

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 1
Record Type: A

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$RICFMT		12,330		C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
							A	RIC A - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT		12,330		C	YY REFERENCE YEAR OF RECORD
							C3	1993 COST AND USE FILE
BASEID	4	8	\$BSIDFMT		12,330		C	UNIQUE IDENTIFICATION NUMBER
								BASEIDS
H_DOB	12	8	\$DTE8FMT		0		C	DATE OF BIRTH
					12,330			MISSING DATE AS YYYYMMDD
H_DOD	20	6	\$DTE6FMT		11,623		C	DATE OF DEATH
					707	000000-999999		MISSING DATE AS YYMMDD
H_DODSRC	26	2	\$SRCFMT		11,623		C	SOURCE OF DEATH INFORMATION
					0			NO DATE OF DEATH
					0		01	FROM MEDICARE BILL
					0		03	CLERICAL ENTRY
					0		05	BILL AND CLERICAL
					297		10	PROVEN MBR
					28		11	PROVEN MBR AND BILL
					356		20	UNPROVEN MBR
					25		21	UNPROVEN MBR AND BILL
					0		23	UNPROVEN MBR AND CLERICAL
					1		25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	28	1	\$SEXFMT		0		C	SEX CODE
					5,367			UNKNOWN
					6,963		1	MALE
							2	FEMALE
H_RACE	29	1	\$RACEFMT		0		C	RACE CODE
					112			UNKNOWN
					10,449		0	UNKNOWN
					1,403		1	WHITE
					151		2	BLACK
					46		3	OTHER
					159		4	ASIAN
					10		5	HISPANIC
							6	N AMERICAN NATIVE
H_AGE	30	3	AGEFMT		0		N	AGE
					12,330			UNKNOWN
						0-999		AGE IN YEARS

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 2
Record Type: A

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_STRAT	33	1	\$AGEFMT				C	MCBS SAMPLE STRATUM
				0				UNKNOWN
				1,011			1	0-44
				1,108			2	45-64
				2,301			3	65-69
				2,018			4	70-74
				1,897			5	75-79
				2,012			6	80-84
				1,983			7	85 +
H_ENT01	34	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
				330			A	PART A MEDICARE ONLY
				113			B	PART B MEDICARE ONLY
				11,598			C	PART A AND B MEDICARE
				289			N	NO MEDICARE ENTITLEMENT
H_ENT02	35	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
				334			A	PART A MEDICARE ONLY
				111			B	PART B MEDICARE ONLY
				11,552			C	PART A AND B MEDICARE
				333			N	NO MEDICARE ENTITLEMENT
H_ENT03	36	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
				333			A	PART A MEDICARE ONLY
				110			B	PART B MEDICARE ONLY
				11,509			C	PART A AND B MEDICARE
				378			N	NO MEDICARE ENTITLEMENT
H_ENT04	37	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
				333			A	PART A MEDICARE ONLY
				109			B	PART B MEDICARE ONLY
				11,474			C	PART A AND B MEDICARE
				414			N	NO MEDICARE ENTITLEMENT
H_ENT05	38	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
				335			A	PART A MEDICARE ONLY
				110			B	PART B MEDICARE ONLY
				11,442			C	PART A AND B MEDICARE
				443			N	NO MEDICARE ENTITLEMENT
H_ENT06	39	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
				336			A	PART A MEDICARE ONLY
				108			B	PART B MEDICARE ONLY
				11,413			C	PART A AND B MEDICARE
				473			N	NO MEDICARE ENTITLEMENT
H_ENT07	40	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
				322			A	PART A MEDICARE ONLY
				95			B	PART B MEDICARE ONLY
				11,423			C	PART A AND B MEDICARE
				490			N	NO MEDICARE ENTITLEMENT

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 3
Record Type: A

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_ENT08	41	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					326		A	PART A MEDICARE ONLY
					94		B	PART B MEDICARE ONLY
					11,395		C	PART A AND B MEDICARE
					515		N	NO MEDICARE ENTITLEMENT
H_ENT09	42	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					329		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,373		C	PART A AND B MEDICARE
					533		N	NO MEDICARE ENTITLEMENT
H_ENT10	43	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT
					328		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,346		C	PART A AND B MEDICARE
					561		N	NO MEDICARE ENTITLEMENT
H_ENT11	44	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					328		A	PART A MEDICARE ONLY
					93		B	PART B MEDICARE ONLY
					11,303		C	PART A AND B MEDICARE
					606		N	NO MEDICARE ENTITLEMENT
H_ENT12	45	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					329		A	PART A MEDICARE ONLY
					92		B	PART B MEDICARE ONLY
					11,268		C	PART A AND B MEDICARE
					641		N	NO MEDICARE ENTITLEMENT
H_DOE	46	6	\$DTE6FMT				C	ENTITLEMENT START DATE
					0			MISSING
					12,330	000000-999999		DATE AS YYMMDD
H_DOT	52	6	\$DTE6FMT				C	ENTITLEMENT END DATE
					12,306			MISSING
					24	000000-999999		DATE AS YYMMDD
H_MEDSTA	58	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					0			UNKNOWN
					10,183		10	AGED, NO ESRD
					31		11	AGED, ESRD
					2,049		20	DISABLED, NO ESRD
					33		21	DISABLED, ESRD
					34		31	ESRD ONLY

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 4
Record Type: A

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

H_LAF 60 2 \$LAFFMT

C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31

14	UNKNOWN
0	AD CUR PAY-ADJ FOR DUAL ENTITLEMENT
0	AF TRANSFER TO ANOTHER PC OR DIO
0	A9 CUR PAY-MISCELLANEOUS ADJUSTMENT
11,247	C CURRENT PAYMENT STATUS
0	DW DEFERRED-WORKERS COMP
21	D2 DEF-RETIREMENT TEST
0	D3 DEF-D2 FOR PRIMARY
4	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
0	RN CUR PAY-PART B REINSTATED
0	S SUSP-DEFERRED RETIREMENT
4	SD SUSP-OTHER
0	SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
18	SH SUSP-GOVERNMENT PENSION
3	SP SUSP-PUBLIC ASSISTANCE
3	S0 SUSP-CONTINUING DISABILITY INVESTIG
34	S2 SUSP-FAILS RETIREMENT TEST
2	S3 SUSP-PRIMARY ACCOUNT S2
5	S6 SUSP-CHECK RETURNED FOR ADDRESS
15	S7 SUSP-VOCATIONAL REHAB REFUSAL
2	S8 SUSP-PAYEE NOT DETERMINED
2	S9 SUSP-MISCELLANEOUS REASON
1	TR TERM-CLAIM WITHDRAWN
0	T0 TERM-BENEFITS PAID BY ANOTHER AGENCY
659	T1 TERM-DEATH OF BENEFICIARY
0	T2 TERM-DEATH OF PRIMARY
0	T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE
1	T5 TERM-ENTITLED ON ANOTHER ACCT
2	T8 TERM-RECOVERY FROM DISABILITY
0	T9 TERM-MISCELLANEOUS
266	U ACTIVE UNINSURED STATUS (NO SSA CHECK)
0	XR TERMINATED -
23	X1 TERM-DEATH OF INSURED
0	X5 TERM-ENTITLED TO ANOTHER BENEFIT
3	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

8	UNKNOWN
0	** UNKNOWN
370	01 NEW ENGLAND
2,133	02 MIDDLE ATLANTIC
2,063	03 EAST NORTH CENTRAL
803	04 WEST NORTH CENTRAL
2,555	05 SOUTH ATLANTIC
722	06 EAST SOUTH CENTRAL
1,265	07 WEST SOUTH CENTRAL
685	08 MOUNTAIN

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 5
Record Type: A

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,528		09	PACIFIC
					198		10	PUERTO RICO
H_METRO	74	1	\$METFMT				C	METRO STATUS
					3,321		N	NON-METRO AREA
					8		U	UNKNOWN
					9,001		Y	METRO AREA
H_HSBEG1	75	6	\$DTE6FMT				C	BEGINNING DATE OF LATEST HOSPICE PERIOD
					12,162			MISSING
					168	000000-999999		DATE AS YYMMDD
H_HSEND1	81	6	\$DTE6FMT				C	ENDING DATE OF LATEST HOSPICE PERIOD
					12,162			MISSING
					168	000000-999999		DATE AS YYMMDD
H_HSBEG2	87	6	\$DTE6FMT				C	BEGINNING DATE OF 2ND HOSPICE PERIOD
					12,294			MISSING
					36	000000-999999		DATE AS YYMMDD
H_HSEND2	93	6	\$DTE6FMT				C	ENDING DATE OF 2ND HOSPICE PERIOD
					12,294			MISSING
					36	000000-999999		DATE AS YYMMDD
H_HSBEG3	99	6	\$DTE6FMT				C	BEGINNING DATE OF 3RD HOSPICE PERIOD
					12,312			MISSING
					18	000000-999999		DATE AS YYMMDD
H_HSEND3	105	6	\$DTE6FMT				C	ENDING DATE OF 3RD HOSPICE PERIOD
					12,312			MISSING
					18	000000-999999		DATE AS YYMMDD
H_HSBEG4	111	6	\$DTE6FMT				C	BEGINNING DATE OF 4TH HOSPICE PERIOD
					12,313			MISSING
					17	000000-999999		DATE AS YYMMDD
H_HSEND4	117	6	\$DTE6FMT				C	ENDING DATE OF 4TH HOSPICE PERIOD
					12,313			MISSING
					17	000000-999999		DATE AS YYMMDD
H_ESRBEG	123	6	\$DTE6FMT				C	BEGINNING DATE OF ESRD PERIOD
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD
H_ESREND	129	6	\$DTE6FMT				C	ENDING DATE OF ESRD PERIOD
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 6
Record Type: A

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_GHPSW	135	1		\$GHPSW			C	1= SOME GROUP HEALTH PARTICIPATION
					11,501		0	NO ENROLLMENT
					829		1	SOME ENROLLMENT
H_PLTP01	136	2		\$PLNFMT			C	GHP PLAN TYPE JAN
					11,623			NO ENROLLMENT FOR MONTH
					217		01	HCPP
					18		02	COST HMO
					5		05	OLD RISK HMO
					457		06	RISK HMO
					10		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
					11,618			NO ENROLLMENT FOR MONTH
					216		01	HCPP
					17		02	COST HMO
					5		05	OLD RISK HMO
					464		06	RISK HMO
					10		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
					11,605			NO ENROLLMENT FOR MONTH
					216		01	HCPP
					17		02	COST HMO
					5		05	OLD RISK HMO
					476		06	RISK HMO
					11		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
					11,599			NO ENROLLMENT FOR MONTH
					216		01	HCPP
					16		02	COST HMO
					5		05	OLD RISK HMO
					483		06	RISK HMO
					11		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLPY04	156	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	160	2		\$PLNFMT			C	GHP PLAN TYPE MAY

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 7
Record Type: A

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					11,597			NO ENROLLMENT FOR MONTH
					215		01	HCPP
					16		02	COST HMO
					5		05	OLD RISK HMO
					486		06	RISK HMO
					11		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
					11,594			NO ENROLLMENT FOR MONTH
					215		01	HCPP
					16		02	COST HMO
					5		05	OLD RISK HMO
					489		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
					11,590			NO ENROLLMENT FOR MONTH
					214		01	HCPP
					16		02	COST HMO
					5		05	OLD RISK HMO
					494		06	RISK HMO
					11		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
					11,587			NO ENROLLMENT FOR MONTH
					212		01	HCPP
					16		02	COST HMO
					5		05	OLD RISK HMO
					499		06	RISK HMO
					11		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
					11,573			NO ENROLLMENT FOR MONTH
					212		01	HCPP
					16		02	COST HMO
					5		05	OLD RISK HMO
					513		06	RISK HMO
					11		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 8
Record Type: A

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

H_PLPY09 186 4

N MEDICARE PERCAP PAYMENT SEP

H_PLTP10 190 2 \$PLNFMT

C GHP PLAN TYPE OCT

11,567
211
16
5
520
11
0
0

NO ENROLLMENT FOR MONTH
01 HCPP
02 COST HMO
05 OLD RISK HMO
06 RISK HMO
12 DEMO RISK HMO
17 PACE DEMO PLAN
18 HCPP

H_PLPY10 192 4

N MEDICARE PERCAP PAYMENT OCT

H_PLTP11 196 2 \$PLNFMT

C GHP PLAN TYPE NOV

11,562
209
16
5
527
11
0
0

NO ENROLLMENT FOR MONTH
01 HCPP
02 COST HMO
05 OLD RISK HMO
06 RISK HMO
12 DEMO RISK HMO
17 PACE DEMO PLAN
18 HCPP

H_PLPY11 198 4

N MEDICARE PERCAP PAYMENT NOV

H_PLTP12 202 2 \$PLNFMT

C GHP PLAN TYPE DEC

11,556
209
16
5
533
11
0
0

NO ENROLLMENT FOR MONTH
01 HCPP
02 COST HMO
05 OLD RISK HMO
06 RISK HMO
12 DEMO RISK HMO
17 PACE DEMO PLAN
18 HCPP

H_PLPY12 204 4

N MEDICARE PERCAP PAYMENT DEC

H_MCSW 208 1 \$SWFMT

C Y=SOME MEDICAID ELIGIBILITY FOR CY

10,073
2,257

N NO PARTICIPATION
Y SOME PARTICIPATION

H_MCDE01 209 1 \$MCDCFMT

C MEDICAID ELIGIBILITY FOR JAN

0
1,936
74

A STATE PART A BUY-IN
B STATE PART B BUY-IN
C STATE PART A AND B BUY-IN

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 9
Record Type: A

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					10,320		N	NO BUY-IN THIS MONTH
H_MCDE02	210	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR FEB
					1,937		A	STATE PART A BUY-IN
					76		B	STATE PART B BUY-IN
					10,317		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE03	211	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR MAR
					1,929		A	STATE PART A BUY-IN
					76		B	STATE PART B BUY-IN
					10,325		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE04	212	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR APR
					1,936		A	STATE PART A BUY-IN
					77		B	STATE PART B BUY-IN
					10,317		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE05	213	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR MAY
					1,948		A	STATE PART A BUY-IN
					76		B	STATE PART B BUY-IN
					10,306		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE06	214	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR JUN
					1,938		A	STATE PART A BUY-IN
					76		B	STATE PART B BUY-IN
					10,316		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE07	215	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR JUL
					1,934		A	STATE PART A BUY-IN
					88		B	STATE PART B BUY-IN
					10,308		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE08	216	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR AUG
					1,949		A	STATE PART A BUY-IN
					87		B	STATE PART B BUY-IN
					10,294		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE09	217	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR SEP
					1,952		A	STATE PART A BUY-IN
					87		B	STATE PART B BUY-IN
							C	STATE PART A AND B BUY-IN

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 10
Record Type: A

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					10,291		N	NO BUY-IN THIS MONTH
H_MCDE10	218	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR OCT
					1,951		A	STATE PART A BUY-IN
					86		B	STATE PART B BUY-IN
					10,293		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE11	219	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR NOV
					1,956		A	STATE PART A BUY-IN
					86		B	STATE PART B BUY-IN
					10,288		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_MCDE12	220	1	\$MCDCFMT		0		C	MEDICAID ELIGIBILITY FOR DEC
					1,908		A	STATE PART A BUY-IN
					85		B	STATE PART B BUY-IN
					10,337		C	STATE PART A AND B BUY-IN
							N	NO BUY-IN THIS MONTH
H_HOSSW	221	1	\$UTLFMT				C	1 = ONE OR MORE HOSPICE BILLS IN CY
					12,260		0	NO UTILIZATION THIS TYPE
					70		1	SOME UTILIZATION THIS TYPE
H_INPSW	222	1	\$UTLFMT				C	1 = ONE OR MORE INP DISCHARGES IN CY
					9,774		0	NO UTILIZATION THIS TYPE
					2,556		1	SOME UTILIZATION THIS TYPE
H_SNFSW	223	1	\$UTLFMT				C	1 = ONE OR MORE SNF ADMISSIONS IN CY
					11,980		0	NO UTILIZATION THIS TYPE
					350		1	SOME UTILIZATION THIS TYPE
H_HHASW	224	1	\$UTLFMT				C	1 = ONE OR MORE HHA VISITS IN CY
					11,265		0	NO UTILIZATION THIS TYPE
					1,065		1	SOME UTILIZATION THIS TYPE
H_OUTSW	225	1	\$UTLFMT				C	1 = ONE OR MORE OUTPT VISITS IN CY
					5,800		0	NO UTILIZATION THIS TYPE
					6,530		1	SOME UTILIZATION THIS TYPE
H_PBSW	226	1	\$UTLFMT				C	1 = ONE OR MORE PART B CLAIMS IN CY
					1,834		0	NO UTILIZATION THIS TYPE
					10,496		1	SOME UTILIZATION THIS TYPE
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
					9,870			MISSING
					2,460	000000-999999		DATE AS YYMMDD

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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H_LATDRG	245	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					9,870			UNKNOWN, OR NO DISCHARGE
					2,460		000-999	DRG

H_DISDES	248	2	\$DSTFMT				C	DISCHARGE DESTINATION FOR LAST STAY
					9,870			NO DISCHARGE
					1,482		01	DISCHARGE TO HOME
					11		02	TRANSFER-TO HOSP
					315		03	TRANSFER-TO SNF
					87		04	TRANSFER-TO ICF
					72		05	TRANSFER-OTHER
					222		06	TRANSFER TO HHA
					6		07	LEFT AGAINST MEDICAL ADVICE
					2		08	HOME IV DRUG
					0		09	ADMIT/READMIT
					0		10-19	TRANSFER-ST CODES
					263		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
H_SNFDAY	297	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	300	6					N	\$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 12
Record Type: A

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 ----- CODEBOOK
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 13

Record Type: A2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$RICFMT				C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
					12,330		A	RIC A - HCFA RECORD SUMMARY
					0		N	RIC N - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT				C	YY REFERENCE YEAR OF RECORD
					12,330		C3	1993 COST AND USE FILE
BASEID	4	8	\$BSIDFMT				C	UNIQUE IDENTIFICATION NUMBER
					12,330			BASEIDS
H_DOB	12	8	\$DTE8FMT				C	DATE OF BIRTH
					0			MISSING
					12,330			DATE AS YYYYMMDD
H_DOD	20	6	\$DTE6FMT				C	DATE OF DEATH
					11,623			MISSING
					707	000000-999999		DATE AS YYMMDD
H_DODSRC	26	2	\$SRCFMT				C	SOURCE OF DEATH INFORMATION
					11,623			NO DATE OF DEATH
					0		01	FROM MEDICARE BILL
					0		03	CLERICAL ENTRY
					0		05	BILL AND CLERICAL
					297		10	PROVEN MBR
					28		11	PROVEN MBR AND BILL
					356		20	UNPROVEN MBR
					25		21	UNPROVEN MBR AND BILL
					0		23	UNPROVEN MBR AND CLERICAL
					1		25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	28	1	\$SEXFMT				C	SEX CODE
					0			UNKNOWN
					5,367		1	MALE
					6,963		2	FEMALE
H_RACE	29	1	\$RACEFMT				C	RACE CODE
					0			UNKNOWN
					112		0	UNKNOWN
					10,449		1	WHITE
					1,403		2	BLACK
					151		3	OTHER
					46		4	ASIAN
					159		5	HISPANIC
					10		6	N AMERICAN NATIVE
H_AGE	30	3	AGEFMT				N	AGE
					0		.	UNKNOWN
					12,330	0-999		AGE IN YEARS

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 -----
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 14
CODEBOOK Record Type: A2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_STRAT	33	1	\$AGEFMT				C	MCBS SAMPLE STRATUM
				0				UNKNOWN
				1,011			1	0-44
				1,108			2	45-64
				2,301			3	65-69
				2,018			4	70-74
				1,897			5	75-79
				2,012			6	80-84
				1,983			7	85 +
H_ENT01	34	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
				330			A	PART A MEDICARE ONLY
				113			B	PART B MEDICARE ONLY
				11,598			C	PART A AND B MEDICARE
				289			N	NO MEDICARE ENTITLEMENT
H_ENT02	35	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
				334			A	PART A MEDICARE ONLY
				111			B	PART B MEDICARE ONLY
				11,552			C	PART A AND B MEDICARE
				333			N	NO MEDICARE ENTITLEMENT
H_ENT03	36	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
				333			A	PART A MEDICARE ONLY
				110			B	PART B MEDICARE ONLY
				11,509			C	PART A AND B MEDICARE
				378			N	NO MEDICARE ENTITLEMENT
H_ENT04	37	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
				333			A	PART A MEDICARE ONLY
				109			B	PART B MEDICARE ONLY
				11,474			C	PART A AND B MEDICARE
				414			N	NO MEDICARE ENTITLEMENT
H_ENT05	38	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
				335			A	PART A MEDICARE ONLY
				110			B	PART B MEDICARE ONLY
				11,442			C	PART A AND B MEDICARE
				443			N	NO MEDICARE ENTITLEMENT
H_ENT06	39	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
				336			A	PART A MEDICARE ONLY
				108			B	PART B MEDICARE ONLY
				11,413			C	PART A AND B MEDICARE
				473			N	NO MEDICARE ENTITLEMENT
H_ENT07	40	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
				322			A	PART A MEDICARE ONLY
				95			B	PART B MEDICARE ONLY
				11,423			C	PART A AND B MEDICARE
				490			N	NO MEDICARE ENTITLEMENT

