NOT ASCERTAINED
			0	-8	DK
			0	-7	REFUSED
			0	-1	INAPPLICABLE
			0	1	ELEVATOR OR INCLINE CHAIR
			0	2	HANDRAILS (OTHER THAN TUB)
			0	3	RAMPS
			2	4	TUB HANDRAILS
			0	5	TUB SEAT
			0	6	ANY CAR ALTERATION
			113	91	OTHER

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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OTHRTYPE 240 2 OTHRTYPE

N TYPE OF OTHER OME

137,454	.	
0	-9	NOT ASCERTAINED
0	-8	DK
0	-7	REFUSED
148,591	-1	INAPPLICABLE
401	1	PORT./RAISED TOILET
98	2	PORTABLE TUB SEAT
153	3	SPECIAL CHAIR OR CUSHION
1,142	4	HOSPITAL BED
1,000	5	OSTOMY SUPPLIES
4,933	6	DEPENDS (DIAPERS)
761	7	BANDAGES,DRESSINGS,TAPE SUPP.
71	8	PULMONARY EQUIPMENT
4,920	91	OTHER

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EVENT RIC OPE

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Record Type: OPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					19,049		CF00-C999	EVENT CREATED FROM CLAIM
					27,280		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					19,049			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					2,403		ER	EMERGENCY ROOM
					590		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					5,759		MP	MEDICAL PROVIDER
					491		OM	OTHER MEDICAL EXPENSE
					17,097		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					155		SD	SEP BILLING DOCTOR
					785		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					43,016		0	EVENT NOT PROV BY HMO
					3,313		1	EVENT PROVIDED BY HMO
FROMDT	27	6					N	FROM DATE ON CLAIM
THRU DT	33	6					N	THRU DATE ON CLAIM
EVBE GYY	39	2	EVYY				N	EVENT BEGIN YEAR
					39		.	
					1		-9	NOT ASCERTAINED
					12		-8	DK
					0		-7	REFUSED
					152		-1	INAPPLICABLE
					46,125		1-99	YEAR
EVBE GMM	41	2	EVMM				N	EVENT BEGIN MONTH
					39		.	
					2		-9	NOT ASCERTAINED
					99		-8	DK
					0		-7	REFUSED
					152		-1	INAPPLICABLE
					46,037		1-12	MONTH
					0		95	STILL IN PROGRESS

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVBEGDD	43	2		EVDD			N	EVENT BEGIN YEAR
					39		.	
					21		-9	NOT ASCERTAINED
					1,927		-8	DK
					2		-7	REFUSED
					7,751		-5	MULTIPLE VISITS THIS MONTH
					152		-1	INAPPLICABLE
					36,437		1-31	DAY OF MONTH
SOURCE	45	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					9,096		1	SURVEY ONLY
					19,049		2	CLAIMS ONLY
					18,184		3	BOTH SURVEY & CLAIMS
SITCODE	46	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					8		B	BOTH COMM & FACILITY
					39,978		C	COMMUNITY
					1,147		D	DEEMED COMMUNITY
					5,120		F	FACILITY
					76		G	DEEMED FACILITY
AMTTOT	47	9					N	TOTAL PAYMENT
IMPATOT	56	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					30,868		0	NOT IMPUTED
					15,461		1	IMPUTED
AMTCOV	57	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	66	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	75	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	84	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE
					46,258		0	NOT IMPUTED
					71		1	IMPUTED
IMPACARE	85	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					44,241		0	NOT IMPUTED
					2,088		1	IMPUTED
AMTCAID	86	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	95	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					42,357		0	NOT IMPUTED
					3,972		1	IMPUTED
IMPACAID	96	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					36,618		0	NOT IMPUTED
					9,711		1	IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTHMOM	97	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	106	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					46,106		0	NOT IMPUTED
					223		1	IMPUTED
IMPAHMOM	107	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					45,233		0	NOT IMPUTED
					1,096		1	IMPUTED
AMTHMOP	108	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	117	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					45,973		0	NOT IMPUTED
					356		1	IMPUTED
IMPAHMOP	118	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					45,626		0	NOT IMPUTED
					703		1	IMPUTED
AMTVA	119	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					46,299		0	NOT IMPUTED
					30		1	IMPUTED
IMPAVA	129	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					45,403		0	NOT IMPUTED
					926		1	IMPUTED
AMTPRVE	130	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	139	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					43,190		0	NOT IMPUTED
					3,139		1	IMPUTED
IMPAPRVE	140	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					42,366		0	NOT IMPUTED
					3,963		1	IMPUTED
AMTPRVI	141	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	150	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					43,316		0	NOT IMPUTED
					3,013		1	IMPUTED
IMPAPRVI	151	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					42,350		0	NOT IMPUTED
					3,979		1	IMPUTED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTPRVU	152	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	161	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					45,993		0	NOT IMPUTED
					336		1	IMPUTED
IMPAPRVU	162	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					45,993		0	NOT IMPUTED
					336		1	IMPUTED
AMTOOP	163	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	172	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					40,641		0	NOT IMPUTED
					5,688		1	IMPUTED
IMPAOOP	173	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					39,221		0	NOT IMPUTED
					7,108		1	IMPUTED
AMTDISC	174	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1	IMPFLAG				N	IMPUTATION FLAG: SOP UNCOLL LIAB
					45,262		0	NOT IMPUTED
					1,067		1	IMPUTED
IMPADISC	184	1	IMPFLAG				N	IMPUTATION FLAG: AMT UNCOLL LIAB
					45,149		0	NOT IMPUTED
					1,180		1	IMPUTED
AMTOTH	185	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1	IMPFLAG				N	IMPUTATION FLAG: SOP OTHER SOURCES
					45,909		0	NOT IMPUTED
					420		1	IMPUTED
IMPAOTH	195	1	IMPFLAG				N	IMPUTATION FLAG: AMT OTHER SOURCES
					45,040		0	NOT IMPUTED
					1,289		1	IMPUTED
ODIAGCNT	196	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
ODIAG1	198	5					C	FIRST ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	203	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG3	208	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM