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 15

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_ENT08	41	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					326		A	PART A MEDICARE ONLY
					94		B	PART B MEDICARE ONLY
					11,395		C	PART A AND B MEDICARE
					515		N	NO MEDICARE ENTITLEMENT
H_ENT09	42	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					329		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,373		C	PART A AND B MEDICARE
					533		N	NO MEDICARE ENTITLEMENT
H_ENT10	43	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT
					328		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,346		C	PART A AND B MEDICARE
					561		N	NO MEDICARE ENTITLEMENT
H_ENT11	44	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					328		A	PART A MEDICARE ONLY
					93		B	PART B MEDICARE ONLY
					11,303		C	PART A AND B MEDICARE
					606		N	NO MEDICARE ENTITLEMENT
H_ENT12	45	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					329		A	PART A MEDICARE ONLY
					92		B	PART B MEDICARE ONLY
					11,268		C	PART A AND B MEDICARE
					641		N	NO MEDICARE ENTITLEMENT
H_D0E	46	6	\$DTE6FMT				C	ENTITLEMENT START DATE
					0			MISSING
					12,330	000000-999999		DATE AS YYMMDD
H_D0T	52	6	\$DTE6FMT				C	ENTITLEMENT END DATE
					12,306			MISSING
					24	000000-999999		DATE AS YYMMDD
H_MEDSTA	58	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					0			UNKNOWN
					10,183		10	AGED, NO ESRD
					31		11	AGED, ESRD
					2,049		20	DISABLED, NO ESRD
					33		21	DISABLED, ESRD
					34		31	ESRD ONLY

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 16

Variable Col Len Fmt Name Frequency Ques #

Ty Label

H_LAF 60 2 \$LAFFMT

C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31

14	UNKNOWN
0	AD CUR PAY-ADJ FOR DUAL ENTITLEMENT
0	AF TRANSFER TO ANOTHER PC OR DIO
0	A9 CUR PAY-MISCELLANEOUS ADJUSTMENT
11,247	C CURRENT PAYMENT STATUS
0	DW DEFERRED-WORKERS COMP
21	D2 DEF-RETIREMENT TEST
0	D3 DEF-D2 FOR PRIMARY
4	D6 DEF-RECOVER OVERPAYMENT
1	D9 DEF-MISCELLANEOUS REASON
0	J ADVANCED 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
0	RN CUR PAY-PART B REINSTATED
0	S SUSP-DEFERRED RETIREMENT
4	SD SUSP-OTHER
0	SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
18	SH SUSP-GOVERNMENT PENSION
3	SP SUSP-PUBLIC ASSISTANCE
3	S0 SUSP-CONTINUING DISABILITY INVESTIG
34	S2 SUSP-FAILS RETIREMENT TEST
2	S3 SUSP-PRIMARY ACCOUNT S2
5	S6 SUSP-CHECK RETURNED FOR ADDRESS
15	S7 SUSP-VOCATIONAL REHAB REFUSAL
2	S8 SUSP-PAYEE NOT DETERMINED
2	S9 SUSP-MISCELLANEOUS REASON
1	TR TERM-CLAIM WITHDRAWN
0	T0 TERM-BENEFITS PAID BY ANOTHER AGENCY
659	T1 TERM-DEATH OF BENEFICIARY
0	T2 TERM-DEATH OF PRIMARY
0	T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE
1	T5 TERM-ENTITLED ON ANOTHER ACCT
2	T8 TERM-RECOVERY FROM DISABILITY
0	T9 TERM-MISCELLANEOUS
266	U ACTIVE UNINSURED STATUS (NO SSA CHECK)
0	XR TERMINATED -
23	X1 TERM-DEATH OF INSURED
0	X5 TERM-ENTITLED TO ANOTHER BENEFIT
3	X7 TERM OF UNINSURED
0	X9 TERM MISCELLANEOUS
0	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
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8				UNKNOWN
379	01			AL
0	02			AK
106	03			AZ
106	04			AR
1,113	05			CA
212	06			CO
94	07			CT
3	08			DE
57	09			DC
652	10			FL
592	11			GA
0	12			HI
76	13			ID
439	14			IL
315	15			IN
250	16			IA
161	17			KS
167	18			KY
124	19			LA
123	20			ME
165	21			MD
149	22			MA
386	23			MI
149	24			MN
113	25			MS
177	26			MO
0	27			MT
2	28			NE
123	29			NV
1	30			NH
611	31			NJ
109	32			NM
865	33			NY
9	34			NC
63	35			ND
508	36			OH
231	37			OK
7	38			OR
657	39			PA
198	40			PR
2	41			RI
475	42			SC
1	43			SD
63	44			TN
804	45			TX
5	46			UT
1	47			VT
0	48			VI
477	49			VA
408	50			WA

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 18

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					125		51	WV
					415		52	WI
					54		53	WY
					0		54-99	UNKNOWN
H_RESCTY	64	3	\$CTYFMT				C	SSA COUNTY CODE OF RES. AS OF DEC 31
					8			UNKNOWN
					12,322		000-999	COUNTY CODE
H_ZIP	67	5	\$ZIPFMT				C	POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31
					8			UNKNOWN
					12,322		00000-99999	ZIP CODE
H_CENSUS	72	2	\$CENFMT				C	CENSUS REGION OF RESIDENCE AS OF DEC 31
					8			UNKNOWN
					0		**	UNKNOWN
					370		01	NEW ENGLAND
					2,133		02	MIDDLE ATLANTIC
					2,063		03	EAST NORTH CENTRAL
					803		04	WEST NORTH CENTRAL
					2,555		05	SOUTH ATLANTIC
					722		06	EAST SOUTH CENTRAL
					1,265		07	WEST SOUTH CENTRAL
					685		08	MOUNTAIN
					1,528		09	PACIFIC
					198		10	PUERTO RICO
H_METRO	74	1	\$METFMT				C	METRO STATUS
					3,321		N	NON-METRO AREA
					8		U	UNKNOWN
					9,001		Y	METRO AREA
H_HSBEG1	75	6	\$DTE6FMT				C	BEGINNING DATE OF LATEST HOSPICE PERIOD
					12,162			MISSING
					168		000000-999999	DATE AS YYMMDD
H_HSEND1	81	6	\$DTE6FMT				C	ENDING DATE OF LATEST HOSPICE PERIOD
					12,162			MISSING
					168		000000-999999	DATE AS YYMMDD
H_HSBEG2	87	6	\$DTE6FMT				C	BEGINNING DATE OF 2ND HOSPICE PERIOD
					12,294			MISSING
					36		000000-999999	DATE AS YYMMDD
H_HSEND2	93	6	\$DTE6FMT				C	ENDING DATE OF 2ND HOSPICE PERIOD
					12,294			MISSING
					36		000000-999999	DATE AS YYMMDD
H_HSBEG3	99	6	\$DTE6FMT				C	BEGINNING DATE OF 3RD HOSPICE PERIOD
					12,312			MISSING
					18		000000-999999	DATE AS YYMMDD

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 19

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_HSEND3	105	6	\$DTE6FMT				C	ENDING DATE OF 3RD HOSPICE PERIOD
					12,312			MISSING
					18	000000-999999		DATE AS YYMMDD
H_HSBEG4	111	6	\$DTE6FMT				C	BEGINNING DATE OF 4TH HOSPICE PERIOD
					12,313			MISSING
					17	000000-999999		DATE AS YYMMDD
H_HSEND4	117	6	\$DTE6FMT				C	ENDING DATE OF 4TH HOSPICE PERIOD
					12,313			MISSING
					17	000000-999999		DATE AS YYMMDD
H_ESRBEG	123	6	\$DTE6FMT				C	BEGINNING DATE OF ESRD PERIOD
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD
H_ESREND	129	6	\$DTE6FMT				C	ENDING DATE OF ESRD PERIOD
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD
H_GHPSW	135	1	\$GHPSW				C	1= SOME GROUP HEALTH PARTICIPATION IN 93
					11,501		0	NO ENROLLMENT
					829		1	SOME ENROLLMENT
H_PLTP01	136	2	\$PLNFMT				C	GHP PLAN TYPE JAN
					11,623			NO ENROLLMENT FOR MONTH
					217		01	HCPP
					18		02	COST HMO
					5		05	OLD RISK HMO
					457		06	RISK HMO
					10		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN01	138	5	\$GHPFMT				C	GHP CONTRACT NUMBER JAN
					670	H0000-H9999		PLAN IDENTIFIER
					11,623	N		UNKNOWN, OR NO PLAN
					37	90091		PLAN IDENTIFIER
H_PLPY01	143	4					N	MEDICARE PERCAP PAYMENT JAN
H_PLTP02	147	2	\$PLNFMT				C	GHP PLAN TYPE FEB
					11,618			NO ENROLLMENT FOR MONTH
					216		01	HCPP
					17		02	COST HMO
					5		05	OLD RISK HMO
					464		06	RISK HMO
					10		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLAN02	149	5	\$GHPFMT				C	GHP CONTRACT NUMBER FEB
					674	H0000-H9999		PLAN IDENTIFIER
					11,618	N		UNKNOWN, OR NO PLAN
					38	90091		PLAN IDENTIFIER
H_PLPY02	154	4					N	MEDICARE PERCAP PAYMENT FEB
H_PLTP03	158	2	\$PLNFMT				C	GHP PLAN TYPE MAR
					11,605			NO ENROLLMENT FOR MONTH
					216	01		HCPP
					17	02		COST HMO
					5	05		OLD RISK HMO
					476	06		RISK HMO
					11	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN03	160	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAR
					687	H0000-H9999		PLAN IDENTIFIER
					11,605	N		UNKNOWN, OR NO PLAN
					38	90091		PLAN IDENTIFIER
H_PLPY03	165	4					N	MEDICARE PERCAP PAYMENT MAR
H_PLTP04	169	2	\$PLNFMT				C	GHP PLAN TYPE APR
					11,599			NO ENROLLMENT FOR MONTH
					216	01		HCPP
					16	02		COST HMO
					5	05		OLD RISK HMO
					483	06		RISK HMO
					11	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN04	171	5	\$GHPFMT				C	GHP CONTRACT NUMBER APR
					693	H0000-H9999		PLAN IDENTIFIER
					11,599	N		UNKNOWN, OR NO PLAN
					38	90091		PLAN IDENTIFIER
H_PLPY04	176	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	180	2	\$PLNFMT				C	GHP PLAN TYPE MAY
					11,597			NO ENROLLMENT FOR MONTH
					215	01		HCPP
					16	02		COST HMO
					5	05		OLD RISK HMO
					486	06		RISK HMO
					11	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		18	HCPP
H_PLAN05	182	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAY
					695	H0000-H9999		PLAN IDENTIFIER
					11,597	N		UNKNOWN, OR NO PLAN
					38	90091		PLAN IDENTIFIER
H_PLPY05	187	4					N	MEDICARE PERCAP PAYMENT MAY
H_PLTP06	191	2	\$PLNFMT				C	GHP PLAN TYPE JUN
					11,594			NO ENROLLMENT FOR MONTH
					215	01		HCPP
					16	02		COST HMO
					5	05		OLD RISK HMO
					489	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
					698	H0000-H9999		PLAN IDENTIFIER
					11,594	N		UNKNOWN, OR NO PLAN
					38	90091		PLAN IDENTIFIER
H_PLPY06	198	4					N	MEDICARE PERCAP PAYMENT JUN
H_PLTP07	202	2	\$PLNFMT				C	GHP PLAN TYPE JUL
					11,590			NO ENROLLMENT FOR MONTH
					214	01		HCPP
					16	02		COST HMO
					5	05		OLD RISK HMO
					494	06		RISK HMO
					11	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN07	204	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUL
					703	H0000-H9999		PLAN IDENTIFIER
					11,590	N		UNKNOWN, OR NO PLAN
					37	90091		PLAN IDENTIFIER
H_PLPY07	209	4					N	MEDICARE PERCAP PAYMENT JUL
H_PLTP08	213	2	\$PLNFMT				C	GHP PLAN TYPE AUG
					11,587			NO ENROLLMENT FOR MONTH
					212	01		HCPP
					16	02		COST HMO
					5	05		OLD RISK HMO
					499	06		RISK HMO

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					11		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN08	215	5	\$GHPFMT				C	GHP CONTRACT NUMBER AUG
					707	H0000-H9999		PLAN IDENTIFIER
					11,587	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
					11,573			NO ENROLLMENT FOR MONTH
					212	01		HCPP
					16	02		COST HMO
					5	05		OLD RISK HMO
					513	06		RISK HMO
					11	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN09	226	5	\$GHPFMT				C	GHP CONTRACT NUMBER SEP
					721	H0000-H9999		PLAN IDENTIFIER
					11,573	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
					11,567			NO ENROLLMENT FOR MONTH
					211	01		HCPP
					16	02		COST HMO
					5	05		OLD RISK HMO
					520	06		RISK HMO
					11	12		DEMO RISK HMO
					0	17		PACE DEMO PLAN
					0	18		HCPP
H_PLAN10	237	5	\$GHPFMT				C	GHP CONTRACT NUMBER OCT
					728	H0000-H9999		PLAN IDENTIFIER
					11,567	N		UNKNOWN, OR NO PLAN
					35	90091		PLAN IDENTIFIER
H_PLPY10	242	4					N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	246	2	\$PLNFMT				C	GHP PLAN TYPE NOV
					11,562			NO ENROLLMENT FOR MONTH
					209	01		HCPP
					16	02		COST HMO

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5		05	OLD RISK HMO
					527		06	RISK HMO
					11		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN11	248	5	\$GHPFMT				C	GHP CONTRACT NUMBER NOV
					733	H0000-H9999		PLAN IDENTIFIER
					11,562	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
					11,556			NO ENROLLMENT FOR MONTH
					209		01	HCPP
					16		02	COST HMO
					5		05	OLD RISK HMO
					533		06	RISK HMO
					11		12	DEMO RISK HMO
					0		17	PACE DEMO PLAN
					0		18	HCPP
H_PLAN12	259	5	\$GHPFMT				C	GHP CONTRACT NUMBER DEC
					739	H0000-H9999		PLAN IDENTIFIER
					11,556	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
					10,073		N	NO PARTICIPATION
					2,257		Y	SOME PARTICIPATION
H_MCDE01	269	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JAN
					0		A	STATE PART A BUY-IN
					1,936		B	STATE PART B BUY-IN
					74		C	STATE PART A AND B BUY-IN
					10,320		N	NO BUY-IN THIS MONTH
H_MCDE02	270	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR FEB
					0		A	STATE PART A BUY-IN
					1,937		B	STATE PART B BUY-IN
					76		C	STATE PART A AND B BUY-IN
					10,317		N	NO BUY-IN THIS MONTH
H_MCDE03	271	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAR
					0		A	STATE PART A BUY-IN

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 -----
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 24
CODEBOOK Record Type: A2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,929		B	STATE PART B BUY-IN
					76		C	STATE PART A AND B BUY-IN
					10,325		N	NO BUY-IN THIS MONTH
H_MCDE04	272	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR APR
					0		A	STATE PART A BUY-IN
					1,936		B	STATE PART B BUY-IN
					77		C	STATE PART A AND B BUY-IN
					10,317		N	NO BUY-IN THIS MONTH
H_MCDE05	273	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAY
					0		A	STATE PART A BUY-IN
					1,948		B	STATE PART B BUY-IN
					76		C	STATE PART A AND B BUY-IN
					10,306		N	NO BUY-IN THIS MONTH
H_MCDE06	274	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUN
					0		A	STATE PART A BUY-IN
					1,938		B	STATE PART B BUY-IN
					76		C	STATE PART A AND B BUY-IN
					10,316		N	NO BUY-IN THIS MONTH
H_MCDE07	275	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUL
					0		A	STATE PART A BUY-IN
					1,934		B	STATE PART B BUY-IN
					88		C	STATE PART A AND B BUY-IN
					10,308		N	NO BUY-IN THIS MONTH
H_MCDE08	276	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR AUG
					0		A	STATE PART A BUY-IN
					1,949		B	STATE PART B BUY-IN
					87		C	STATE PART A AND B BUY-IN
					10,294		N	NO BUY-IN THIS MONTH
H_MCDE09	277	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR SEP
					0		A	STATE PART A BUY-IN
					1,952		B	STATE PART B BUY-IN
					87		C	STATE PART A AND B BUY-IN
					10,291		N	NO BUY-IN THIS MONTH
H_MCDE10	278	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR OCT
					0		A	STATE PART A BUY-IN
					1,951		B	STATE PART B BUY-IN
					86		C	STATE PART A AND B BUY-IN
					10,293		N	NO BUY-IN THIS MONTH
H_MCDE11	279	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR NOV
					0		A	STATE PART A BUY-IN
					1,956		B	STATE PART B BUY-IN

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 25

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					86		C	STATE PART A AND B BUY-IN
					10,288		N	NO BUY-IN THIS MONTH
H_MCDE12	280	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR DEC
					0		A	STATE PART A BUY-IN
					1,908		B	STATE PART B BUY-IN
					85		C	STATE PART A AND B BUY-IN
					10,337		N	NO BUY-IN THIS MONTH
H_MACY01	281	3	\$MACYFMT				C	BUY-IN AGENCY FOR JAN
					10,320		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,010		000-999	STATE AGENCY CODE
H_MACY02	284	3	\$MACYFMT				C	BUY-IN AGENCY FOR FEB
					10,317		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,013		000-999	STATE AGENCY CODE
H_MACY03	287	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAR
					10,325		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,005		000-999	STATE AGENCY CODE
H_MACY04	290	3	\$MACYFMT				C	BUY-IN AGENCY FOR APR
					10,317		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,013		000-999	STATE AGENCY CODE
H_MACY05	293	3	\$MACYFMT				C	BUY-IN AGENCY FOR MAY
					10,306		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,024		000-999	STATE AGENCY CODE
H_MACY06	296	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUN
					10,316		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,014		000-999	STATE AGENCY CODE
H_MACY07	299	3	\$MACYFMT				C	BUY-IN AGENCY FOR JUL
					10,308		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,022		000-999	STATE AGENCY CODE
H_MACY08	302	3	\$MACYFMT				C	BUY-IN AGENCY FOR AUG
					10,294		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,036		000-999	STATE AGENCY CODE
H_MACY09	305	3	\$MACYFMT				C	BUY-IN AGENCY FOR SEP

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 26

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					10,291		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,039		000-999	STATE AGENCY CODE
H_MACY10	308	3	\$MACYFMT				C	BUY-IN AGENCY FOR OCT
					10,293		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,037		000-999	STATE AGENCY CODE
H_MACY11	311	3	\$MACYFMT				C	BUY-IN AGENCY FOR NOV
					10,288		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,042		000-999	STATE AGENCY CODE
H_MACY12	314	3	\$MACYFMT				C	BUY-IN AGENCY FOR DEC
					10,337		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					1,993		000-999	STATE AGENCY CODE
H_HOSSW	317	1	\$UTLFMT				C	1 = ONE OR MORE HOSPICE BILLS IN CY
					12,260		0	NO UTILIZATION THIS TYPE
					70		1	SOME UTILIZATION THIS TYPE
H_INPSW	318	1	\$UTLFMT				C	1 = ONE OR MORE INP DISCHARGES IN CY
					9,774		0	NO UTILIZATION THIS TYPE
					2,556		1	SOME UTILIZATION THIS TYPE
H_SNFSW	319	1	\$UTLFMT				C	1 = ONE OR MORE SNF ADMISSIONS IN CY
					11,980		0	NO UTILIZATION THIS TYPE
					350		1	SOME UTILIZATION THIS TYPE
H_HHASW	320	1	\$UTLFMT				C	1 = ONE OR MORE HHA VISITS IN CY
					11,265		0	NO UTILIZATION THIS TYPE
					1,065		1	SOME UTILIZATION THIS TYPE
H_OUTSW	321	1	\$UTLFMT				C	1 = ONE OR MORE OUTPT VISITS IN CY
					5,800		0	NO UTILIZATION THIS TYPE
					6,530		1	SOME UTILIZATION THIS TYPE
H_PBSW	322	1	\$UTLFMT				C	1 = ONE OR MORE PART B CLAIMS IN CY
					1,834		0	NO UTILIZATION THIS TYPE
					10,496		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