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RECORD IDENTIFICATION CODE OPE ----- CODEBOOK
EVENT RIC OPE

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Record Type: OPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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RECORD IDENTIFICATION CODE PME -----
EVENT RIC PME

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Record Type: PME

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RECORD IDENTIFICATION NUMBER
FILEYR	2	2	\$YRFMT		209,300		C	FILE YEAR
							C4	CALENDAR YEAR 1992
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
TYPE	12	2	\$TYPFMT		209,300		C	EVENT TYPE-PRESCRIBED MED
							PM	PRESCRIBED MEDICINE
CORF	14	1	\$CFFMT		209,300		C	COMMUNITY OR FACILITY
					0		C	COMMUNITY
							F	FACILITY
SUMTOT	15	9	MONYFMT		209,300		N	TOTAL EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMCARE	24	9	MONYFMT		209,300		N	MEDICARE EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMCAID	33	9	MONYFMT		209,300		N	MEDICAID EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMPHMO	42	9	MONYFMT		209,300		N	HMO EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMMHMO	51	9	MONYFMT		209,300		N	MEDICARE HMO EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMVA	60	9	MONYFMT		209,300		N	VA EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMPRVE	69	9	MONYFMT		209,300		N	EMPL.SPONS.INS. EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMPRVI	78	9	MONYFMT		209,300		N	IND.PURCH.INS. EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMUNK	87	9	MONYFMT		209,300		N	UNKNOWN EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMOOP	96	9	MONYFMT		209,300		N	OUT OF POCKET EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMDISC	105	9	MONYFMT		209,300		N	DISCOUNTS
								AMOUNT AS \$\$\$\$\$\$.CC

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
SUMOTH	114	9	MONYFMT				N	OTHER EXPENDITURES
					209,300			AMOUNT AS \$\$\$\$\$\$.CC
DRUGNAME	123	30					C	PRESCRIBED MEDICINE NAME
PMFORM	153	2	\$FORMFMT				C	PRES. MED FORM
					29,779			NOT ASCERTAINED
					0		-1	NOT ASCERTAINED
					1		-9	NOT ASCERTAINED
					148,407		1	PILL
					2,171		10	PATCH/PAD
					88		11	TOPICAL GEL/JELLY
					1,846		12	POWDER
					10,309		2	LIQUID
					3,789		3	DROPS
					4,918		4	TOPICAL OINTMENT
					293		5	SUPPOSITORY
					5,057		6	INHALANT/AEROSOL SPRAY
					73		7	SHAMPOO, SOAP
					1,635		8	INJECTION
					155		9	I.V.
					779		91	OTHER
STRNUNI1	155	2	\$STRNFMT				C	UNIT OF STRENGTH
					26,558			MISSING
					8,954		-8	DONT KNOW
					40,083		-9	NOT ASCERTAINED
					504		1	MICROGRAMS
					129,442		2	MILLIGRAMS
					207		3	GRAINS
					3,273		4	MILLIEQUIVALENTS (MEQ)
					251		5	GRAMS (GM,G)
					28		91	OTHER
STRNNUM1	157	10	STRNFMT				N	NUMBER OF UNITS
					26,558		.	MISSING
					49,136		-9	NOT ASCERTAINED
					1,156		-8	DONT KNOW
					15,080		0	ZERO
					117,370	1E-6-10000000		NUMBER OF UNITS OF STRENGTH
STRNUNI2	167	2	\$STRNFMT				C	UNIT OF STRENGTH/2ND COMB
					209,300			MISSING
					0		-8	DONT KNOW
					0		-9	NOT ASCERTAINED
					0		1	MICROGRAMS
					0		2	MILLIGRAMS
					0		3	GRAINS
					0		4	MILLIEQUIVALENTS (MEQ)
					0		5	GRAMS (GM,G)
					0		91	OTHER

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
STRNNUM2	169	10	STRNFMT				N	NUMBER OF UNITS/2ND COMB
				209,300	.			MISSING
				0	-9			NOT ASCERTAINED
				0	-8			DONT KNOW
				0	0			ZERO
				0	1E-6-1000000			NUMBER OF UNITS OF STRENGTH
TABNUM	179	8	TABFMT				N	NUMBER OF TABS
				26,558	.			MISSING
				40,153	-9			NOT ASCERTAINED
				2,369	-8			DONT KNOW
				140,220	1-999			NUMBER OF TABS IN CONTAINER
SUPPNUM	187	8	SUPPFMT				N	NUMBER OF SUPPOSITORIES
				40,283	.			MISSING OR INAPPLICABLE
				168,934	-9			NOT ASCERTAINED
				4	-8			DONT KNOW
				79	1-98			NUMBER OF SUPP. IN CONTAINER
				0	99			99 OR MORE SUPP. IN CONTAINER
AMTNUM	195	10	AMTFMT				N	AMOUNT OF RX IN CONTAINER
				26,558	.			MISSING
				169,305	-9			NOT ASCERTAINED
				271	-8			DONT KNOW
				13,166	0.01-1000000			NUMBER OF UNITS IN CONTAINER
AMTUNIT	205	2	\$AMTFMT				C	AMOUNT UNIT
				26,558				MISSING
				3,069	-8			DONT KNOW
				166,060	-9			NOT ASCERTAINED
				633	1			OUNCES
				4,791	2			GRAMS
				6,776	3			MILLILITERS(ML,CC)
				56	4			MILLIEQUIVALENTS (MEQ)
				874	5			MILLIGRAMS (MG,MGM)
				386	6			MICROGRAMS (MCG)
				97	91			OTHER
IMPDF	207	10					C	IMPUTED DOSAGE FORM
IMPSTNG	217	10					C	IMPUTED STRENGTH
IMAMTNUM	227	10	AMTFMT				N	IMPUTED AMOUNT OF RX
				0	.			MISSING
				0	-9			NOT ASCERTAINED
				0	-8			DONT KNOW
				209,300	0.01-1000000			NUMBER OF UNITS IN CONTAINER