02/28/97 MEDICARE CURRENT BENEFICIARY SURVEY Page: 27
 COST&USE RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
 1993 ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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					9,870			MISSING
					2,460	000000-999999		DATE AS YYMMDD
H_LATDRG	341	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					9,870			UNKNOWN, OR NO DISCHARGE
					2,460	000-999		DRG

H_DISDES	344	2	\$DSTFMT				C	DISCHARGE DESTINATION FOR LAST STAY
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9,870			NO DISCHARGE
1,482	01		DISCHARGE TO HOME
11	02		TRANSFER-TO HOSP
315	03		TRANSFER-TO SNF
87	04		TRANSFER-TO ICF
72	05		TRANSFER-OTHER
222	06		TRANSFER TO HHA
6	07		LAMA
2	08		HOME IV DRUG
0	09		ADMIT/READMIT
0	10-19		TRANSFER-ST CODES
263	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

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE A2 -----
ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Page: 28
CODEBOOK Record Type: A2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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
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

02/28/97 MEDICARE CURRENT BENEFICIARY SURVEY Page: 29
COST&USE RECORD IDENTIFICATION CODE A2 ----- CODEBOOK Record Type: A2
1993 ADMINISTRATIVE (HCFA) IDENTIFICATION RECORD

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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02/28/97
COST&USE
1993

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

Page: 30
Record Type: K

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RIC K - KEY RECORD
FILEYR	2	2					C	C3 - 1993 COST AND USE FILE
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
SAMPLECD	12	2	\$SAM_FMT				C	START OF MEDICARE ENTITLEMENT
					0		**	NOT ENTITLED
					11,297		00	ENTITLED BEFORE 92
					720		01	FIRST ENTITLED IN 92
					313		02	FIRST ENTITLED IN 93
FIRSTRND	14	2	\$FRD_FMT				C	FIRST ROUND OF INTERVIEWS
					9,857		01	FIRST INTERVIEW R1
					1,790		04	FIRST INTERVIEW R4
					371		07	FIRST INTERVIEW R7
					312		10	FIRST INTERVIEW R10
TYPE93 1993	16	1	\$TYP_FMT				C	BENEFICIARY"S LIVING SITUATION FOR
					0		.	INAPPLICABLE
					282		B	BOTH
					11,077		C	COMMUNITY
					971		F	FACILITY
STATUS93	17	2	\$STA_FMT				C	COMPLETENESS OF SURVEY DATA FOR 1993
					10,697		40	COMPLETE, ALIVE ON 12/31
					643		50	COMPLETE, DEATH ON-BEFORE 12/31
					251		60	INCOMPLETE, ALIVE ON 12/31
					56		70	INCOMPLETE, DEATH ON-BEFORE 12/31
					683		99	ROUND 7 OR 10 PANEL
C_DAYS	19	3	DAY_FMT				N	NUMBER OF COMMUNITY DAYS
					0		.	UNKNOWN
					972		0	ZERO
					370		0<-122	1-122
					288		122<-244	123-244
					342		244<-364	245-364
					10,358		365	ALL YEAR
					0		365<-HIGH	OVER 365
F_DAYS	22	3	DAY_FMT				N	NUMBER OF FACILITY DAYS
					0		.	UNKNOWN
					11,077		0	ZERO
					211		0<-122	1-122
					140		122<-244	123-244
					133		244<-364	245-364
					769		365	ALL YEAR
					0		365<-HIGH	OVER 365

02/28/97 MEDICARE CURRENT BENEFICIARY SURVEY Page: 31
 COST&USE RECORD IDENTIFICATION CODE K ----- CODEBOOK Record Type: K
 1993 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
365	0<-122				1-122
276	122<-244				123-244
350	244<-364				245-364
11,339	365				ALL YEAR
0	365<-HIGH				OVER 365

02/28/97
COST&USE
1993

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

Page: 32
CODEBOOK 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	SEXFMT				N	SEX OF HOUSEHOLD MEMBER
					0		.	INAPPLICABLE
					5,356		1	MALE
					6,974		2	FEMALE
D_AFEVER	20	2	HELPMFT				N	SP EVER SERVE IN ARMED FORCES?
					3		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					84		-8	DONT KNOW
					1		-7	REFUSED
					2,669		1	YES
					9,572		2	NO
D_AFVIET	22	2	NECFMT				N	SP SERVED IN AF DURING VIETNAM ERA?
					9,661		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					218		1	INDICATED
					2,437		2	NOT INDICATED
D_AFKORE	24	2	NECFMT				N	SP SERVED IN AF DURING KOREAN CONFLICT?
					9,661		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					460		1	INDICATED
					2,195		2	NOT INDICATED
D_AFWWII	26	2	NECFMT				N	SP SERVED IN AF DURING WORLD WAR II?
					9,661		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					2,121		1	INDICATED
					535		2	NOT INDICATED
D_AFWWI	28	2	NECFMT				N	SP SERVED IN AF DURING WORLD WAR I?
					9,661		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					37		1	INDICATED
					2,618		2	NOT INDICATED

02/28/97
COST&USE
1993

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

Page: 33
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?
					9,661		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					233		1	INDICATED
					2,422		2	NOT INDICATED
D_NGEVER	32	2	HELPMFT				N	SP EVER ACTIVE NATL GUARD/RESERVE?
					3		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					109		-8	DONT KNOW
					2		-7	REFUSED
					616		1	YES
					11,597		2	NO
D_NGALL	34	2	HELPMFT				N	ALL ACTIVE DUTY RELATED TO NATL GUARD?
					11,714		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					182		1	YES
					433		2	NO
D_NGDSBL	36	2	HELPMFT				N	SP HAVE ANY DISABILITY FROM AF SERVICE?
					9,583		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					387		1	YES
					2,349		2	NO
D_VARATE	38	3	VARFMT				N	CURRENT VA DISABILITY RATING OF SP
					11,943		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					51		-8	DONT KNOW
					5		-7	REFUSED
					330		0-100	DISABILITY RATING
D_RACE	41	2	HISFMT				N	RACE OF SP
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					6		-8	DONT KNOW
					6		-7	REFUSED
					98		1	AMERICAN INDIAN
					125		2	ASIAN/PACIF ISL
					1,405		3	BLACK/AFRI AMER
					10,494		4	WHITE
					196		91	OTHER

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_ETHNIC	43	2	HELPMFMT				N	SP OF HISPANIC ANCESTRY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					39		-8	DONT KNOW
					3		-7	REFUSED
					715		1	YES
					11,573		2	NO
SPCHNLNM	45	2	CHILFMFMT				N	# OF CHILDREN LIVING
					820		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					3		-7	REFUSED
					11,497		0-25	NUMBER OF CHILDS
SPHIGRAD	47	2	HIGHFMFMT				N	HIGHEST SCHOOL GRADE COMPLETED
					0		.	INAPPLICABLE
					35		-9	NOT ASCERTAINED
					378		-8	DONT KNOW
					18		-7	REFUSED
					366		1	1ST GRADE OR LESS
					120		2	2ND GRADE
					227		3	3RD GRADE
					281		4	4TH GRADE
					268		5	5TH GRADE
					383		6	6TH GRADE
					469		7	7TH GRADE
					1,368		8	8TH GRADE
					594		9	1ST YR HIGH SCH
					784		10	2ND YR HIGH SCH
					612		11	3RD YR HIGH SCH
					3,617		12	4TH YR HIGH SCH
					473		13	1 YR COLLEGE
					751		14	2 YRS COLLEGE
					276		15	3 YRS COLLEGE
					714		16	4 YRS COLLEGE
					144		17	5 YRS COLLEGE
					452		18	6 OR MORE COLL
SPMARSTA	49	2	MARFMFMT				N	MARITAL STATUS OF SP
					3		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					13		-8	DONT KNOW
					3		-7	REFUSED
					5,890		1	MARRIED
					3,969		2	WIDOWED
					914		3	DIVORCED
					196		4	SEPARATED
					1,339		5	NEVER MARRIED

02/28/97 MEDICARE CURRENT BENEFICIARY SURVEY Page: 35
 COST&USE RECORD IDENTIFICATION CODE 1 ----- CODEBOOK Record Type: 1
 1993 SURVEY IDENTIFICATION RECORD

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
878	1	\$5,000 OR LESS
4,146	2	\$5,001-\$10,000
2,321	3	\$10,001-\$15,000
1,544	4	\$15,001-\$20,000
1,120	5	\$20,001-\$25,000
640	6	\$25,001-\$30,000
409	7	\$30,001-\$35,000
353	8	\$35,001-\$40,000
202	9	\$40,001-\$45,000
218	10	\$45,001-\$50,000
499	11	\$50,001 OR MORE
0	25	\$25,000 OR MORE

INCOME_C	54	8					N	ACTUAL INCOME OF SP
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D_DIVCUR	62	2		\$IVIFMT			C	CURRENT CENSUS DIVISION
----------	----	---	--	----------	--	--	---	-------------------------

6	UN	UNKNOWN
0	00	UNKNOWN
372	01	NEW ENGLAND
2,136	02	MIDDLE ATLANTIC
2,060	03	EAST NORTH CENTRAL
806	04	WEST NORTH CENTRAL
2,553	05	SOUTH ATLANTIC
723	06	EAST SOUTH CENTRAL
1,268	07	WEST SOUTH CENTRAL
684	08	MOUNTAIN
1,526	09	PACIFIC
196	10	PUERTO RICO

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
					4		-9	NOT ASCERTAINED
					36		-8	DONT KNOW
					5		-7	REFUSED
					1,786		1	EXCELLENT
					2,803		2	VERY GOOD
					3,619		3	GOOD
					2,728		4	FAIR
					1,349		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?
					2		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					19		-8	DONT KNOW
					4		-7	REFUSED
					7,190		1	NONE OF THE TIME
					2,688		2	SOME OF THE TIME
					1,389		3	MOST OF THE TIME
					1,031		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
					6		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					3		-7	REFUSED
					10,261		1	YES
					1,919		2	NO
					138		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
					145		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					85		-8	DONT KNOW
					1		-7	REFUSED
					6,698		1	NO TROUBLE
					3,998		2	LITTLE TROUBLE
					1,402		3	LOT OF TROUBLE

INAPPLICABLE WHEN SP VISUALLY IMPAIRED, OR ECHHELP NOT ANSWERED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ECCATOP	21	2	CNDITFMT	HS5			N	SP EVER HAD OPERATION FOR CATARACTS?
					90		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					16		-8	DONT KNOW
					0		-7	REFUSED
					2,107		1	YES
					10,117		2	NO

HCHelp	23	2	DEAFFMT	HS6			N	SP USE HEARING AID?
					0		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					5		-8	DONT KNOW
					4		-7	REFUSED
					1,248		1	YES
					11,018		2	NO
					50		3	DEAF

THIS VARIABLE IS ALWAYS APPLICABLE

HCTROUB	25	2	LOOKFMT	HS7			N	DESCRIPTION OF SP HEARING
					60		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					41		-8	DONT KNOW
					0		-7	REFUSED
					6,880		1	NO TROUBLE
					4,255		2	LITTLE TROUBLE
					1,088		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
					41		-9	NOT ASCERTAINED
					16		-8	DONT KNOW
					5		-7	REFUSED
					1,964		1	YES
					10,304		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

HEIGHTFT	29	2	HEITFMT	HS9			N	HEIGHT OF SP--FEET
					0		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					99		-8	DONT KNOW
					1		-7	REFUSED
					12,224		3-7	HEIGHT IN FEET

HEIGHTIN	31	2	INCHFMT	HS9			N	HEIGHT OF SP--INCHES
					0		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					125		-8	DONT KNOW
					2		-7	REFUSED
					12,195		0-11	INCH PORTION-HGHT

02/28/97
COST&USE
1993

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

Page: 38
Record Type: 2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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WEIGHT	33	3	WEITFMT	HS10	N	WEIGHT OF SP--POUNDS
--------	----	---	---------	------	---	----------------------

0	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
142	-8	DONT KNOW
30	-7	REFUSED
3	0-50	0-50 POUNDS
454	51-100	51-100 POUNDS
5,301	101-150	101-150 POUNDS
5,171	151-200	151-200 POUNDS
1,057	201-250	201-250 POUNDS
139	251-300	251-300 POUNDS
22	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?
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5,357	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
124	-8	DONT KNOW
4	-7	REFUSED
1,986	1	YES
4,854	2	NO

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

5,357	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
132	-8	DONT KNOW
4	-7	REFUSED
1,706	1	YES
5,126	2	NO

INAPPLICABLE: MAMMOGRM= .

HYSTEREC	40	2	CNDITFMT	HS13	N	SP EVER HAD HYSTERECTOMY?
----------	----	---	----------	------	---	---------------------------

7,549	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
56	-8	DONT KNOW
0	-7	REFUSED
1,662	1	YES
3,061	2	NO

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

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

0	.	INAPPLICABLE
6	-9	NOT ASCERTAINED
330	-8	DONT KNOW
3	-7	REFUSED
5,855	1	YES
6,136	2	NO

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

PNEUSHOT	44	2	CNDITFMT	HS15	N	SP EVER HAVE SHOT FOR PNEUMONIA?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				242	-8	DONT KNOW
				0	-7	REFUSED
				2,531	1	YES
				9,557	2	NO

INAPPLICABLE TO CONTINUING SAMPLE

EVERSMOK	46	2	CNDITFMT	HS16	N	SP EVER SMOKED CIGARETTES/CIGARS?
				0	.	INAPPLICABLE
				2	-9	NOT ASCERTAINED
				50	-8	DONT KNOW
				0	-7	REFUSED
				7,052	1	YES
				5,226	2	NO

INAPPLICABLE IF SAMPLE PERSON IS OR HAS BEEN A SMOKER

SMOKNOW	48	2	CNDITFMT	HS17	N	SP SMOKE NOW?
				5,346	.	INAPPLICABLE
				12	-9	NOT ASCERTAINED
				7	-8	DONT KNOW
				2	-7	REFUSED
				2,023	1	YES
				4,940	2	NO

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

DIFSTOOP	50	2	DIFYFMT	HS18	N	SP HAVE DIFFICULTY STOOPING/KNEELING?
				0	.	INAPPLICABLE
				3	-9	NOT ASCERTAINED
				12	-8	DONT KNOW
				6	-7	REFUSED
				3,536	1	NO DIFFICULTY
				2,520	2	LITTLE DIFFCULTY
				1,981	3	SOME DIFFICULTY
				2,234	4	LOT OF DIFFCULTY
				2,038	5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

DIFLIFT	52	2	DIFYFMT	HS19	N	SP HAVE DIFFICULTY LIFTING 10 LBS?
				0	.	INAPPLICABLE
				3	-9	NOT ASCERTAINED
				27	-8	DONT KNOW
				6	-7	REFUSED
				6,425	1	NO DIFFICULTY
				1,569	2	LITTLE DIFFCULTY

02/28/97
COST&USE
1993

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

Page: 40
Record Type: 2

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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					1,115		3	SOME DIFFICULTY
					1,107		4	LOT OF DIFFCULTY
					2,078		5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

DIFREACH	54	2	DIFYFMT	HS20	N	SP HAVE DIFFICULTY REACHING OVER HEAD?
----------	----	---	---------	------	---	--

	0	.	INAPPLICABLE
	4	-9	NOT ASCERTAINED
	20	-8	DONT KNOW
	6	-7	REFUSED
	7,875	1	NO DIFFICULTY
	1,612	2	LITTLE DIFFCULTY
	1,243	3	SOME DIFFICULTY
	871	4	LOT OF DIFFCULTY
	699	5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

DIFWRITE	56	2	DIFYFMT	HS21	N	SP HAVE DIFFICULTY WRITING?
----------	----	---	---------	------	---	-----------------------------

	0	.	INAPPLICABLE
	4	-9	NOT ASCERTAINED
	10	-8	DONT KNOW
	6	-7	REFUSED
	8,140	1	NO DIFFICULTY
	1,819	2	LITTLE DIFFCULTY
	1,141	3	SOME DIFFICULTY
	830	4	LOT OF DIFFCULTY
	380	5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

DIFWALK	58	2	DIFYFMT	HS22	N	SP HAVE DIFFICULTY WALKING 2-3 BLOCKS?
---------	----	---	---------	------	---	--

	0	.	INAPPLICABLE
	3	-9	NOT ASCERTAINED
	19	-8	DONT KNOW
	6	-7	REFUSED
	5,805	1	NO DIFFICULTY
	1,424	2	LITTLE DIFFCULTY
	1,105	3	SOME DIFFICULTY
	1,135	4	LOT OF DIFFCULTY
	2,833	5	UNABLE TO DO IT

THIS VARIABLE IS ALWAYS APPLICABLE

OCARTERY	60	2	CNDITFMT	HS23A	N	SP EVER TOLD HAD HARDENING OF ARTERIES?
----------	----	---	----------	-------	---	---

	0	.	INAPPLICABLE
	1	-9	NOT ASCERTAINED
	10	-8	DONT KNOW
	0	-7	REFUSED
	1,953	1	YES
	10,366	2	NO

OCHBP	62	2	CNDITFMT	HS23B	N	SP EVER TOLD HAD HYPERTENSION?
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02/28/97
COST&USE
1993

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

Page: 41
Record Type: 2

Variable Col Len Fmt Name Frequency Ques #

Ty Label

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
3	-8	DONT KNOW
0	-7	REFUSED
6,369	1	YES
5,958	2	NO

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

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
2	-8	DONT KNOW
0	-7	REFUSED
1,936	1	YES
10,392	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
7	-8	DONT KNOW
0	-7	REFUSED
2,044	1	YES
10,279	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
1	-8	DONT KNOW
0	-7	REFUSED
3,806	1	YES
8,523	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
3	-8	DONT KNOW
0	-7	REFUSED
1,613	1	YES
10,714	2	NO

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

0	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
2	-8	DONT KNOW
0	-7	REFUSED
1,786	1	YES
10,542	2	NO

02/28/97
COST&USE
1993

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

Page: 42
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
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					2,263		1	YES
					10,064		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCCLUNG	76	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--LUNG
					10,067		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					107		1	YES
					2,152		2	NO

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

OCCCOLON	78	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--COLON/BOWEL
					10,067		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					366		1	YES
					1,893		2	NO

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

OCCBREAST	80	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--BREAST
					10,067		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					508		1	YES
					1,751		2	NO

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

OCCUTER	82	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--UTERUS
					10,067		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					254		1	YES
					2,005		2	NO

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

OCCPROST	84	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--PROSTATE
					10,067		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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0	-7	REFUSED
262	1	YES
1,997	2	NO

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

OCCBLAD	86	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--BLADDER
10,067	.	INAPPLICABLE				
2	-9	NOT ASCERTAINED				
2	-8	DONT KNOW				
0	-7	REFUSED				
91	1	YES				
2,168	2	NO				

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

OCCOVARY	88	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--OVARY
10,067	.	INAPPLICABLE				
2	-9	NOT ASCERTAINED				
2	-8	DONT KNOW				
0	-7	REFUSED				
100	1	YES				
2,159	2	NO				

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

OCCSTOM	90	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--STOMACH
10,067	.	INAPPLICABLE				
2	-9	NOT ASCERTAINED				
2	-8	DONT KNOW				
0	-7	REFUSED				
89	1	YES				
2,170	2	NO				

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

OCCCERVX	92	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--CERVIX
10,067	.	INAPPLICABLE				
2	-9	NOT ASCERTAINED				
2	-8	DONT KNOW				
0	-7	REFUSED				
64	1	YES				
2,195	2	NO				

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

OCCOTHER	94	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--OTHER
10,067	.	INAPPLICABLE				

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					593		1	YES
					1,666		2	NO

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

OCCCKIDNY	96	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--KIDNEY
					10,067	. INAPPLICABLE
					2	-9 NOT ASCERTAINED
					1	-8 DONT KNOW
					0	-7 REFUSED
					52	1 YES
					2,208	2 NO