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
THERCC	237	2	\$THERFMT				C	F.D.B. GENERIC THER.CLASS
				16,480			UN	UNCLASSIFIED DRUG PRODUCTS
				7,377			02	ANALGESICS
				35			05	ANESTETICS
				7			08	ANTI-OBESITY DRUGS
				8,692			11	ANTIARTHRITICS
				7,297			14	ANTIASTHMATICS
				1,493			17	ANTIHISTAMINES
				7,061			20	ANTIINFECTIVES
				2,543			23	ANTIINFECTIVES, MISCELLANEOUS
				2,229			26	ANTINEOPLASTICS
				2,166			29	ANTIPARKINSON DRUGS
				6,860			32	AUTONOMIC DRUGS
				4,267			35	BLOOD
				33,250			38	CARDIAC DRUGS
				20,400			41	CARDIOVASCULAR
				3,609			44	CNS DRUGS
				98			47	CONTRACEPTIVES
				2,008			50	COUGH AND COLD PREPARATIONS
				38			53	DIAGNOSTIC
				16,183			56	DIURETICS
				6,557			59	ELECTROLYTE, CALORIC & FLUID REP.
				6,711			62	ENT PREPARATIONS
				13,087			65	GASTROINTESTINAL PREPARATIONS
				8,530			68	HORMONES
				4,835			71	HYPOGLYCEMICS
				13			74	MISC MEDICAL SUPP.,DEVICES & OTH.
				1,385			77	MUSCLE RELAXANTS
				15,972			80	PSYCHOTHERAPEUTIC DRUGS
				2,163			83	SEDATIVE AND HYPNOTICS
				2,294			86	SKIN PREPARATIONS
				4,600			89	THYROID PREPS
				18			92	BIOLOGICALS
				10			94	PRE-NATAL VITAMINS
				897			95	VITAMINS, ALL OTHERS
				135			99	UNCLASSIFIED DRUG PRODUCTS
OTCLEG	239	1	\$OTCFMT				C	OTC/LEGEND INDICATOR
				209,300			F	FEDERAL OR LEGEND DRUG
				0			0	OTC DRUG
ISOPCARE	240	1	\$IMPFMT				C	IMPUTED MEDICARE PAYOR
				208,956			0	NOT IMPUTED
				344			1	IMPUTED
ISOPCAID	241	1	\$IMPFMT				C	IMPUTED MEDICAID PAYOR
				201,178			0	NOT IMPUTED
				8,122			1	IMPUTED
ISOPPHMO	242	1	\$IMPFMT				C	IMPUTED HMO PAYOR

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					199,063		0	NOT IMPUTED
					10,237		1	IMPUTED
ISOPMHMO	243	1	\$IMPFMT				C	IMPUTED MEDICARE HMO PAYOR
					207,726		0	NOT IMPUTED
					1,574		1	IMPUTED
ISOPVA	244	1	\$IMPFMT				C	IMPUTED VA PAYOR
					205,972		0	NOT IMPUTED
					3,328		1	IMPUTED
ISOPPRVE	245	1	\$IMPFMT				C	IMPUTED EMP.SPONS.INS. PAYOR
					190,505		0	NOT IMPUTED
					18,795		1	IMPUTED
ISOPPRVI	246	1	\$IMPFMT				C	IMPUTED IND.PURCH.INS. PAYOR
					203,811		0	NOT IMPUTED
					5,489		1	IMPUTED
ISOPUNK	247	1	\$IMPFMT				C	IMPUTED UNKNOWN PAYOR
					209,300		0	NOT IMPUTED
					0		1	IMPUTED
ISOPOOP	248	1	\$IMPFMT				C	IMPUTED OUT OF POCK. PAYOR
					155,644		0	NOT IMPUTED
					53,656		1	IMPUTED
ISOPDISC	249	1	\$IMPFMT				C	IMPUTED DISCOUNT
					105,373		0	NOT IMPUTED
					103,927		1	IMPUTED
ISOPOTH	250	1	\$IMPFMT				C	IMPUTED OTHER PAYOR
					202,119		0	NOT IMPUTED
					7,181		1	IMPUTED
IAMTTOT	251	1	\$IMPFMT				C	IMPUTED TOTAL AMT
					151,084		0	NOT IMPUTED
					58,216		1	IMPUTED
IAMTCARE	252	1	\$IMPFMT				C	IMPUTED MEDICARE AMT
					208,956		0	NOT IMPUTED
					344		1	IMPUTED
IAMTCAID	253	1	\$IMPFMT				C	IMPUTED MEDICAID AMT
					170,295		0	NOT IMPUTED
					39,005		1	IMPUTED
IAMTPHMO	254	1	\$IMPFMT				C	IMPUTED HMO AMT
					191,477		0	NOT IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					17,823		1	IMPUTED
IAMTMHMO	255	1	\$IMPFMT				C	IMPUTED MEDICARE HMO AMT
					204,391		0	NOT IMPUTED
					4,909		1	IMPUTED
IAMTV	256	1	\$IMPFMT				C	IMPUTED VA AMT
					203,076		0	NOT IMPUTED
					6,224		1	IMPUTED
IAMTPRVE	257	1	\$IMPFMT				C	IMPUTED EMP.SPONS.INS. AMT
					175,541		0	NOT IMPUTED
					33,759		1	IMPUTED
IAMTPRVI	258	1	\$IMPFMT				C	IMPUTED IND.PURCH.INS. AMT
					201,511		0	NOT IMPUTED
					7,789		1	IMPUTED
IAMTUNK	259	1	\$IMPFMT				C	IMPUTED UNKNOWN AMT
					209,300		0	NOT IMPUTED
					0		1	IMPUTED
IAMTOOP	260	1	\$IMPFMT				C	IMPUTED OUT OF POCK. AMT
					140,339		0	NOT IMPUTED
					68,961		1	IMPUTED
IAMTDISC	261	1	\$IMPFMT				C	IMPUTED DISCOUNT AMT
					104,432		0	NOT IMPUTED
					104,868		1	IMPUTED
IAMTOTH	262	1	\$IMPFMT				C	IMPUTED OTHER AMT
					196,550		0	NOT IMPUTED
					12,750		1	IMPUTED