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

OCCBRAIN	98	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--BRAIN
					10,067	. INAPPLICABLE
					2	-9 NOT ASCERTAINED
					1	-8 DONT KNOW
					0	-7 REFUSED
					39	1 YES
					2,221	2 NO

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

OCCTHROA	100	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--THROAT
					10,067	. INAPPLICABLE
					2	-9 NOT ASCERTAINED
					1	-8 DONT KNOW
					0	-7 REFUSED
					43	1 YES
					2,217	2 NO

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

OCCBACK	102	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER--BACK
					10,067	. INAPPLICABLE
					2	-9 NOT ASCERTAINED
					1	-8 DONT KNOW
					0	-7 REFUSED
					67	1 YES
					2,193	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
1993

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

Page: 45
Record Type: 2

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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10,067	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
55	1	YES
2,205	2	NO

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

OCCFONEC	106	2	CNDITFMT	HS23I	N	PART OF BODY HAD CANCER-FEMALE ORGANS
10,067	.	INAPPLICABLE				
2	-9	NOT ASCERTAINED				
1	-8	DONT KNOW				
0	-7	REFUSED				
66	1	YES				
2,194	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				
1	-8	DONT KNOW				
0	-7	REFUSED				
2,069	1	YES				
10,260	2	NO				

OCARTHRH	110	2	CNDITFMT	HS23K	N	SP EVER TOLD HAD RHEUMATOID ARTHRITIS?
0	.	INAPPLICABLE				
0	-9	NOT ASCERTAINED				
9	-8	DONT KNOW				
0	-7	REFUSED				
1,771	1	YES				
10,550	2	NO				

OCARTH	112	2	CNDITFMT	HS23L	N	SP EVER TOLD HAD ARTHRITIS?
0	.	INAPPLICABLE				
0	-9	NOT ASCERTAINED				
8	-8	DONT KNOW				
0	-7	REFUSED				
6,565	1	YES				
5,757	2	NO				

OCAARM	114	2	CNDITFMT	HS23M	N	PART OF BODY HAD ARTHRITIS-ARMS/HANDS?
5,765	.	INAPPLICABLE				
9	-9	NOT ASCERTAINED				
1	-8	DONT KNOW				

02/28/97
COST&USE
1993

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

Page: 46
Record Type: 2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-7	REFUSED
					4,074		1	YES
					2,481		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCAFEET	116	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-KNEES/FEET?
					5,765		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					4,114		1	YES
					2,441		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCABACK	118	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-BACK?
					5,765		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					2,395		1	YES
					4,160		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCANECK	120	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-NECK?
					5,765		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					580		1	YES
					5,979		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCAALOVR	122	2	CNDITFMT	HS23M			N	PART BODY HAD ARTHRITIS-ALL OVER/JOINT?
					5,765		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					509		1	YES
					6,050		2	NO
INAPPLICABLE: OCARTH= .,2,-7,-8,-9								
OCAOTHER	124	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-OTHER?
					5,765		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					96		1	YES
					6,460		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
				10	-8	DONT KNOW
				1	-7	REFUSED
				522	1	YES
				11,797	2	NO

OCALZHR	128	2	CNDITFMT	HS23O	N	SP EVER TOLD HAD ALZHEIMERS DISEASE?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				708	1	YES
				11,621	2	NO

OCPSYCH	130	2	CNDITFMT	HS23P	N	SP EVER TOLD HAD MENTAL DISORDER?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				4	-8	DONT KNOW
				0	-7	REFUSED
				1,350	1	YES
				10,976	2	NO

OCOSTEOP	132	2	CNDITFMT	HS23Q	N	SP EVER TOLD HAD OSTEOPOROSIS?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				4	-8	DONT KNOW
				0	-7	REFUSED
				1,255	1	YES
				11,071	2	NO

OCBRKHIP	134	2	CNDITFMT	HS23R	N	SP EVER TOLD HAD BROKEN HIP?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				784	1	YES
				11,545	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCPARKIN	136	2	CNDITFMT	HS23S	N	SP EVER TOLD HAD PARKINSONS DISEASE?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				255	1	YES
				12,074	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
					2		-8	DONT KNOW
					0		-7	REFUSED
					1,825		1	YES
					10,502		2	NO
OCPPARAL	140	2	CNDITFMT	HS23U			N	SP EVER TOLD HAD PARTIAL PARALYSIS?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					1,224		1	YES
					11,105		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
					0		-8	DONT KNOW
					0		-7	REFUSED
					163		1	YES
					12,167		2	NO
EMCAUSC1	144	2	CAUSFMT	HS25			N	1ST CAUSE OF MEDICARE ELIGIBILITY
					11,609		.	INAPPLICABLE
					13		-9	NOT ASCERTAINED
					11		-8	DONT KNOW
					1		-7	REFUSED
					165		1	BACK/SPINE/DISC
					62		2	SEVERE EYESIGHT
					12		3	SEVERE HEARING
					45		4	KIDNEY/RENAL
					42		5	SEIZURE DISORDER
					42		6	CAR/BIKE/TRAIN ACC
					21		7	MS
					8		8	MD
					13		9	CEREBRAL PALSY
					15		10	BROKEN BONES
					271		91	OTHER
EMCAUSC2	146	2	CAUSFMT	HS25			N	2ND CAUSE OF MEDICARE ELIGIBILITY
					12,284		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					15		1	BACK/SPINE/DISC
					1		2	SEVERE EYESIGHT
					4		3	SEVERE HEARING
					3		4	KIDNEY/RENAL

02/28/97
COST&USE
1993

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

Page: 49
Record Type: 2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		5	SEIZURE DISORDER
					2		6	CAR/BIKE/TRAIN ACC
					0		7	MS
					0		8	MD
					1		9	CEREBRAL PALSY
					7		10	BROKEN BONES
					13		91	OTHER
PRBTELE	148	2	MUSTFMT	HS27A			N	ANY DIFFICULTY USING PHONE?
					0		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					5		-7	REFUSED
					1,317		1	YES
					10,248		2	NO
					754		3	DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

PRBLHWK	150	2	MUSTFMT	HS27B			N	ANY DIFFICULTY DOING LIGHT HOUSEWORK?
					1,129		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					5		-7	REFUSED
					1,165		1	YES
					8,782		2	NO
					1,243		3	DOESNT DO

INAPPLICABLE: IADLRESP>01

PRBHHWK	152	2	MUSTFMT	HS27C			N	ANY DIFFICULTY DOING HEAVY HOUSEWORK?
					1,129		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					5		-7	REFUSED
					2,612		1	YES
					5,743		2	NO
					2,836		3	DOESNT DO

INAPPLICABLE: IADLRESP>01

PRBMEAL	154	2	MUSTFMT	HS27D			N	ANY DIFFICULTY MAKING MEALS?
					1,129		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					5		-7	REFUSED
					955		1	YES
					8,777		2	NO
					1,459		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
					3		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					5		-7	REFUSED
					1,996		1	YES
					8,672		2	NO
					1,652		3	DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

PRBBILS	158	2	MUSTFMT	HS27F			N	ANY DIFFICULTY MANAGING MONEY?
					0		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					8		-8	DONT KNOW
					5		-7	REFUSED
					1,313		1	YES
					9,514		2	NO
					1,487		3	DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

DONTTELE	160	2	CNDITFMT	HS28A			N	HEALTH REASON DONT USE PHONE?
					11,576		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					4		-8	DONT KNOW
					0		-7	REFUSED
					603		1	YES
					146		2	NO

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

DONTLHWK	162	2	CNDITFMT	HS28B			N	HEALTH REASON DONT DO LIGHT HOUSEWORK?
					11,087		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					744		1	YES
					499		2	NO

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

DONTHHWK	164	2	CNDITFMT	HS28C			N	HEALTH REASON DONT DO HEAVY HOUSEWORK?
					9,494		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					1,833		1	YES
					1,001		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?
					10,871		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					675		1	YES
					784		2	NO

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

DONTSHOP	168	2	CNDITFMT	HS28E			N	HEALTH REASON DONT DO SHOPPING?
					10,678		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,412		1	YES
					238		2	NO

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

DONTBILS	170	2	CNDITFMT	HS28F			N	HEALTH REASON DONT MANAGE MONEY?
					10,843		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					1,171		1	YES
					313		2	NO

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

HELPTLE	172	2	CNDITFMT	HS29A			N	RECEIVE HELP WITH PHONE?
					10,410		.	INAPPLICABLE
					20		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					1,082		1	YES
					816		2	NO

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

HELPLHWK	174	2	CNDITFMT	HS29B			N	RECEIVE HELP WITH LIGHT HOUSEWORK?
					10,421		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					1,582		1	YES
					326		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?
					7,885	.		INAPPLICABLE
					0	-9		NOT ASCERTAINED
					3	-8		DONT KNOW
					0	-7		REFUSED
					3,441	1		YES
					1,001	2		NO

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

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HELPMAL	178	2	CNDITFMT	HS29D		N		RECEIVE HELP MAKING MEALS?
					10,700	.		INAPPLICABLE
					0	-9		NOT ASCERTAINED
					1	-8		DONT KNOW
					0	-7		REFUSED
					1,390	1		YES
					239	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?
					8,922	.		INAPPLICABLE
					30	-9		NOT ASCERTAINED
					1	-8		DONT KNOW
					0	-7		REFUSED
					3,074	1		YES
					303	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?
					9,846	.		INAPPLICABLE
					35	-9		NOT ASCERTAINED
					2	-8		DONT KNOW
					0	-7		REFUSED
					2,273	1		YES
					174	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
					3	-9		NOT ASCERTAINED
					2	-8		DONT KNOW
					5	-7		REFUSED
					2,485	1		YES

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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					9,600		2	NO
					235		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDDRES	186	2	BEDAFMT	HS31B			N	ANY DIFFICULTY DRESSING?
					0		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					5		-7	REFUSED
					1,888		1	YES
					10,235		2	NO
					196		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDEAT	188	2	BEDAFMT	HS31C			N	ANY DIFFICULTY EATING?
					0		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					5		-7	REFUSED
					850		1	YES
					11,381		2	NO
					88		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDCHAR	190	2	BEDAFMT	HS31D			N	ANY DIFFICULTY GETTING IN/OUT OF CHAIRS?
					0		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					5		-7	REFUSED
					2,544		1	YES
					9,605		2	NO
					171		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
HPPDWALK	192	2	BEDAFMT	HS31E			N	ANY DIFFICULTY WALKING?
					0		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					5		-7	REFUSED
					3,648		1	YES
					8,208		2	NO
					463		3	BEDRIDDEN,ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

Variable	Col	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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4	-9	NOT ASCERTAINED
6	-8	DONT KNOW
5	-7	REFUSED
1,365	1	YES
10,756	2	NO
194	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
					12,095		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					229		1	YES
					4		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
					12,134		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					192		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
					12,242		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					87		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
					12,159		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					171		1	YES
					0		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
					11,867		.	INAPPLICABLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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8	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
452	1	YES
3	2	NO

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

DONTOIL	206	2	CNDITFMT	HS32F	N	B/C HLTH PROBLEM - SP DOESNT USE TOILET?
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12,136	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
190	1	YES
1	2	NO

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

HELPBATH	208	2	CNDITFMT	HS32A	N	RECEIVE HELP BATHING/SHOWERING?
----------	-----	---	----------	-------	---	---------------------------------

9,616	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,967	1	YES
744	2	NO

INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED

HELPDRES	210	2	CNDITFMT	HS32B	N	RECEIVE HELP DRESSING?
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10,250	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,646	1	YES
432	2	NO

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

HELPEAT	212	2	CNDITFMT	HS32C	N	RECEIVE HELP EATING?
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11,393	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
623	1	YES
311	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	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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9,615	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
1,255	1	YES
1,456	2	NO

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

HELFWALK 216 2 CNDITFMT HS32E N RECEIVE HELP WALKING?

8,230	.	INAPPLICABLE
23	-9	NOT ASCERTAINED
2	-8	DONT KNOW
0	-7	REFUSED
1,208	1	YES
2,867	2	NO

INAPPLICABLE: NO PROBLEM WALKING OR PROBLEM NOT HEALTH-RELATED

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

10,775	.	INAPPLICABLE
4	-9	NOT ASCERTAINED
2	-8	DONT KNOW
0	-7	REFUSED
941	1	YES
608	2	NO

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

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

11,583	.	INAPPLICABLE
4	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
146	1	YES
597	2	NO

INAPPLICABLE: HELPBATH= .,1

PCHKDRES 222 2 CNDITFMT HS33B N PERSON NEARBY WHILE DRESSING?

11,896	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
67	1	YES
365	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?
					12,016		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					80		1	YES
					224		2	NO

INAPPLICABLE: HELPEAT= .,1

PCHKCHAR	226	2	CNDITFMT	HS33D			N	PERSON NEARBY WHILE GETS IN/OUT CHAIRS?
					10,870		.	INAPPLICABLE
					12		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					193		1	YES
					1,255		2	NO

INAPPLICABLE: HELPCHAR= .,1

PCHKWALK	228	2	CNDITFMT	HS33E			N	PERSON NEARBY WHILE WALKING?
					9,438		.	INAPPLICABLE
					49		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					362		1	YES
					2,478		2	NO

INAPPLICABLE: HELPWALK= .,1

PCHKTOIL	230	2	CNDITFMT	HS33F			N	PERSON NEARBY WHILE USING TOILET?
					11,716		.	INAPPLICABLE
					16		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					104		1	YES
					494		2	NO

INAPPLICABLE: HELPTOIL= .,1

EQUIPBATH	232	2	CNDITFMT	HS34A			N	USE EQUIPMENT TO HELP BATH/SHOWER?
					9,616		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					4		-8	DONT KNOW
					0		-7	REFUSED
					1,331		1	YES
					1,374		2	NO

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPDRES	234	2	CNDITFMT	HS34B	N	USE EQUIPMENT TO HELP DRESS?		
					10,250	.	INAPPLICABLE	
					8	-9	NOT ASCERTAINED	
					3	-8	DONT KNOW	
					0	-7	REFUSED	
					157	1	YES	
					1,912	2	NO	

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPEAT	236	2	CNDITFMT	HS34C	N	USE EQUIPMENT TO HELP EAT?		
					11,393	.	INAPPLICABLE	
					9	-9	NOT ASCERTAINED	
					2	-8	DONT KNOW	
					0	-7	REFUSED	
					167	1	YES	
					759	2	NO	

INAPPLICABLE: NO PROBLEM EATING OR PROBLEM NOT HEALTH-RELATED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPCHAR	238	2	CNDITFMT	HS34D	N	USE EQUIPMENT TO HELP GET IN/OUT CHAIRS?		
					9,615	.	INAPPLICABLE	
					8	-9	NOT ASCERTAINED	
					3	-8	DONT KNOW	
					0	-7	REFUSED	
					1,168	1	YES	
					1,536	2	NO	

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

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPWALK	240	2	CNDITFMT	HS34E	N	USE EQUIPMENT TO HELP USE TOILET?		
					8,230	.	INAPPLICABLE	
					35	-9	NOT ASCERTAINED	
					4	-8	DONT KNOW	
					0	-7	REFUSED	
					2,208	1	YES	
					1,853	2	NO	

INAPPLICABLE: NO PROBLEM WALKING OR PROBLEM NOT HEALTH-RELATED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EQUIPTOIL	242	2	CNDITFMT	HS34F	N			
					10,775	.	INAPPLICABLE	
					14	-9	NOT ASCERTAINED	
					2	-8	DONT KNOW	
					0	-7	REFUSED	

02/28/97 MEDICARE CURRENT BENEFICIARY SURVEY Page: 59
 COST&USE RECORD IDENTIFICATION CODE 2 ----- CODEBOOK Record Type: 2
 1993 HEALTH STATUS AND FUNCTIONING RECORD

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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859	1	YES
680	2	NO

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

D_ADLHNM	244	2	HELPRFMT	N	NUMBER OF HELPERS
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5,988	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
4,666	1	1 HELPER
1,208	2	2 HELPERS
338	3	3 HELPERS
86	4	4 HELPERS
23	5	5 HELPERS
15	6	6 HELPERS
4	7	7 HELPERS
2	8	8 HELPERS
0	9	9 HELPERS
0	10	10 HELPERS

D_ADLHRL	246	2	RELFRMT	N	PRIMARY HELPERS RELATIONSHIP
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12,047	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
0	-5	NEVER ASK AGN
0	1	SAMPLE PERSON
63	2	SPOUSE
22	3	SON
91	4	DAUGHTER
1	5	BROTHER
2	6	SISTER
3	7	FATHER
11	8	MOTHER

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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0	9	SON-IN-LAW
13	10	DAUGHTER-IN-LAW
0	11	GRANDSON
11	12	GRANDDAUGHTER
1	13	NEPHEW
3	14	NIECE
0	50	PARTNER/ROOMATE
14	51	FRIEND/NEIGHBOR
0	52	BOARDER
10	53	NURSE/NURSES AIDE
0	54	LEGAL/FINAN OFFICER
0	55	GUARDIAN
5	91	OTHER RELATIVE
33	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
6	-9	NOT ASCERTAINED
89	-8	DONT KNOW
21	-7	REFUSED
1,470	1	> ONCE A WEEK
337	2	ABT ONCE/WEEK
345	3	2-3 TIMES/MONTH
204	4	ONCE A MONTH
181	5	EVERY 2-3 MONTH
350	6	1-2 TIMES/YEAR
9,184	7	NOT AT ALL
143	8	DIALYSIS, CATHER

THIS VARIABLE IS ALWAYS APPLICABLE

PLACEPAR 256 2 MOSTFMT US1 N PARTICULAR PLACE USUALLY GO FOR MED CARE

793	.	INAPPLICABLE
7	-9	NOT ASCERTAINED
9	-8	DONT KNOW
5	-7	REFUSED
10,521	1	YES
995	2	NO

PLACEKND 258 2 PLACEFMT US2 N KIND OF PLACE USUALLY GO FOR MED CARE

1,809	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
2	-8	DONT KNOW
0	-7	REFUSED
8,034	1	DR OFF/GRP PRAC
987	2	DOCTORS CLINIC
475	3	HMO
118	4	NEIGH/FAM HTH CTR
0	5	FREEST SURGI CTR
14	6	RURAL HLTH CLINIC
10	7	COMPANY CLINIC

02/28/97
COST&USE
1993

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

Page: 61
Record Type: 2

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					91		8	OTHER CLINIC
					21		9	WALK-IN URGT CTR
					58		10	AT HOME
					57		11	HOSPITAL ER
					404		12	HOSP OUTPAT DEPT
					208		13	VA FACILITY
					1		14	MENTAL HLTH CTR
					39		91	OTHER SPECIFY

02/28/97
COST&USE
1993

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

Page: 62
Record Type: 2

Variable Col Len Fmt Name Frequency Ques #

Ty Label

02/28/97
COST&USE
1993

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

Page: 63
CODEBOOK 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
					289		0	NO COVERAGE
					330		1	PART A
					113		2	PART B
					11,598		3	PARTS A & B
D_CAID1	13	1	\$CAIDFMT				C	JAN MEDICAID COVERAGE OBTAINED FROM
					10,003		0	NO COVERAGE
					317		1	SURVEY INFORMATION
					577		2	HCFA RECORDS
					1,433		3	BOTH SURVEY AND HCFA RECORDS
D_PHI1	14	1	\$PHIFMT				C	JAN PRIVATE HEALTH INSURANCE
					5,305		0	NO COVERAGE
					3,144		1	EMPLOYER SPONSORED
					3,376		2	SELF PURCHASED
					498		3	BOTH
					7		4	UNKNOWN
D_HMO1	15	1	\$HMOFMT				C	JAN HMO COVERAGE
					10,990		0	NO COVERAGE
					518		1	PRIVATE
					794		2	MEDICARE
					28		3	BOTH
D_OTH1	16	1					C	# OF OTHER JAN PLANS
D_CARE2	17	1	\$CAREFMT				C	FEB MEDICARE COVERAGE
					333		0	NO COVERAGE
					334		1	PART A
					111		2	PART B
					11,552		3	PARTS A & B
D_CAID2	18	1	\$CAIDFMT				C	FEB MEDICAID COVERAGE OBTAINED FROM
					10,010		0	NO COVERAGE
					309		1	SURVEY INFORMATION
					577		2	HCFA RECORDS
					1,434		3	BOTH SURVEY AND HCFA RECORDS
D_PHI2	19	1	\$PHIFMT				C	FEB PRIVATE HEALTH INSURANCE
					5,345		0	NO COVERAGE
					3,126		1	EMPLOYER SPONSORED
					3,357		2	SELF PURCHASED
					495		3	BOTH
					7		4	UNKNOWN