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RECORD IDENTIFICATION CODE SS -----
SERVICE SUMMARY

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CODEBOOK Record Type: SS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	2					C	RIC CODE FOR TYPE OF SERV SUMMARY RECORD
FILEYR	3	2					C	YY REFERENCE YEAR OF RECORD
BASEID	5	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTTYPE	13	2	\$EVNTTYP				C	TYPE OF EVENT
					12,777		DU	DENTAL
					12,777		FA	FACILITY
					12,777		HH	HOME HEALTH
					12,777		HP	HOSPICE
					12,777		IP	INPATIENT
					12,777		IU	INSTITUTIONAL UTILIZATION
					12,777		MP	MEDICAL PROVIDER
					12,777		OP	OUTPATIENT
					12,777		PM	PRESCRIBED MEDICINE
AAMTTOT	15	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF TOTAL EXPENDITURES
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCARE	25	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICARE
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCAID	35	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICAID
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOM	45	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MCARE HMO
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOP	55	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV HMO
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTVVA	65	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF VA
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVE	75	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVI	85	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS INDV
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVU	95	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTOOP	105	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF OOP
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AAMTDISC	115	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABLTY
					114,993			AMOUNT AS \$\$\$\$\$\$.CC

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SERVICE SUMMARY

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AAMTOTH	125	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF OTHER
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
AEVENTS	135	4					N	TOS LEVEL: ADJ COUNT OF EVENTS
SAMTTOT	139	10	MONYFMT				N	TOS LEVEL: SUM OF TOTAL EXPENDITURES
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	149	10	MONYFMT				N	TOS LEVEL: SUM OF MEDICARE
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	159	10	MONYFMT				N	TOS LEVEL: SUM OF MEDICAID
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	169	10	MONYFMT				N	TOS LEVEL: SUM OF MCARE HMO
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	179	10	MONYFMT				N	TOS LEVEL: SUM OF PRIV HMO
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	189	10	MONYFMT				N	TOS LEVEL: SUM OF VA
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	199	10	MONYFMT				N	TOS LEVEL: SUM OF PRV INS EMPLOYER
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	209	10	MONYFMT				N	TOS LEVEL: SUM OF PRIV INS INDV
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	219	10	MONYFMT				N	TOS LEVEL: SUM OF PRV INS UNKNOWN
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	229	10	MONYFMT				N	TOS LEVEL: SUM OF OOP
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	239	10	MONYFMT				N	TOS LEVEL: SUM OF UNCOLLECTED LIABILITY
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	249	10	MONYFMT				N	TOS LEVEL: SUM OF OTHER
					114,993			AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	259	4					N	TOS LEVEL: COUNT OF EVENTS

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RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY

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CODEBOOK Record Type: PS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	2					C	RECORD IDENTIFICATION - PERSON SUMMARY
FILEYR	3	2					C	YY REFERENCE YEAR OF RECORD
BASEID	5	8					C	UNIQUE IDENTIFICATION NUMBER
PAMTDU	13	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR DU AMOUNT AS \$\$\$\$\$\$.CC
PAMTHH	23	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR HH AMOUNT AS \$\$\$\$\$\$.CC
PAMTHP	33	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR HP AMOUNT AS \$\$\$\$\$\$.CC
PAMTIP	43	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR IP AMOUNT AS \$\$\$\$\$\$.CC
PAMTIU	53	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR IU AMOUNT AS \$\$\$\$\$\$.CC
PAMTMP	63	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR MP AMOUNT AS \$\$\$\$\$\$.CC
PAMTOP	73	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR OP AMOUNT AS \$\$\$\$\$\$.CC
PAMTPM	83	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR PM AMOUNT AS \$\$\$\$\$\$.CC
PAMTFA	93	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM FOR FA AMOUNT AS \$\$\$\$\$\$.CC
DUAEVNTS	103	4	EVENTFMT		12,777		N	ADJ NUMBER OF DU EVENTS
							0-9999	AMOUNT AS ####
HHAEVNTS	107	4	EVENTFMT		12,777		N	ADJ NUMBER OF HH EVENTS
							0-9999	AMOUNT AS ####
HPAEVNTS	111	4	EVENTFMT		12,777		N	ADJ NUMBER OF HP EVENTS
							0-9999	AMOUNT AS ####
IPAEVNTS	115	4	EVENTFMT		12,777		N	ADJ NUMBER OF IP EVENTS
							0-9999	AMOUNT AS ####
IUAEVNTS	119	4	EVENTFMT		12,777		N	ADJ NUMBER OF IU EVENTS
							0-9999	AMOUNT AS ####

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
MPAEVNTS	123	4	EVENTFMT		12,777		N	ADJ NUMBER OF MP EVENTS
							0-9999	AMOUNT AS ####
OPAEVNTS	127	4	EVENTFMT		12,777		N	ADJ NUMBER OF OP EVENTS
							0-9999	AMOUNT AS ####
PMAEVNTS	131	4	EVENTFMT		12,777		N	ADJ NUMBER OF PM EVENTS
							0-9999	AMOUNT AS ####
FAAEVNTS	135	4	EVENTFMT		12,777		N	ADJ NUMBER OF FA EVENTS
							0-9999	AMOUNT AS ####
PAMTTOT	139	10	MONEYFMT		12,777		N	PERSON LEVEL: ADJ SUM TOTAL EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTCAID	149	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF MEDICAID
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTCARE	159	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF MEDICARE
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTDISC	169	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABTY
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTHMOM	179	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF MCARE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTHMOP	189	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF PRIV HMO
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTOOP	199	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF OOP
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTOTH	209	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF OTHER
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVE	219	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVI	229	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF PRIV INS INDV
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVU	239	10	MONEYFMT		12,777		N	TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
								AMOUNT AS \$\$\$\$\$\$.CC

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PAMTVA	249	10	MONEYFMT				N	TOS LEVEL: ADJ SUM OF VA
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
PEVENTS	259	4	EVENTFMT				N	TOS LEVEL: ADJ COUNT OF EVENTS
					12,777		0-9999	AMOUNT AS ####
SAMTTOT	263	10	MONEYFMT				N	PERSON LEVEL: SUM OF TOTAL EXPENDITURES
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	273	10	MONEYFMT				N	TOS LEVEL: SUM OF MEDICAID
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	283	10	MONEYFMT				N	TOS LEVEL: SUM OF MEDICARE
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	293	10	MONEYFMT				N	TOS LEVEL: SUM OF UNCOLLECTED LIABILITY
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	303	10	MONEYFMT				N	TOS LEVEL: SUM OF MCARE HMO
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	313	10	MONEYFMT				N	TOS LEVEL: SUM OF PRIV HMO
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	323	10	MONEYFMT				N	TOS LEVEL: SUM OF OOP
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	333	10	MONEYFMT				N	TOS LEVEL: SUM OF OTHER
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	343	10	MONEYFMT				N	TOS LEVEL: SUM OF PRV INS EMPLOYER
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	353	10	MONEYFMT				N	TOS LEVEL: SUM OF PRIV INS INDV
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	363	10	MONEYFMT				N	TOS LEVEL: SUM OF PRV INS UNKNOWN
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	373	10	MONEYFMT				N	TOS LEVEL: SUM OF VA
					12,777			AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	383	4	EVENTFMT				N	TOS LEVEL: COUNT OF EVENTS
					12,777		0-9999	AMOUNT AS ####

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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