02/28/97
COST&USE
1993

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

Page: 64
Record Type: 4
CODEBOOK

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_HMO2	20	1	\$HMOFMT				C	FEB HMO COVERAGE
					10,995		0	NO COVERAGE
					516		1	PRIVATE
					792		2	MEDICARE
					27		3	BOTH
D_OTH2	21	1					C	# OF OTHER FEB PLANS
D_CARE3	22	1	\$CAREFMT				C	MAR MEDICARE COVERAGE
					378		0	NO COVERAGE
					333		1	PART A
					110		2	PART B
					11,509		3	PARTS A & B
D_CAID3	23	1	\$CAIDFMT				C	MAR MEDICAID COVERAGE OBTAINED FROM
					10,012		0	NO COVERAGE
					313		1	SURVEY INFORMATION
					568		2	HCFA RECORDS
					1,437		3	BOTH SURVEY AND HCFA RECORDS
D_PHI3	24	1	\$PHIFMT				C	MAR PRIVATE HEALTH INSURANCE
					5,374		0	NO COVERAGE
					3,110		1	EMPLOYER SPONSORED
					3,347		2	SELF PURCHASED
					492		3	BOTH
					7		4	UNKNOWN
D_HMO3	25	1	\$HMOFMT				C	MAR HMO COVERAGE
					10,995		0	NO COVERAGE
					518		1	PRIVATE
					790		2	MEDICARE
					27		3	BOTH
D_OTH3	26	1					C	# OF OTHER MAR PLANS
D_CARE4	27	1	\$CAREFMT				C	APR MEDICARE COVERAGE
					414		0	NO COVERAGE
					333		1	PART A
					109		2	PART B
					11,474		3	PARTS A & B
D_CAID4	28	1	\$CAIDFMT				C	APR MEDICAID COVERAGE OBTAINED FROM
					10,019		0	NO COVERAGE
					298		1	SURVEY INFORMATION
					566		2	HCFA RECORDS
					1,447		3	BOTH SURVEY AND HCFA RECORDS
D_PHI4	29	1	\$PHIFMT				C	APR PRIVATE HEALTH INSURANCE
					5,420		0	NO COVERAGE
					3,101		1	EMPLOYER SPONSORED
					3,314		2	SELF PURCHASED

02/28/97
COST&USE
1993

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

Page: 65
Record Type: 4
CODEBOOK

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					488		3	BOTH
					7		4	UNKNOWN
D_HM04	30	1	\$HMOFMT				C	APR HMO COVERAGE
					10,996		0	NO COVERAGE
					518		1	PRIVATE
					793		2	MEDICARE
					23		3	BOTH
D_OTH4	31	1					C	# OF OTHER APR PLANS
D_CARE5	32	1	\$CAREFMT				C	MAY MEDICARE COVERAGE
					443		0	NO COVERAGE
					335		1	PART A
					110		2	PART B
					11,442		3	PARTS A & B
D_CAID5	33	1	\$CAIDFMT				C	MAY MEDICAID COVERAGE OBTAINED FROM
					10,018		0	NO COVERAGE
					289		1	SURVEY INFORMATION
					574		2	HCFA RECORDS
					1,449		3	BOTH SURVEY AND HCFA RECORDS
D_PHI5	34	1	\$PHIFMT				C	MAY PRIVATE HEALTH INSURANCE
					5,441		0	NO COVERAGE
					3,088		1	EMPLOYER SPONSORED
					3,311		2	SELF PURCHASED
					483		3	BOTH
					7		4	UNKNOWN
D_HM05	35	1	\$HMOFMT				C	MAY HMO COVERAGE
					11,001		0	NO COVERAGE
					515		1	PRIVATE
					791		2	MEDICARE
					23		3	BOTH
D_OTH5	36	1					C	# OF OTHER MAY PLANS
D_CARE6	37	1	\$CAREFMT				C	JUN MEDICARE COVERAGE
					473		0	NO COVERAGE
					336		1	PART A
					108		2	PART B
					11,413		3	PARTS A & B
D_CAID6	38	1	\$CAIDFMT				C	JUN MEDICAID COVERAGE OBTAINED FROM
					10,033		0	NO COVERAGE
					284		1	SURVEY INFORMATION
					562		2	HCFA RECORDS
					1,451		3	BOTH SURVEY AND HCFA RECORDS
D_PHI6	39	1	\$PHIFMT				C	JUN PRIVATE HEALTH INSURANCE
					5,485		0	NO COVERAGE

02/28/97
COST&USE
1993

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

Page: 66
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					3,072		1	EMPLOYER SPONSORED
					3,282		2	SELF PURCHASED
					484		3	BOTH
					7		4	UNKNOWN
D_HM06	40	1	\$HMOFMT				C	JUN HMO COVERAGE
					11,005		0	NO COVERAGE
					511		1	PRIVATE
					791		2	MEDICARE
					23		3	BOTH
D_OTH6	41	1					C	# OF OTHER JUN PLANS
D_CARE7	42	1	\$CAREFMT				C	JUL MEDICARE COVERAGE
					490		0	NO COVERAGE
					322		1	PART A
					95		2	PART B
					11,423		3	PARTS A & B
D_CAID7	43	1	\$CAIDFMT				C	JUL MEDICAID COVERAGE OBTAINED FROM
					10,034		0	NO COVERAGE
					276		1	SURVEY INFORMATION
					565		2	HCFA RECORDS
					1,455		3	BOTH SURVEY AND HCFA RECORDS
D_PHI7	44	1	\$PHIFMT				C	JUL PRIVATE HEALTH INSURANCE
					5,530		0	NO COVERAGE
					3,045		1	EMPLOYER SPONSORED
					3,270		2	SELF PURCHASED
					478		3	BOTH
					7		4	UNKNOWN
D_HM07	45	1	\$HMOFMT				C	JUL HMO COVERAGE
					11,007		0	NO COVERAGE
					511		1	PRIVATE
					789		2	MEDICARE
					23		3	BOTH
D_OTH7	46	1					C	# OF OTHER JUL PLANS
D_CARE8	47	1	\$CAREFMT				C	AUG MEDICARE COVERAGE
					515		0	NO COVERAGE
					326		1	PART A
					94		2	PART B
					11,395		3	PARTS A & B
D_CAID8	48	1	\$CAIDFMT				C	AUG MEDICAID COVERAGE OBTAINED FROM
					10,035		0	NO COVERAGE
					261		1	SURVEY INFORMATION
					569		2	HCFA RECORDS
					1,465		3	BOTH SURVEY AND HCFA RECORDS
D_PHI8	49	1	\$PHIFMT				C	AUG PRIVATE HEALTH INSURANCE

02/28/97
COST&USE
1993

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

Page: 67
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5,571		0	NO COVERAGE
					3,025		1	EMPLOYER SPONSORED
					3,254		2	SELF PURCHASED
					475		3	BOTH
					5		4	UNKNOWN
D_HM08	50	1	\$HMOFMT				C	AUG HMO COVERAGE
					11,018		0	NO COVERAGE
					502		1	PRIVATE
					787		2	MEDICARE
					23		3	BOTH
D_OTH8	51	1					C	# OF OTHER AUG PLANS
D_CARE9	52	1	\$CAREFMT				C	SEP MEDICARE COVERAGE
					533		0	NO COVERAGE
					329		1	PART A
					95		2	PART B
					11,373		3	PARTS A & B
D_CAID9	53	1	\$CAIDFMT				C	SEP MEDICAID COVERAGE OBTAINED FROM
					10,039		0	NO COVERAGE
					254		1	SURVEY INFORMATION
					567		2	HCFA RECORDS
					1,470		3	BOTH SURVEY AND HCFA RECORDS
D_PHI9	54	1	\$PHIFMT				C	SEP PRIVATE HEALTH INSURANCE
					5,589		0	NO COVERAGE
					3,015		1	EMPLOYER SPONSORED
					3,248		2	SELF PURCHASED
					473		3	BOTH
					5		4	UNKNOWN
D_HM09	55	1	\$HMOFMT				C	SEP HMO COVERAGE
					11,023		0	NO COVERAGE
					497		1	PRIVATE
					786		2	MEDICARE
					24		3	BOTH
D_OTH9	56	1					C	# OF OTHER SEP PLANS
D_CARE10	57	1	\$CAREFMT				C	OCT MEDICARE COVERAGE
					561		0	NO COVERAGE
					328		1	PART A
					95		2	PART B
					11,346		3	PARTS A & B
D_CAID10	58	1	\$CAIDFMT				C	OCT MEDICAID COVERAGE OBTAINED FROM
					10,050		0	NO COVERAGE
					244		1	SURVEY INFORMATION
					567		2	HCFA RECORDS
					1,469		3	BOTH SURVEY AND HCFA RECORDS

02/28/97
COST&USE
1993

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

Page: 68
Record Type: 4
CODEBOOK

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_PHI10	59	1	\$PHIFMT				C	OCT PRIVATE HEALTH INSURANCE
					5,646		0	NO COVERAGE
					2,982		1	EMPLOYER SPONSORED
					3,224		2	SELF PURCHASED
					473		3	BOTH
					5		4	UNKNOWN
D_HMO10	60	1	\$HMOFMT				C	OCT HMO COVERAGE
					11,027		0	NO COVERAGE
					495		1	PRIVATE
					784		2	MEDICARE
					24		3	BOTH
D_OTH10	61	1					C	# OF OTHER OCT PLANS
D_CARE11	62	1	\$CAREFMT				C	NOV MEDICARE COVERAGE
					606		0	NO COVERAGE
					328		1	PART A
					93		2	PART B
					11,303		3	PARTS A & B
D_CAID11	63	1	\$CAIDFMT				C	NOV MEDICAID COVERAGE OBTAINED FROM
					10,054		0	NO COVERAGE
					236		1	SURVEY INFORMATION
					571		2	HCFA RECORDS
					1,469		3	BOTH SURVEY AND HCFA RECORDS
D_PHI11	64	1	\$PHIFMT				C	NOV PRIVATE HEALTH INSURANCE
					5,743		0	NO COVERAGE
					2,951		1	EMPLOYER SPONSORED
					3,169		2	SELF PURCHASED
					462		3	BOTH
					5		4	UNKNOWN
D_HMO11	65	1	\$HMOFMT				C	NOV HMO COVERAGE
					11,034		0	NO COVERAGE
					490		1	PRIVATE
					783		2	MEDICARE
					23		3	BOTH
D_OTH11	66	1					C	# OF OTHER NOV PLANS
D_CARE12	67	1	\$CAREFMT				C	DEC MEDICARE COVERAGE
					641		0	NO COVERAGE
					329		1	PART A
					92		2	PART B
					11,268		3	PARTS A & B
D_CAID12	68	1	\$CAIDFMT				C	DEC MEDICAID COVERAGE OBTAINED FROM
					10,083		0	NO COVERAGE
					255		1	SURVEY INFORMATION

02/28/97
COST&USE
1993

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

Page: 69
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					550		2	HCFA RECORDS
					1,442		3	BOTH SURVEY AND HCFA RECORDS
D_PHI12	69	1	\$PHIFMT				C	DEC PRIVATE HEALTH INSURANCE
					5,834		0	NO COVERAGE
					2,904		1	EMPLOYER SPONSORED
					3,136		2	SELF PURCHASED
					451		3	BOTH
					5		4	UNKNOWN
D_HMO12	70	1	\$HMOFMT				C	DEC HMO COVERAGE
					11,039		0	NO COVERAGE
					486		1	PRIVATE
					782		2	MEDICARE
					23		3	BOTH
D_OTH12	71	1					C	# OF OTHER DEC PLANS
D_CARE	72	1	\$CAREFMT				C	ANNUAL MEDICARE COVERAGE
					0		0	NO COVERAGE
					314		1	PART A
					98		2	PART B
					11,918		3	PARTS A & B
D_CAID	73	1	\$CAIDFMT				C	ANNUAL MEDICAID COVERAGE OBTAINED FROM
					9,770		0	NO COVERAGE
					303		1	SURVEY INFORMATION
					649		2	HCFA RECORDS
					1,608		3	BOTH SURVEY AND HCFA RECORDS
D_PHI	74	1	\$PHIFMT				C	ANNUAL PRIVATE HEALTH INSURANCE
					5,187		0	NO COVERAGE
					3,112		1	EMPLOYER SPONSORED
					3,437		2	SELF PURCHASED
					587		3	BOTH
					7		4	UNKNOWN
D_HMO	75	1	\$HMOFMT				C	ANNUAL HMO COVERAGE
					10,946		0	NO COVERAGE
					552		1	PRIVATE
					799		2	MEDICARE
					33		3	BOTH
D_OTH	76	1					C	# OF OTHER ANNUAL PLANS
D_TYPPL1	85	2	PLANFMT				N	TYPE OF PLAN - PLAN 1
					4,108		.	INAPPLICABLE
					3,423		1	PRIVATE EMPLOYER SPONSORED
					3,539		2	PRIVATE SELF PURCHASED
					6		3	PRIVATE UNKNOWN
					508		4	PRIVATE HMO
					746		5	MEDICARE HMO

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_BEGPL1	87	6	DTE6FMT				N	PLAN 1 BEGIN DATE
					4,108		.	INAPPLICABLE
					8,222		0-999999	DATE AS YYMMDD
D_ENDPL1	93	6	DTE6FMT				N	PLAN 1 END DATE
					4,108		.	INAPPLICABLE
					8,222		0-999999	DATE AS YYMMDD
D_PHREL1	99	2	RELFMT				N	PLAN 1 POLICY HOLDER
					6,424		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		-5	NEVER ASK AGN
					4,822		1	SAMPLE PERSON
					1,024		2	SPOUSE
					7		3	SON
					8		4	DAUGHTER
					2		5	BROTHER
					1		6	SISTER
					24		7	FATHER
					13		8	MOTHER
					0		9	SON-IN-LAW
					1		10	DAUGHTER-IN-LAW
					0		11	GRANDSON
					1		12	GRANDDAUGHTER
					0		13	NEPHEW
					0		14	NIECE
					0		50	PARTNER/ROOMATE
					1		51	FRIEND/NEIGHBOR
					0		52	BOARDER
					0		53	NURSE/NURSES AIDE
					0		54	LEGAL/FINAN OFFICER
					0		55	GUARDIAN
					2		91	OTHER RELATIVE
					0		92	OTHER NON-RELATIVE
D_COVNM1	101	2	NMFMT				N	# OF PEOPLE COVERED BY PLAN 1
					6,424		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					4		-8	DONT KNOW
					2		-7	REFUSED
					3,342		1	1
					2,376		2	2
					105		3	3
					44		4	4
					14		5	5
					8		6	6
					5		7	7
					1		8	8
D_COVRX1	103	2	RXFMT				N	PLAN 1 PRESCRIPTION DRUG COVERAGE

02/28/97
COST&USE
1993

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

Page: 71
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					6,424		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					272		-8	DONT KNOW
					1		-7	REFUSED
					2,610		1	PLAN COVERS DRUGS
					3,019		2	DOES NOT COVER DRUGS
D_COVNH1	105	2	NHFMT				N	PLAN 1 NURSING HOME COVERAGE
					6,424		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					1,715		-8	DONT KNOW
					10		-7	REFUSED
					1,070		1	PLAN COVERS NH
					3,106		2	DOES NOT COVER NH
D_PAYSP1	107	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 1
					6,421		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					55		-8	DONT KNOW
					2		-7	REFUSED
					4,551		1	YES
					1,298		2	NO
D_ANAMT1	109	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 1
					4,108		.	NOT APPLICABLE
					4,214	0-100		\$100 OR LESS
					719	100.01-500		\$101-\$500
					1,532	500.01-1000		\$501-\$1000
					1,007	1000.01-1500		\$1001-\$1500
					423	1500.01-2000		\$1501-\$2000
					151	2000.01-2500		\$2001-\$2500
					86	2500.01-3000		\$2501-\$3000
					48	3000.01-3500		\$3001-\$3500
					9	3500.01-4000		\$3501-\$4000
					15	4000.01-4500		\$4001-\$4500
					4	4500.01-5000		\$4501-\$5000
					14			OVER \$5000
D_HMOPL1	117	2	INSFMT				N	IS PLAN 1 AN HMO
					4,216		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					90		-8	DONT KNOW
					3		-7	REFUSED
					1,254		1	YES
					6,764		2	NO
D_MHMO1	119	5					C	PLAN 1 MEDICARE HMO CODE
D_OBTNP1	124	2	OBTFMT				N	HOW DID INSURED GET PLAN 1
					4,302		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					55		-8	DONT KNOW
					1		-7	REFUSED
					3,277		1	DIRECTLY
					542		2	CURRENT EMPLOYER
					2,920		3	FORMER EMPLOYER

02/28/97
COST&USE
1993

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

Page: 72
Record Type: 4

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

171	4	UNION
85	5	FAMILY BUSINESS
541	6	AARP
239	7	DECEASED SPOUSES FORMER EMPLOYER
10	8	DECEASED SPOUSES FORMER UNION
182	91	SOME OTHER WAY

D_INDUS1 126 2 \$INDUFMT

C PLAN 1 INDUSTRY CODE

8,727		INAPPLICABLE
0	-1	INAPPLICABLE
4	-7	REFUSED
3	-8	DK
98	-9	NOT ASCERTAINED
2	A	AGRICULTURE, FORESTRY, AND FISHING
8	B	MINING
10	C	CONSTRUCTION
40	D	MANUFACTURING
18	E	TRANSPORTATION AND PUBLIC UTILITIES
3	F	WHOLESALE TRADE
17	G	RETAIL TRADE
20	H	FINANCE, INSURANCE, AND REAL ESTATE
9	I	SERVICES
143	J	PUBLIC ADMINISTRATION
0	K	NONCLASSIFIABLE ESTABLISHMENTS
9	01	AGRICULTURAL PRODUCTION - CROPS
4	02	AGRICULTURAL PRODUCTION - LIVESTOCK
4	07	AGRICULTURAL SERVICES
0	08	FORESTRY
1	09	FISHING, HUNTING, AND TRAPPING
1	10	METAL MINING
15	12	COAL MINING
11	13	OIL AND GAS EXTRACTION
1	14	NONMETALLIC MINERALS. EXCEPT FUELS
3	15	GENERAL BUILDING CONTRACTORS
15	16	HEAVY CONSTRUCTION, EX. BUILDING
25	17	SPECIAL TRADE CONTRACTORS
85	20	FOOD AND KINDRED PRODUCTS
2	21	TOBACCO PRODUCTS
39	22	TEXTILE MILL PRODUCTS
34	23	APPAREL AND OTHER TEXTILE PRODUCTS
11	24	LUMBER AND WOOD PRODUCTS
13	25	FURNITURE AND FIXTURES
8	26	PAPER AND ALLIED PRODUCTS
24	27	PRINTING AND PUBLISHING
82	28	CHEMICALS AND ALLIED PRODUCTS
79	29	PETROLEUM AND COAL PRODUCTS
32	30	RUBBER AND MISC. PLASTICS PRODUCTS
4	31	LEATHER AND LEATHER PRODUCTS
21	32	STONE, CLAY, AND GLASS PRODUCTS

02/28/97
COST&USE
1993

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

Page: 73
Record Type: 4

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					125		33	PRIMARY METAL INDUSTRIES
					56		34	FABRICATED METAL PRODUCTS
					95		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					86		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					246		37	TRANSPORTATION EQUIPMENT
					16		38	INSTRUMENTS AND RELATED PRODUCTS
					15		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					54		40	RAILROAD TRANSPORTATION
					15		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					12		42	TRUCKING AND WAREHOUSING
					93		43	U.S. POSTAL SERVICE
					3		44	WATER TRANSPORTATION
					21		45	TRANSPORTATION BY AIR
					4		46	PIPELINES, EXCEPT NATURAL GAS
					6		47	TRANSPORTATION SERVICES
					118		48	COMMUNICATIONS
					85		49	ELECTRIC, GAS, AND SANITARY SERVICES
					18		50	WHOLESALE TRADE - DURABLE GOODS
					11		51	WHOLESALE TRADE - NONDURABLE GOODS
					7		52	BUILDING MATERIALS & GARDEN SUPPLIES
					46		53	GENERAL MERCHANDISE STORES
					38		54	FOOD STORES
					16		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					7		56	APPAREL AND ACCESSORY STORES
					5		57	FURNITURE AND HOMEFURNISHINGS STORES
					16		58	EATING AND DRINKING PLACES
					20		59	MISCELLANEOUS RETAIL
					78		60	DEPOSITORY INSTITUTIONS
					5		61	NONDEPOSITORY INSTITUTIONS
					5		62	SECURITY AND COMMODITY BROKERS
					54		63	INSURANCE CARRIERS
					25		64	INSURANCE AGENTS, BROKERS & SERVICES
					9		65	REAL ESTATE
					1		67	HOLDING AND OTHER INVESTMENT OFFICES
					9		70	HOTELS AND OTHER LODGING PLACES
					10		72	PERSONAL SERVICES
					47		73	BUSINESS SERVICES
					12		75	AUTO REPAIR, SERVICES, AND PARKING
					2		76	MISCELLANEOUS REPAIR SERVICES
					5		78	MOTION PICTURES
					10		79	AMUSEMENT & RECREATION SERVICES
					143		80	HEALTH SERVICES
					22		81	LEGAL SERVICES
					426		82	EDUCATIONAL SERVICES
					12		83	SOCIAL SERVICES
					1		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					46		86	MEMBERSHIP ORGANIZATIONS
					13		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					4		89	SERVICES, NEC
					225		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					65		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					13		93	FINANCE, TAXATION, & MONETARY POLICY
					19		94	ADMINISTRATION OF HUMAN RESOURCES
					15		95	ENVIRONMENTAL QUALITY AND HOUSING
					27		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					118		97	NATIONAL SECURITY AND INST. AFFAIRS
					50		99	NONCLASSIFIABLE ESTABLISHMENTS

(CONTINUED)

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_TYPPL2	128	2	PLANFMT				N	TYPE OF PLAN - PLAN 2
					10,350		.	INAPPLICABLE
					767		1	PRIVATE EMPLOYER SPONSORED
					941		2	PRIVATE SELF PURCHASED
					1		3	PRIVATE UNKNOWN
					97		4	PRIVATE HMO
					174		5	MEDICARE HMO
D_BEGPL2	130	6	DTE6FMT				N	PLAN 2 BEGIN DATE
					10,350		.	INAPPLICABLE
					1,980		0-999999	DATE AS YYMMDD
D_ENDPL2	136	6	DTE6FMT				N	PLAN 2 END DATE
					10,350		.	INAPPLICABLE
					1,980		0-999999	DATE AS YYMMDD
D_PHREL2	142	2	RELFMT				N	PLAN 2 POLICY HOLDER
					11,061		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		-5	NEVER ASK AGN
					1,050		1	SAMPLE PERSON
					211		2	SPOUSE
					0		3	SON
					0		4	DAUGHTER
					0		5	BROTHER
					1		6	SISTER
					4		7	FATHER
					3		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
D_COVNM2	144	2	NMFMT				N	# OF PEOPLE COVERED BY PLAN 2
					11,060		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					702		1	1
					527		2	2
					25		3	3

02/28/97
COST&USE
1993

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

Page: 75
Record Type: 4

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5		4	4
					4		5	5
					0		6	6
					0		7	7
					0		8	8
D_COVRX2	146	2	RXFMT				N	PLAN 2 PRESCRIPTION DRUG COVERAGE
					11,060		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					101		-8	DONT KNOW
					1		-7	REFUSED
					374		1	PLAN COVERS DRUGS
					790		2	DOES NOT COVER DRUGS
D_COVNH2	148	2	NHFMT				N	PLAN 2 NURSING HOME COVERAGE
					11,060		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					196		-8	DONT KNOW
					0		-7	REFUSED
					287		1	PLAN COVERS NH
					784		2	DOES NOT COVER NH
D_PAYSP2	150	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 2
					11,059		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					18		-8	DONT KNOW
					0		-7	REFUSED
					893		1	YES
					359		2	NO
D_ANAMT2	152	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 2
					10,350		.	NOT APPLICABLE
					1,309		0-100	\$100 OR LESS
					326		100.01-500	\$101-\$500
					178		500.01-1000	\$501-\$1000
					89		1000.01-1500	\$1001-\$1500
					43		1500.01-2000	\$1501-\$2000
					15		2000.01-2500	\$2001-\$2500
					13		2500.01-3000	\$2501-\$3000
					1		3000.01-3500	\$3001-\$3500
					4		3500.01-4000	\$3501-\$4000
					1		4000.01-4500	\$4001-\$4500
					1		4500.01-5000	\$4501-\$5000
					0			OVER \$5000
D_HMOPL2	160	2	INSFMT				N	IS PLAN 2 AN HMO
					10,450		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					34		-8	DONT KNOW
					0		-7	REFUSED
					271		1	YES
					1,571		2	NO
D_MHM02	162	5					C	PLAN 2 MEDICARE HMO CODE
D_OBTNP2	167	2	OBT FMT				N	HOW DID INSURED GET PLAN 2

02/28/97
COST&USE
1993

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

10,558	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
5	-8	DONT KNOW
0	-7	REFUSED
781	1	DIRECTLY
121	2	CURRENT EMPLOYER
572	3	FORMER EMPLOYER
57	4	UNION
7	5	FAMILY BUSINESS
134	6	AARP
43	7	DECEASED SPOUSES FORMER EMPLOYER
1	8	DECEASED SPOUSES FORMER UNION
46	91	SOME OTHER WAY

D_INDUS2 169 2 \$INDUFMT

C PLAN 2 INDUSTRY CODE

11,614		INAPPLICABLE
0	-1	INAPPLICABLE
0	-7	REFUSED
0	-8	DK
8	-9	NOT ASCERTAINED
0	A	AGRICULTURE, FORESTRY, AND FISHING
1	B	MINING
1	C	CONSTRUCTION
7	D	MANUFACTURING
3	E	TRANSPORTATION AND PUBLIC UTILITIES
0	F	WHOLESALE TRADE
4	G	RETAIL TRADE
8	H	FINANCE, INSURANCE, AND REAL ESTATE
1	I	SERVICES
29	J	PUBLIC ADMINISTRATION
0	K	NONCLASSIFIABLE ESTABLISHMENTS
0	01	AGRICULTURAL PRODUCTION - CROPS
0	02	AGRICULTURAL PRODUCTION - LIVESTOCK
4	07	AGRICULTURAL SERVICES
0	08	FORESTRY
0	09	FISHING, HUNTING, AND TRAPPING
1	10	METAL MINING
3	12	COAL MINING
9	13	OIL AND GAS EXTRACTION
0	14	NONMETALLIC MINERALS. EXCEPT FUELS
1	15	GENERAL BUILDING CONTRACTORS
0	16	HEAVY CONSTRUCTION, EX. BUILDING
5	17	SPECIAL TRADE CONTRACTORS
18	20	FOOD AND KINDRED PRODUCTS
2	21	TOBACCO PRODUCTS
8	22	TEXTILE MILL PRODUCTS
5	23	APPAREL AND OTHER TEXTILE PRODUCTS
0	24	LUMBER AND WOOD PRODUCTS

02/28/97
COST&USE
1993

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
					0		25	FURNITURE AND FIXTURES
					6		26	PAPER AND ALLIED PRODUCTS
					2		27	PRINTING AND PUBLISHING
					22		28	CHEMICALS AND ALLIED PRODUCTS
					8		29	PETROLEUM AND COAL PRODUCTS
					9		30	RUBBER AND MISC. PLASTICS PRODUCTS
					0		31	LEATHER AND LEATHER PRODUCTS
					3		32	STONE, CLAY, AND GLASS PRODUCTS
					34		33	PRIMARY METAL INDUSTRIES
					9		34	FABRICATED METAL PRODUCTS
					26		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					34		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					71		37	TRANSPORTATION EQUIPMENT
					2		38	INSTRUMENTS AND RELATED PRODUCTS
					1		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					6		40	RAILROAD TRANSPORTATION
					4		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					4		42	TRUCKING AND WAREHOUSING
					5		43	U.S. POSTAL SERVICE
					1		44	WATER TRANSPORTATION
					5		45	TRANSPORTATION BY AIR
					1		46	PIPELINES, EXCEPT NATURAL GAS
					0		47	TRANSPORTATION SERVICES
					39		48	COMMUNICATIONS
					19		49	ELECTRIC, GAS, AND SANITARY SERVICES
					5		50	WHOLESALE TRADE - DURABLE GOODS
					1		51	WHOLESALE TRADE - NONDURABLE GOODS
					0		52	BUILDING MATERIALS & GARDEN SUPPLIES
(CONTINUED)								
					6		53	GENERAL MERCHANDISE STORES
					8		54	FOOD STORES
					4		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					0		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					0		58	EATING AND DRINKING PLACES
					1		59	MISCELLANEOUS RETAIL
					20		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					1		62	SECURITY AND COMMODITY BROKERS
					5		63	INSURANCE CARRIERS
					6		64	INSURANCE AGENTS, BROKERS & SERVICES
					0		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					0		70	HOTELS AND OTHER LODGING PLACES
					1		72	PERSONAL SERVICES
					6		73	BUSINESS SERVICES
					2		75	AUTO REPAIR, SERVICES, AND PARKING
					1		76	MISCELLANEOUS REPAIR SERVICES
					1		78	MOTION PICTURES
					2		79	AMUSEMENT & RECREATION SERVICES
					25		80	HEALTH SERVICES
					3		81	LEGAL SERVICES
					101		82	EDUCATIONAL SERVICES
					1		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					5		86	MEMBERSHIP ORGANIZATIONS
					6		87	ENGINEERING & MANAGEMENT SERVICES
					1		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					26		91	EXECUTIVE, LEGISLATIVE, AND GENERAL

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
-----	----	----	----	-----	-----	-----	--	-----
					13		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					3		93	FINANCE, TAXATION, & MONETARY POLICY
					9		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					3		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					2		97	NATIONAL SECURITY AND INST. AFFAIRS
					19		99	NONCLASSIFIABLE ESTABLISHMENTS
D_TYPPL3	171	2		PLANFMT			N	TYPE OF PLAN - PLAN 3
					11,900		.	INAPPLICABLE
					188		1	PRIVATE EMPLOYER SPONSORED
					157		2	PRIVATE SELF PURCHASED
					0		3	PRIVATE UNKNOWN
					10		4	PRIVATE HMO
					75		5	MEDICARE HMO
D_BEGPL3	173	6		DTE6FMT			N	PLAN 3 BEGIN DATE
					11,900		.	INAPPLICABLE
					430		0-999999	DATE AS YYMMDD
D_ENDPL3	179	6		DTE6FMT			N	PLAN 3 END DATE
					11,900		.	INAPPLICABLE
					430		0-999999	DATE AS YYMMDD
D_PHREL3	185	2		REL FMT			N	PLAN 3 POLICY HOLDER
					12,111		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		-5	NEVER ASK AGN
					178		1	SAMPLE PERSON
					41		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
D_COVNM3	187	2		NMFMT			N	# OF PEOPLE COVERED BY PLAN 3

02/28/97
COST&USE
1993

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

Page: 79
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					12,110		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					109		1	1
					102		2	2
					6		3	3
					0		4	4
					0		5	5
					0		6	6
					0		7	7
					0		8	8
D_COVRX3	189	2	RXFMT				N	PLAN 3 PRESCRIPTION DRUG COVERAGE
					12,110		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					18		-8	DONT KNOW
					0		-7	REFUSED
					61		1	PLAN COVERS DRUGS
					138		2	DOES NOT COVER DRUGS
D_COVNH3	191	2	NHFMT				N	PLAN 3 NURSING HOME COVERAGE
					12,110		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					26		-8	DONT KNOW
					0		-7	REFUSED
					38		1	PLAN COVERS NH
					153		2	DOES NOT COVER NH
D_PAYSP3	193	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 3
					12,110		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					5		-8	DONT KNOW
					0		-7	REFUSED
					134		1	YES
					77		2	NO
D_ANAMT3	195	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 3
					11,900		.	NOT APPLICABLE
					337		0-100	\$100 OR LESS
					39		100.01-500	\$101-\$500
					23		500.01-1000	\$501-\$1000
					19		1000.01-1500	\$1001-\$1500
					7		1500.01-2000	\$1501-\$2000
					2		2000.01-2500	\$2001-\$2500
					2		2500.01-3000	\$2501-\$3000
					0		3000.01-3500	\$3001-\$3500
					0		3500.01-4000	\$3501-\$4000
					0		4000.01-4500	\$4001-\$4500
					0		4500.01-5000	\$4501-\$5000
					1			OVER \$5000
D_HMOPL3	203	2	INSFMT				N	IS PLAN 3 AN HMO
					11,938		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		-8	DONT KNOW
					0		-7	REFUSED
					85		1	YES
					302		2	NO
D_MHMO3	205	5					C	PLAN 3 MEDICARE HMO CODE
D_OBTNP3	210	2	OBTFMT				N	HOW DID INSURED GET PLAN 3
					12,006		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					137		1	DIRECTLY
					26		2	CURRENT EMPLOYER
					125		3	FORMER EMPLOYER
					5		4	UNION
					1		5	FAMILY BUSINESS
					9		6	AARP
					9		7	DECEASED SPOUSES FORMER EMPLOYER
					0		8	DECEASED SPOUSES FORMER UNION
					9		91	SOME OTHER WAY
D_INDUS3	212	2	\$INDUFMT				C	PLAN 3 INDUSTRY CODE
					12,172			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
					0		H	FINANCE, INSURANCE, AND REAL ESTATE
					0		I	SERVICES
					8		J	PUBLIC ADMINISTRATION
					0		K	NONCLASSIFIABLE ESTABLISHMENTS
					0		01	AGRICULTURAL PRODUCTION - CROPS
					0		02	AGRICULTURAL PRODUCTION - LIVESTOCK
					0		07	AGRICULTURAL SERVICES
					0		08	FORESTRY
					1		09	FISHING, HUNTING, AND TRAPPING
					0		11	METAL MINING
					0		12	COAL MINING
					1		13	OIL AND GAS EXTRACTION
					0		14	NONMETALLIC MINERALS. EXCEPT FUELS

02/28/97
COST&USE
1993

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

Page: 81
Record Type: 4

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		15	GENERAL BUILDING CONTRACTORS
					0		16	HEAVY CONSTRUCTION, EX. BUILDING
					0		17	SPECIAL TRADE CONTRACTORS
					2		20	FOOD AND KINDRED PRODUCTS
					0		21	TOBACCO PRODUCTS
					1		22	TEXTILE MILL PRODUCTS
					0		23	APPAREL AND OTHER TEXTILE PRODUCTS
					0		24	LUMBER AND WOOD PRODUCTS
					0		25	FURNITURE AND FIXTURES
					1		26	PAPER AND ALLIED PRODUCTS
					0		27	PRINTING AND PUBLISHING
					1		28	CHEMICALS AND ALLIED PRODUCTS
					1		29	PETROLEUM AND COAL PRODUCTS
					0		30	RUBBER AND MISC. PLASTICS PRODUCTS
					0		31	LEATHER AND LEATHER PRODUCTS
					3		32	STONE, CLAY, AND GLASS PRODUCTS
					11		33	PRIMARY METAL INDUSTRIES
					0		34	FABRICATED METAL PRODUCTS
					7		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					4		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					22		37	TRANSPORTATION EQUIPMENT
					1		38	INSTRUMENTS AND RELATED PRODUCTS
					1		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
					2		44	WATER TRANSPORTATION
					0		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					1		47	TRANSPORTATION SERVICES
					9		48	COMMUNICATIONS
					4		49	ELECTRIC, GAS, AND SANITARY SERVICES
					0		50	WHOLESALE TRADE - DURABLE GOODS
					2		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
					1		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					0		58	EATING AND DRINKING PLACES
					0		59	MISCELLANEOUS RETAIL
					4		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					1		62	SECURITY AND COMMODITY BROKERS
					3		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
					0		79	AMUSEMENT & RECREATION SERVICES
					8		80	HEALTH SERVICES
					1		81	LEGAL SERVICES

02/28/97
COST&USE
1993

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

Page: 82
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					30		82	EDUCATIONAL SERVICES
					0		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					1		86	MEMBERSHIP ORGANIZATIONS
					0		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					6		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					1		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					0		93	FINANCE, TAXATION, & MONETARY POLICY
					5		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					1		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					1		97	NATIONAL SECURITY AND INST. AFFAIRS
					1		99	NONCLASSIFIABLE ESTABLISHMENTS
D_TYPPL4	214	2		PLANFMT			N	TYPE OF PLAN - PLAN 4
					12,242		.	INAPPLICABLE
					42		1	PRIVATE EMPLOYER SPONSORED
					22		2	PRIVATE SELF PURCHASED
					0		3	PRIVATE UNKNOWN
					3		4	PRIVATE HMO
					21		5	MEDICARE HMO
D_BEGPL4	216	6		DTE6FMT			N	PLAN 4 BEGIN DATE
					12,242		.	INAPPLICABLE
					88		0-999999	DATE AS YYMMDD
D_ENDPL4	222	6		DTE6FMT			N	PLAN 4 END DATE
					12,242		.	INAPPLICABLE
					88		0-999999	DATE AS YYMMDD
D_PHREL4	228	2		RELFMT			N	PLAN 4 POLICY HOLDER
					12,278		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		-5	NEVER ASK AGN
					41		1	SAMPLE PERSON
					11		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

02/28/97
COST&USE
1993

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

Page: 83
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					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
D_COVNM4	230	2	NMFMT				N	# OF PEOPLE COVERED BY PLAN 4
					12,278		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					20		1	1
					28		2	2
					4		3	3
					0		4	4
					0		5	5
					0		6	6
					0		7	7
					0		8	8
D_COVRX4	232	2	RXFMT				N	PLAN 4 PRESCRIPTION DRUG COVERAGE
					12,278		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					19		1	PLAN COVERS DRUGS
					32		2	DOES NOT COVER DRUGS
D_COVNH4	234	2	NHFMT				N	PLAN 4 NURSING HOME COVERAGE
					12,278		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					8		1	PLAN COVERS NH
					44		2	DOES NOT COVER NH
D_PAYSP4	236	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 4
					12,278		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					25		1	YES
					25		2	NO
D_ANAMT4	238	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 4
					12,242		.	NOT APPLICABLE
					71	0-100		\$100 OR LESS
					11	100.01-500		\$101-\$500
					5	500.01-1000		\$501-\$1000
					1	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

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0	4000.01-4500		\$4001-\$4500
					0	4500.01-5000		\$4501-\$5000
					0			OVER \$5000
D_HMOPL4	246	2	INSFMT				N	IS PLAN 4 AN HMO
					12,249		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					24		1	YES
					56		2	NO
D_MHMO4	248	5					C	PLAN 4 MEDICARE HMO CODE
D_OBTNP4	253	2	OBTNMT				N	HOW DID INSURED GET PLAN 4
					12,269		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					19		1	DIRECTLY
					5		2	CURRENT EMPLOYER
					28		3	FORMER EMPLOYER
					6		4	UNION
					0		5	FAMILY BUSINESS
					0		6	AARP
					1		7	DECEASED SPOUSES FORMER EMPLOYER
					0		8	DECEASED SPOUSES FORMER UNION
					2		91	SOME OTHER WAY
D_INDUS4	255	2	\$INDUFMT				C	PLAN 4 INDUSTRY CODE
					12,296			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
					0		I	SERVICES
					1		J	PUBLIC ADMINISTRATION
					0		K	NONCLASSIFIABLE ESTABLISHMENTS
					0		01	AGRICULTURAL PRODUCTION - CROPS

02/28/97
COST&USE
1993

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

Page: 85
Record Type: 4

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					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
					1		13	OIL AND GAS EXTRACTION
					0		14	NONMETALLIC MINERALS. EXCEPT FUELS
					0		15	GENERAL BUILDING CONTRACTORS
					0		16	HEAVY CONSTRUCTION, EX. BUILDING
					1		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
					2		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
					1		33	PRIMARY METAL INDUSTRIES
					0		34	FABRICATED METAL PRODUCTS
					1		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					1		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					10		37	TRANSPORTATION EQUIPMENT
					0		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
					0		44	WATER TRANSPORTATION
					0		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					0		47	TRANSPORTATION SERVICES
					3		48	COMMUNICATIONS
					2		49	ELECTRIC, GAS, AND SANITARY SERVICES
					0		50	WHOLESALE TRADE - DURABLE GOODS
					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

02/28/97
COST&USE
1993

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

Page: 86
Record Type: 4

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					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
					2		80	HEALTH SERVICES
					0		81	LEGAL SERVICES
					4		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
					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
					2		99	NONCLASSIFIABLE ESTABLISHMENTS
D_TYPPL5	257	2	PLANFMT				N	TYPE OF PLAN - PLAN 5
					12,312		.	INAPPLICABLE
					12		1	PRIVATE EMPLOYER SPONSORED
					3		2	PRIVATE SELF PURCHASED
					0		3	PRIVATE UNKNOWN
					0		4	PRIVATE HMO
					3		5	MEDICARE HMO
D_BEGPL5	259	6	DTE6FMT				N	PLAN 5 BEGIN DATE
					12,312		.	INAPPLICABLE
					18		0-999999	DATE AS YYMMDD
D_ENDPL5	265	6	DTE6FMT				N	PLAN 5 END DATE
					12,312		.	INAPPLICABLE
					18		0-999999	DATE AS YYMMDD
D_PHREL5	271	2	REL FMT				N	PLAN 5 POLICY HOLDER
					12,319		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		-5	NEVER ASK AGN
					8		1	SAMPLE PERSON
					3		2	SPOUSE
					0		3	SON
					0		4	DAUGHTER
					0		5	BROTHER
					0		6	SISTER
					0		7	FATHER
					0		8	MOTHER

02/28/97
COST&USE
1993

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

Page: 87
CODEBOOK Record Type: 4

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					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
D_COVNM5	273	2	NMFMT				N	# OF PEOPLE COVERED BY PLAN 5
					12,319		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1		1	1
					8		2	2
					2		3	3
					0		4	4
					0		5	5
					0		6	6
					0		7	7
					0		8	8
D_COVRX5	275	2	RXFMT				N	PLAN 5 PRESCRIPTION DRUG COVERAGE
					12,319		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					2		1	PLAN COVERS DRUGS
					9		2	DOES NOT COVER DRUGS
D_COVNH5	277	2	NHFMT				N	PLAN 5 NURSING HOME COVERAGE
					12,319		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		1	PLAN COVERS NH
					11		2	DOES NOT COVER NH
D_PAYSP5	279	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 5
					12,319		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					4		1	YES
					6		2	NO
D_ANAMT5	281	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 5
					12,312		.	NOT APPLICABLE
					17		0-100	\$100 OR LESS

02/28/97
COST&USE
1993

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

Page: 88
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1	100.01-500		\$101-\$500
					0	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
					0	4000.01-4500		\$4001-\$4500
					0	4500.01-5000		\$4501-\$5000
					0			OVER \$5000
D_HMOPL5	289	2		INSFMT			N	IS PLAN 5 AN HMO
					12,315		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					3		1	YES
					12		2	NO
D_MHMO5	291	5					C	PLAN 5 MEDICARE HMO CODE
D_OBTNP5	296	2		OBTFTMT			N	HOW DID INSURED GET PLAN 5
					12,318		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					2		1	DIRECTLY
					0		2	CURRENT EMPLOYER
					5		3	FORMER EMPLOYER
					4		4	UNION
					0		5	FAMILY BUSINESS
					0		6	AARP
					0		7	DECEASED SPOUSES FORMER EMPLOYER
					0		8	DECEASED SPOUSES FORMER UNION
					1		91	SOME OTHER WAY
D_INDUS5	298	2		\$INDUFMT			C	PLAN 5 INDUSTRY CODE
					12,325			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

02/28/97
COST&USE
1993

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

Page: 89
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		E	TRANSPORTATION AND PUBLIC UTILITIES
					0		F	WHOLESALE TRADE
					0		G	RETAIL TRADE
					0		H	FINANCE, INSURANCE, AND REAL ESTATE
					0		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
					2		37	TRANSPORTATION EQUIPMENT
					0		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
					1		48	COMMUNICATIONS
					1		49	ELECTRIC, GAS, AND SANITARY SERVICES
					0		50	WHOLESALE TRADE - DURABLE GOODS
					0		51	WHOLESALE TRADE - NONDURABLE GOODS
					0		52	BUILDING MATERIALS & GARDEN SUPPLIES
					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

(CONTINUED)

02/28/97
COST&USE
1993

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

Page: 90
Record Type: 4

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					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
					0		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
					1		99	NONCLASSIFIABLE ESTABLISHMENTS

02/28/97
COST&USE
1993

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

Page: 91
CODEBOOK Record Type: 4

Variable Col Len Fmt Name Frequency Ques #

Ty Label

03/11/97
COST&USE
1993

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

Page: 92
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
					3,000		1	ONE PERSON
					5,387		2	TWO PEOPLE
					1,424		3	THREE PEOPLE
					712		4	FOUR PEOPLE
					402		5	FIVE PEOPLE
					186		6	SIX PEOPLE
					107		7	SEVEN PEOPLE
					54		8	EIGHT PEOPLE
					26		9	NINE PEOPLE
					18		10	TEN PEOPLE
					14		11	ELEVEN PEOPLE
					5		12	TWELVE PEOPLE
					6		13	THIRTEEN PEOPLE
					4		14	FOURTEEN PEOPLE
					0		15	FIFTEEN PEOPLE
					1		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
D_HHREL	14	2	PEOPLE				N	NO. IN HH RELATED TO SP (INCLUDING SP)
					0		0	NO ONE
					3,324		1	ONE PERSON
					5,270		2	TWO PEOPLE
					1,358		3	THREE PEOPLE
					674		4	FOUR PEOPLE
					364		5	FIVE PEOPLE
					160		6	SIX PEOPLE
					93		7	SEVEN PEOPLE
					43		8	EIGHT PEOPLE
					25		9	NINE PEOPLE
					13		10	TEN PEOPLE
					12		11	ELEVEN PEOPLE
					4		12	TWELVE PEOPLE
					4		13	THIRTEEN PEOPLE
					2		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

03/11/97
COST&USE
1993

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

Page: 93
Record Type: 5

Variable Col Len Fmt Name Frequency Ques #

Ty Label

D_HHUNRL 16 2 PEOPLE

N TOTAL NO. PEOPLE IN HH UNRELATED TO SP

10,760
427
76
29
30
11
3
4
1
1
0
1
0
2
1
0
0
0
0
0
0
0

0 NO ONE
1 ONE PERSON
2 TWO PEOPLE
3 THREE PEOPLE
4 FOUR PEOPLE
5 FIVE PEOPLE
6 SIX PEOPLE
7 SEVEN PEOPLE
8 EIGHT PEOPLE
9 NINE PEOPLE
10 TEN PEOPLE
11 ELEVEN PEOPLE
12 TWELVE PEOPLE
13 THIRTEEN PEOPLE
14 FOURTEEN PEOPLE
15 FIFTEEN PEOPLE
16 SIXTEEN PEOPLE
17 SEVENTEEN PEOPLE
18 EIGHTEEN PEOPLE
19 NINETEEN PEOPLE
20 TWENTY PEOPLE

D_HHCOMP 18 2 HHCDFMT

N HOUSEHOLD COMPOSITION CODE

0
0
3,000
4,263
1,495
720
576
968
324

. INAPPLICABLE
-8 DONT KNOW
1 BENEFICIARY LIVES ALONE
2 SPOUSE ONLY
3 SPOUSE & OTHERS
4 CHILDREN ONLY
5 CHILDREN & OTHERS
6 OTHERS ONLY
7 NON RELATIVE

D_HHLT50 20 2 PEOPLE

N NUMBER IN HH UNDER 50 (MAY INCLUDE SP)

7,783
1,623
749
476
324
193
82
61
24
13
9
4
4
1
0
0
0
0
0
0
0

0 NO ONE
1 ONE PERSON
2 TWO PEOPLE
3 THREE PEOPLE
4 FOUR PEOPLE
5 FIVE PEOPLE
6 SIX PEOPLE
7 SEVEN PEOPLE
8 EIGHT PEOPLE
9 NINE PEOPLE
10 TEN PEOPLE
11 ELEVEN PEOPLE
12 TWELVE PEOPLE
13 THIRTEEN PEOPLE
14 FOURTEEN PEOPLE
15 FIFTEEN PEOPLE
16 SIXTEEN PEOPLE
17 SEVENTEEN PEOPLE
18 EIGHTEEN PEOPLE
19 NINETEEN PEOPLE
20 TWENTY PEOPLE

03/11/97
COST&USE
1993

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

Page: 94
CODEBOOK Record Type: 5

Variable Col Len Fmt Name Frequency Ques #

Ty Label

D_HHGE50 22 2 PEOPLE

N NO. IN HH 50 AND OVER (MAY INCLUDE SP)

709
4,146
5,997
412
56
19
2
2
1
0
2
0
0
0
0
0
0
0
0
0
0
0

0 NO ONE
1 ONE PERSON
2 TWO PEOPLE
3 THREE PEOPLE
4 FOUR PEOPLE
5 FIVE PEOPLE
6 SIX PEOPLE
7 SEVEN PEOPLE
8 EIGHT PEOPLE
9 NINE PEOPLE
10 TEN PEOPLE
11 ELEVEN PEOPLE
12 TWELVE PEOPLE
13 THIRTEEN PEOPLE
14 FOURTEEN PEOPLE
15 FIFTEEN PEOPLE
16 SIXTEEN PEOPLE
17 SEVENTEEN PEOPLE
18 EIGHTEEN PEOPLE
19 NINETEEN PEOPLE
20 TWENTY PEOPLE

03/11/97
COST&USE
1993

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

Page: 95
CODEBOOK Record Type: 5

Variable Col Len Fmt Name Frequency Ques #

Ty Label

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
					24		0	NOT MET--NH
					1,129		1	MEETS-NO PAR PROBS
					135		2	MEETS-MR
					34		3	MEETS-MENTALLY ILL
					1		4	MEETS-DEAF OR BLIND
					6		5	MEETS-PHYS HANDI
					0		6	MEETS-UNWED MOMS,ETC.
					17		7	MEETS-SOME OTH GROUP
					7		8	MEETS-NO PART GROUP
					11		9	UNABLE TO DETERMINE
FACOWNED	20	2	OWNFMT			FQ1	N	DESCRIPTION OF OWNERSHIP OF FACILITY
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					865		1	FOR PROFIT
					322		2	PRIV NON PROFIT
					68		3	CITY/COUNTY GOVT
					91		4	STATE GOVT
					15		5	VETERANS ADMIN
					1		91	OT FED AG (SPEC)
FACDISC	22	2	FACFMT			FQ2	N	FACILITY DESCRIPTION
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					15		1	HOSPITAL
					980		2	NURSING HOME
					19		3	RETIREMENT HOME
					62		4	DOMI/PER CARE FAC
					42		5	MENTAL HLTH FACILITY
					93		6	INST FOR MR/DEV DISA
					5		7	MENTAL HLTH CNTR
					21		8	LIFE CARE/CONT CARE
					53		9	ASSISTED LIVING FAC
					5		10	REHAB FACILITY
					69		91	OTHER PLACE (SPEC)

02/28/97
COST&USE
1993

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

Page: 97
CODEBOOK Record Type: 5

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

FACDIOS 24 2 FACDFMT FQ20T N FACILITY DESCRIPTION--OTHER SPECIFIED

1,295

0

0

0

5

6

2

11

2

0

2

0

1

0

9

1

1

2

1

1

1

4

1

1

0

2

1

3

2

1

0

1

1

2

1

1

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 ADULT HOSTEL

2 ADULT FOSTER CARE

3 HOSPICE

4 RESIDENTIAL CARE

5 EXTENDED CARE FACILITY

6 INDEPENDENT LIVING

7 GROUP HOME--MENTAL ILL

8 SHELTER CARE

9 FAMILY CARE/FOSTER

10 NH/PERSONAL CARE FAC

11 NH/REHAB FACILITY

12 ASSISTED LIVING

13 RETIRE HOME/ASSIST LIV

14 PSYCHIATRIC HOSPITAL

15 ACLF

16 DOMICILIARY/ASSIST LIV

17 CBRF

18 GRP HOME FOR EMOT DIST

19 RESIDENTIAL CARE

20 GROUP HOME

21 PEDIATRIC LTC FACILITY

22 NH/ASSISTED LIVING

23 MENTAL HLTH/MR/DEV DIS

24 NURSING HM/ASSISTED

25 NH/RETIREMENT HME/DD

26 NH/RETIREMENT HOME

27 DOMICILIARY/ASSISTED

28 NH/PERSONAL CARE FAC

29 RESIDENTIAL HEALTH CARE

30 FAMILY CARE

31 NH/LIFE CARE FACILITY

32 NH/MEDICAL CENTER

33 ON LOK

35 REST HOME/PROTECT CARE

36 RESIDENTAIL SHELTER

INAPPLICABLE: FACDISC A=91

FACLONGT 26 2 MOSTFMT FQ3 N DOES FACILITY PROVIDE LONG TERM CARE?

3

0

1

0

1,338

22

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

1 YES

2 NO

FACLTBED 28 3 BEDFMT FQ5 N NUMBER OF LONG TERM BEDS ONLY

23

2

7

0

. INAPPLICABLE

-9 NOT ASCERTAINED

-8 DONT KNOW

-7 REFUSED

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

CODEBOOK Record Type: 7

Ty Label

				1,288	0-990	NUMBER OF BEDS
				40	993	3 OR MORE BEDS
				4	996	# BEDS > 990
FACTOBED	31	3	BEDFAFMT	FQ6	N	TOTAL NUMBER OF BEDS IN FACILITY
				0	.	INAPPLICABLE
				5	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				1,350	0-995	NUMBER OF BEDS
				8	996	# BEDS > 995
PROVLEVL	34	2	MOSTFMT	FQ7	N	DOES FACILITY PROVIDE DIFF CARE LEVELS?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				0	-7	REFUSED
				816	1	YES
				548	2	NO
LEVLSKIL	36	2	MOSTFMT	FQ8A	N	DOES FACILITY PROVIDE SKILLED CARE?
				548	.	INAPPLICABLE
				1	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				642	1	YES
				172	2	NO
INAPPLICABLE: PROVLEVL=2,-7,-8,-9						
LEVLINTR	38	2	MOSTFMT	FQ8B	N	DOES FACILITY PROVIDE INTERMEDIATE CARE
				548	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				612	1	YES
				203	2	NO
INAPPLICABLE: PROVLEVL=2,-7,-8,-9						
LEVLOTH1	40	2	MOSTFMT	FQ8C	N	DOES FACILITY PROV OTHER LVL OF CARE 1?
				548	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				396	1	YES
				419	2	NO
INAPPLICABLE: PROVLEVL=2,-7,-8,-9						

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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LEVLOTS1	42	2	LEVLOTFT	FQ8CO	N	OTHER LEVEL OF CARE 1 - SPECIFY
			968	.		INAPPLICABLE
			0	-9		NOT ASCERTAINED
			0	-8		DK
			0	-7		REFUSED
			2	1		LIGHT
			25	2		HEAVY
			19	3		CUSTODIAL
			9	4		ALZHEIMERS
			8	5		MINIMUM
			0	6		MODERATE
			1	7		MAXIMUM
			1	8		SPECIALIZED CARE
			21	9		INTENSIVE
			1	10		HEAVY INTENSIVE CARE
			1	11		EXTENSIVE CARE
			2	12		RETARDED
			0	13		RETARDED/EXTRA CARE
			0	14		PERSONAL CARE/TOTAL
			4	15		BEHAVIORAL
			2	16		DEVELOPMENTALLY DISABLED
			0	17		MENTALLY ILL & HOMELESS
			1	18		COMPLEX CARE ISNF
			1	19		CLOSELY MONITORED
			2	20		ADL ASSISTANCE
			1	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
			233	95		NOT SPECIFIC
			62	96		STATE SPECIFIC

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

LEVLOTH2	44	2	MOSTFMT	FQ8D	N	DOES FACILITY PROV OTHER LVL OF CARE 2?
			548	.		INAPPLICABLE
			0	-9		NOT ASCERTAINED
			1	-8		DONT KNOW
			0	-7		REFUSED
			49	1		YES
			766	2		NO

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

02/28/97
COST&USE
1993

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

Page: 100
CODEBOOK Record Type: 7

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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LEVLOTS2	46	2		LEVLOTFT		FQ8DO	N	OTHER LEVEL OF CARE 2 - SPECIFY
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1,315	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DK
0	-7	REFUSED
5	1	LIGHT
3	2	HEAVY
1	3	CUSTODIAL
7	4	ALZHEIMERS
1	5	MINIMUM
7	6	MODERATE
1	7	MAXIMUM
0	8	SPECIALIZED CARE
0	9	INTENSIVE
0	10	HEAVY INTENSIVE CARE
0	11	EXTENSIVE CARE
0	12	RETARDED
1	13	RETARDED/EXTRA CARE
0	14	PERSONAL CARE/TOTAL
0	15	BEHAVIORAL
9	16	DEVELOPMENTALLY DISABLED
0	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
12	95	NOT SPECIFIC
2	96	STATE SPECIFIC

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

LEVLOTH3	48	2		MOSTFMT		FQ8E	N	DOES FACILITY PROV OTHER LVL OF CARE 3?
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548	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
9	1	YES
806	2	NO

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

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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LEVLOTS3	50	2	LEVLOTFT	FQ8EO	N	OTHER LEVEL OF CARE 3 - SPECIFY
			1,355	.		INAPPLICABLE
			0	-9		NOT ASCERTAINED
			0	-8		DK
			0	-7		REFUSED
			3	1		LIGHT
			0	2		HEAVY
			0	3		CUSTODIAL
			0	4		ALZHEIMERS
			0	5		MINIMUM
			0	6		MODERATE
			3	7		MAXIMUM
			0	8		SPECIALIZED CARE
			1	9		INTENSIVE
			0	10		HEAVY INTENSIVE CARE
			0	11		EXTENSIVE CARE
			0	12		RETARDED
			0	13		RETARDED/EXTRA CARE
			1	14		PERSONAL CARE/TOTAL
			0	15		BEHAVIORAL
			0	16		DEVELOPMENTALLY DISABLED
			0	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
			1	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
			0	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
			615	.		INAPPLICABLE
			0	-9		NOT ASCERTAINED
			2	-8		DONT KNOW
			0	-7		REFUSED
			0	0		NO BEDS OF TYPE
			747	1-997		NUMBER OF BEDS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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MCDNSFN	55	3	SNFBFMT		FQ12		N	NUMBER OF SNF BEDS--MEDICAID
					529		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					0		0	NO BEDS OF TYPE
					832		1-997	NUMBER OF BEDS

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

MCDICFN	58	3	SNFBFMT		FQ14		N	NUMBER OF ICF BEDS ONLY
					836		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					65		0	NO BEDS OF TYPE
					453		1-997	NUMBER OF BEDS

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

MCDICFMR	61	3	SNFBFMT		FQ15		N	NUMBER OF ICF-MR BEDS ONLY
					836		.	INAPPLICABLE
					14		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					392		0	NO BEDS OF TYPE
					121		1-997	NUMBER OF BEDS

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

CERTBEDS	64	3	SNFBFMT		FQ17		N	NUMBER OF UNCERTIFIED BEDS
					1,216		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		0	NO BEDS OF TYPE
					144		1-997	NUMBER OF BEDS

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

PRIMDEAF	67	2	MOSTFMT		FQ18A		N	FACIL PRIM SERVE--DEAF
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					26		1	YES
					1,329		2	NO

PRIMBLND	69	2	MOSTFMT		FQ18B		N	FACIL PRIM SERVE--BLIND
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					28		1	YES

02/28/97
COST&USE
1993

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

Page: 103
CODEBOOK Record Type: 7

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,327		2	NO
PRIMUWED	71	2	MOSTFMT		FQ18C		N	FACIL PRIM SERVE--UNWED MOMS
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1		1	YES
					1,354		2	NO
PRIMABUS	73	2	MOSTFMT		FQ18D		N	FACIL PRIM SERVE--ALCOHOL/DRUG ABUSERS
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					16		1	YES
					1,339		2	NO
PRIMORPH	75	2	MOSTFMT		FQ18E		N	FACIL PRIM SERVE--ORPHANS/DEPEND
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					2		1	YES
					1,353		2	NO
PRIMMDEF	77	2	MOSTFMT		FQ18G		N	FACIL PRIM SERVE--MENTALLY ILL & DEAF
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					9		1	YES
					1,346		2	NO
PRIMMENT	79	2	MOSTFMT		FQ18F		N	FACIL PRIM SERVE--MENTALLY ILL ONLY
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					56		1	YES
					1,299		2	NO
PRIMMEDD	81	2	MOSTFMT		FQ18H		N	FACIL PRIM SERVE--MENT RET/DEV DIS
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					149		1	YES
					1,206		2	NO
PRIMMIMR	83	2	MOSTFMT		FQ18I		N	FACIL PRIM SERVE--MENT RET & MENT ILL

02/28/97
COST&USE
1993

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

Page: 104
CODEBOOK Record Type: 7

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					61		1	YES
					1,294		2	NO
PRIMGERI	85	2	MOSTFMT	FQ18K			N	FACIL PRIM SERVE-GERIATRIC
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,083		1	YES
					272		2	NO
PRIMNEUR	87	2	MOSTFMT	FQ18J			N	FACIL PRIM SERVE-NEURO OR PHYS HANDI
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					59		1	YES
					1,296		2	NO
PRIMOTHR	89	2	MOSTFMT	FQ18L			N	FACIL PRIM SERVE-SOME OTHER GRP
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					32		1	YES
					1,323		2	NO
PRIMOS	91	2	LVL1FMT	FQ18L			N	FACIL PRIM SERVE-SOME OTHER GRP-OS
					1,332		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					5		1	ALZHEIMERS
					1		2	TER ILL PAT
					2		3	VETERANS
					2		4	REHABILITATION
					1		5	CHRISTIAN SCIENCE
					0		6	HOSPICE
					0		7	CONVICTS
					3		8	ADOLESCENT MEN ILL
					0		9	MALES >18 AMBULATORY
					1		10	POST SURGICAL REHAB
					2		11	AIDS
					2		12	EMOTIONALLY DISTURB
					1		13	MENTAL ILL/PHYSICAL
					0		14	VENTILATOR DEPEND
					0		15	MENTAL ILL/HOMELESS
					1		16	ADULT FOSTER CARE
INAPPLICABLE: PRIMOTHR=2,-7,-8,-9								
PRIMGRP	93	2	MOSTFMT	FQ18M			N	FACIL PRIM SERVE-NO PRIMARY GRP

02/28/97
COST&USE
1993

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

Page: 105
CODEBOOK Record Type: 7

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					63		1	YES
					1,292		2	NO

ROOMCARE 95 2 MOSTFMT FQ19A N DOES FACIL PROVIDE NURSE/MEDICAL CARE?

0	.	INAPPLICABLE
6	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,249	1	YES
109	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

SUPRVMED 97 2 MOSTFMT FQ19B N DOES FACIL SUPERVISE SELF-ADMIN MEDS?

0	.	INAPPLICABLE
29	-9	NOT ASCERTAINED
2	-8	DONT KNOW
0	-7	REFUSED
1,005	1	YES
328	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPBATH 99 2 MOSTFMT FQ19C N DOES FACIL PROVIDE HELP W/BATHING?

0	.	INAPPLICABLE
5	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,328	1	YES
31	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPDRES 101 2 MOSTFMT FQ19D N DOES FACIL PROVIDE HELP W/DRESSING?

0	.	INAPPLICABLE
4	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,328	1	YES
32	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPSHOP 103 2 MOSTFMT FQ19E N DOES FACIL PROVIDE HELP W/SHOPPING?

0	.	INAPPLICABLE
4	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
1,336	1	YES
24	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
FHLPWALK	105	2	MOSTFMT	FQ19F		N		DOES FACIL PROVIDE HELP W/WALKING?
					0		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,309		1	YES
					51		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPEAT	107	2	MOSTFMT	FQ19G		N		DOES FACIL PROVIDE HELP W/EATING?
					0		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,286		1	YES
					72		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPCOMM	109	2	MOSTFMT	FQ19H		N		DOES FACIL PROVIDE HELP W/COMMUNICATION?
					0		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,310		1	YES
					48		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPNURS	111	2	MOSTFMT	FQ20		N		DOES FACIL PROVIDE 24HR NURSING CARE?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,346		1	YES
					18		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

SPIDCNT	113	2	SPFMT			N		NUMBER OF SPS IN FACILITY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					990		1	ONE SAMPLE PERSON
					183		2	TWO SAMPLE PEOPLE
					105		3	THREE SAMPLE PEOPLE
					33		4	FOUR SAMPLE PEOPLE

02/28/97
COST&USE
1993

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

Page: 107
CODEBOOK Record Type: 7

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					39		5	FIVE SAMPLE PEOPLE
					10		6	SIX SAMPLE PEOPLE
					0		7	SEVEN SAMPLE PEOPLE
					4		8	EIGHT SAMPLE PEOPLE
					0		9	NINE SAMPLE PEOPLE
					0		10	TEN SAMPLE PEOPLE
NORATE	115	2	NORTFMT			FQ18R	N	REASON FOR NO RATES
					1,356		.	INAPPLICABLE
					2		1	VA
					6		2	STATE FUNDED
					0		3	CAPITATED

02/28/97
COST&USE
1993

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

Page: 108
CODEBOOK Record Type: 7

Variable Col Len Fmt Name Frequency Ques #

Ty Label

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	INTERVIEW RECORD
FILEYR	2	2					C	YY REFERENCE YEAR
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
INTERVU	12	1	\$INTRFMT				C	TYPE OF INTERVIEW
					41,097		C	COMMUNITY
					4,265		F	FACILITY
INT_DATE	13	6					N	DATE OF INTERVIEW
RESTART	19	2	STARFMT				N	NUMBER OF TIMES INTRV INTERRUPTED
					4,265		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					39,417		0	NOT INTERRUPTED
					1,198		1	ONE RESTART
					364		2	TWO RESTARTS
					83		3	THREE RESTARTS
					17		4	FOUR RESTARTS
					12		5	FIVE RESTARTS
					4		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

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
LENGTH	21	5	LENGFMT				N	DURATION OF INTERVIEW
					1,530		.	MISSING
					43,832		0-999999	MINUTES IN LENGTH

ONLY APPLICABLE TO UNINTERRUPTED COMMUNITY INTERVIEWS

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
LANG	26	2	\$LANGFMT				C	LANGUAGE OF INTERVIEW
					4,265		-1	MISSING
					39,768		E	ENGLISH
					1,329		S	SPANISH

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PROXY	28	2	PROXFMT				N	SELF-RESPONDENT OR PROXY
					0		.	MISSING
					4,265		-1	INAPPLICABLE
					34,637		1	SP RESPONDED
					6,460		2	PROXY RESPONDED

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 8 -----
SURVEY INTERVIEW RECORD

Page: 110
Record Type: 8

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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D_PROXR	30	2	PNSPFMT				N	PROXYS RELATIONSHIP TO SP
				38,902			.	INAPPLICABLE
				0			-1	INAPPLICABLE
				0			1	SAMPLE PERSON
				2,031			2	SPOUSE
				491			3	SON
				1,477			4	DAUGHTER
				62			5	BROTHER
				354			6	SISTER
				142			7	FATHER
				793			8	MOTHER
				29			9	SON-IN-LAW
				221			10	DAUGHTER-IN-LAW
				38			11	GRANDSON
				90			12	GRANDDAUGHTER
				33			13	NEPHEW
				113			14	NIECE
				20			50	PARTNER/ROOMMATE
				138			51	FRIEND/NEIGHBOR
				5			52	BOARDER
				11			53	NURSE/NURSES AIDE
				20			54	LEGAL/FINANCIAL OFFICER
				26			55	GUARDIAN
				152			91	OTHER RELATIVE
				214			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
				39,399			.	INAPPLICABLE
				10			-9	NOT ASCERTAINED
				0			-1	INAPPLICABLE
				998			1	INDICATED
				4,955			2	NOT INDICATED
PN_SPILL	34	2	PN_SPFMT				N	PROXY NECESSARY-SP TOO ILL
				39,399			.	INAPPLICABLE
				11			-9	NOT ASCERTAINED
				0			-1	INAPPLICABLE
				804			1	INDICATED
				5,148			2	NOT INDICATED
PN_SPHOH	36	2	PN_SPFMT				N	PROXY NEC-SP HARD OF HEARING
				39,399			.	INAPPLICABLE
				11			-9	NOT ASCERTAINED
				0			-1	INAPPLICABLE
				683			1	INDICATED
				5,269			2	NOT INDICATED
PN_SPSBB	38	2	PN_SPFMT				N	PROXY NEC-SP SHOULDNT BE BOTHERED
				39,399			.	INAPPLICABLE
				11			-9	NOT ASCERTAINED
				0			-1	INAPPLICABLE
				820			1	INDICATED

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 8 -----
SURVEY INTERVIEW RECORD

Page: 111
CODEBOOK Record Type: 8

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5,132		2	NOT INDICATED
PN_SPWBA	40	2	PN_SPFMT		39,399		.	INAPPLICABLE
					10		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					2,708		1	INDICATED
					3,245		2	NOT INDICATED
PN_SPMEM	42	2	PN_SPFMT		39,399		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					1,117		1	INDICATED
					4,835		2	NOT INDICATED
PN_SPNAM	44	2	PN_SPFMT		39,399		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					1,902		1	INDICATED
					4,050		2	NOT INDICATED
PN_SPINH	46	2	PN_SPFMT		39,399		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					92		1	INDICATED
					5,860		2	NOT INDICATED
PN_SPLAN	48	2	PN_SPFMT		39,399		.	INAPPLICABLE
					10		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					306		1	INDICATED
					5,647		2	NOT INDICATED
PN_SPDED	50	2	PN_SPFMT		39,399		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					491		1	INDICATED
					5,461		2	NOT INDICATED
PN_SPINS	52	2	PN_SPFMT		39,399		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					210		1	INDICATED
					5,742		2	NOT INDICATED
PN_SPUNA	54	2	PN_SPFMT				N	PROXY NEC-SP UNAVAILABLE

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 8 -----
SURVEY INTERVIEW RECORD

Page: 112
Record Type: 8

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					39,399		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					490		1	INDICATED
					5,462		2	NOT INDICATED
PN_SPOTH	56	2		PN_SPFMT			N	PROXY NEC-OTHER REASON
					39,399		.	INAPPLICABLE
					9		-9	NOT ASCERTAINED
					0		-1	INAPPLICABLE
					414		1	INDICATED
					5,540		2	NOT INDICATED
RREHELP	58	2		RESTFMT			N	DID RESPONDENT RECEIVE HELP ANSWERING
					6,960		.	INAPPLICABLE
					10		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					5,249		1	YES
					33,143		2	NO
D_IHLPRL	60	2		PNSPFMT			N	HELPERS RELATIONSHIP TO SP
					40,835		.	INAPPLICABLE
					0		-1	INAPPLICABLE
					0		1	SAMPLE PERSON
					3,174		2	SPOUSE
					144		3	SON
					517		4	DAUGHTER
					9		5	BROTHER
					94		6	SISTER
					19		7	FATHER
					113		8	MOTHER
					12		9	SON-IN-LAW
					76		10	DAUGHTER-IN-LAW
					15		11	GRANDSON
					30		12	GRANDDAUGHTER
					9		13	NEPHEW
					28		14	NIECE
					29		50	PARTNER/ROOMMATE
					87		51	FRIEND/NEIGHBOR
					3		52	BOARDER
					18		53	NURSE/NURSES AIDE
					0		54	LEGAL/FINANCIAL OFFICER
					6		55	GUARDIAN
					36		91	OTHER RELATIVE
					108		92	OTHER NON-RELATIVE
RINFOSAT	62	2		RESTFMT			N	INFO PROVIDED BY RESPON IS SATISFACTORY
					6,960		.	INAPPLICABLE
					28		-9	NOT ASCERTAINED
					66		-8	DONT KNOW
					37,017		1	YES
					1,291		2	NO
SEQNUM	64	3					N	SEQUENCE NUMBER WITHIN SP
TOTLINTV	67	3					N	TOTAL INTERVIEWS FOR SP

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 8 -----
SURVEY INTERVIEW RECORD

Page: 113
CODEBOOK Record Type: 8

Variable Col Len Fmt Name Frequency Ques #

Ty Label

D_FACID 70 6

N FACILITY ID

02/28/97
COST&USE
1993

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

Page: 114
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
					11,754		1	SINGLE SITUATION
					459		2	TWO SITUATIONS
					95		3	THREE SITUATIONS
					16		4	FOUR SITUATIONS
					6		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
					12,330	000000-999999		DATE AS YYMMDD
D_CODE1	20	1	\$CODEFMT				C	EARLIEST SITUATION CODE
					0			MISSING
					10,653		C	COMMUNITY
					681		D	DEEMED COMMUNITY
					980		F	FACILITY
					16		G	DEEMED FACILITY
D_FACID1	21	6	\$FACLFMT				C	EARLIEST FACILITY ID
					11,340			MISSING
					990	000000-999999		FACILITY ID
D_SIT2	27	6	\$DTE6FMT				C	SITUATION 2 START DATE
					11,754			MISSING
					576	000000-999999		DATE AS YYMMDD
D_CODE2	33	1	\$CODEFMT				C	SITUATION 2 CODE
					11,754			MISSING
					24		C	COMMUNITY
					230		D	DEEMED COMMUNITY
					278		F	FACILITY
					44		G	DEEMED FACILITY
D_FACID2	34	6	\$FACLFMT				C	SITUATION 2 FACILITY ID
					12,052			MISSING
					278	000000-999999		FACILITY ID
D_SIT3	40	6	\$DTE6FMT				C	SITUATION 3 START DATE
					12,213			MISSING
					117	000000-999999		DATE AS YYMMDD

02/28/97
COST&USE
1993

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

Page: 115
Record Type: 9

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_CODE3	46	1	\$CODEFMT				C	SITUATION 3 CODE
					12,213			MISSING
					10		C	COMMUNITY
					1		D	DEEMED COMMUNITY
					88		F	FACILITY
					18		G	DEEMED FACILITY
D_FACID3	47	6	\$FACLFMT				C	SITUATION 3 FACILITY ID
					12,242			MISSING
					88	000000-999999		FACILITY ID
D_SIT4	53	6	\$DTE6FMT				C	SITUATION 4 START DATE
					12,308			MISSING
					22	000000-999999		DATE AS YYMMDD
D_CODE4	59	1	\$CODEFMT				C	SITUATION 4 CODE
					12,308			MISSING
					3		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					14		F	FACILITY
					5		G	DEEMED FACILITY
D_FACID4	60	6	\$FACLFMT				C	SITUATION 4 FACILITY ID
					12,316			MISSING
					14	000000-999999		FACILITY ID
D_SIT5	66	6	\$DTE6FMT				C	SITUATION 5 START DATE
					12,324			MISSING
					6	000000-999999		DATE AS YYMMDD
D_CODE5	72	1	\$CODEFMT				C	SITUATION 5 CODE
					12,324			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					5		F	FACILITY
					1		G	DEEMED FACILITY
D_FACID5	73	6	\$FACLFMT				C	SITUATION 5 FACILITY ID
					12,325			MISSING
					5	000000-999999		FACILITY ID
D_SIT6	79	6	\$DTE6FMT				C	SITUATION 6 START DATE
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD

02/28/97
COST&USE
1993

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

Page: 116
Record Type: 9

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_CODE6	85	1	\$CODEFMT				C	SITUATION 6 CODE
					12,330			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID6	86	6	\$FACLFMT				C	SITUATION 6 FACILITY ID
					12,330			MISSING
					0	000000-999999		FACILITY ID
D_SIT7	92	6	\$DTE6FMT				C	SITUATION 7 START DATE
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD
D_CODE7	98	1	\$CODEFMT				C	SITUATION 7 CODE
					12,330			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
					12,330			MISSING
					0	000000-999999		FACILITY ID
D_SIT8	105	6	\$DTE6FMT				C	SITUATION 8 START DATE
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD
D_CODE8	111	1	\$CODEFMT				C	SITUATION 8 CODE
					12,330			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
					12,330			MISSING
					0	000000-999999		FACILITY ID
D_SIT9	118	6	\$DTE6FMT				C	SITUATION 9 START DATE
					12,330			MISSING
					0	000000-999999		DATE AS YYMMDD
D_CODE9	124	1	\$CODEFMT				C	SITUATION 9 CODE

02/28/97
COST&USE
1993

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

Page: 117
Record Type: 9
CODEBOOK

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					12,330			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
					12,330			MISSING
					0	000000-999999		FACILITY ID
D_SIT	131	6	\$DTE6FMT				C	LATEST SURVEY COVERED DATE
					4			MISSING
					12,326	000000-999999		DATE AS YYMMDD
STATUS93	137	2	\$DISPFMT				C	1993 DISPOSITION
					0		.	INAPPLICABLE
					10,697		40	LIVING
					643		50	DECEASED
					251		60	LIVING, AT LEAST ONE GAP
					56		70	DECEASED, AT LEAST ONE GAP
					683		99	ROUND 7/10 SAMPLE
TYPE93	139	1	\$TYPEFMT				C	1993 LIVING SITUATION TYPE
					0		.	INAPPLICABLE
					282		B	BOTH
					11,077		C	COMMUNITY
					971		F	FACILITY
D_DOD	140	6	\$DTE6FMT				C	DEATH DATE ACCORDING TO SURVEY
					11,629			MISSING
					701	000000-999999		DATE AS YYMMDD

02/28/97
COST&USE
1993

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

Page: 118
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	MCSB UNIQUE IDENTIFICATION NUMBER
VARSTRAT	12	8	NUMFMT				N	VARIANCE STRATUM
					0 12,330		.	INAPPLICABLE
						0-99999999	99999999	
VARUNIT	20	8	NUMFMT				N	VARIANCE PSU
					0 12,330		.	INAPPLICABLE
						0-99999999	99999999	
SUDSTRAT	28	8	NUMFMT				N	SUDAAN STRATUM
					0 12,330		.	INAPPLICABLE
						0-99999999	99999999	
SUDUNIT	36	8	NUMFMT				N	SUDAAN PSU
					0 12,330		.	INAPPLICABLE
						0-99999999	99999999	
C93WGT	44	8	NUMFMT				N	COST93 CROSS-SECTIONAL FULL SAMPLE WGT
					0 12,330		.	INAPPLICABLE
						0-99999999	99999999	
C93WT1	52	8	NUMFMT				N	COST93 CROSS-SECTIONAL REPLICATE WGT
THROUGH								
C93WT100	844	8	NUMFMT					
					0 12,330		.	INAPPLICABLE
						0-99999999	99999999	

02/28/97
COST&USE
1993

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

Page: 119
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
				11,448			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?
					9,950		0	EVENT NOT PROV BY HMO
					1,498		1	EVENT PROVIDED BY HMO
EVBEGBYY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					9		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					11,437		1-99	YEAR
EVBEGBMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					77		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					11,368		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGBDD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					10		-9	NOT ASCERTAINED
					1,665		-8	DK
					3		-7	REFUSED
					38		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					9,732		1-31	DAY OF MONTH

02/28/97
COST&USE
1993

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

Page: 120
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?
					11,406		1	SURVEY ONLY
					0		2	CLAIMS ONLY
					42		3	BOTH SURVEY & CLAIMS
SITCODE	34	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					3		B	BOTH
					11,434		C	COMMUNITY
					6		D	DEEMED COMMUNITY
					2		F	FACILITY
					3		G	DEEMED FACILITY
AMTTOT	35	9					N	TOTAL PAYMENT
IMPATOT	44	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					8,999		0	NOT IMPUTED
					2,449		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
					11,448		0	NOT IMPUTED
					0		1	IMPUTED
IMPACARE	73	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					11,448		0	NOT IMPUTED
					0		1	IMPUTED
AMTCAID	74	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	83	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					11,441		0	NOT IMPUTED
					7		1	IMPUTED
IMPACAID	84	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					10,969		0	NOT IMPUTED
					479		1	IMPUTED
AMTHMOM	85	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	94	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE HMO
					11,415		0	NOT IMPUTED
					33		1	IMPUTED
IMPAHMOM	95	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE HMO
					11,344		0	NOT IMPUTED

02/28/97
COST&USE
1993

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

Page: 121
Record Type: DUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					104		1	IMPUTED
AMTHMOP	96	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	105	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					11,425		0	NOT IMPUTED
					23		1	IMPUTED
IMPAHMOP	106	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					11,394		0	NOT IMPUTED
					54		1	IMPUTED
AMTVA	107	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	116	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					11,448		0	NOT IMPUTED
					0		1	IMPUTED
IMPAVA	117	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					11,397		0	NOT IMPUTED
					51		1	IMPUTED
AMTPRVE	118	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	127	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					11,118		0	NOT IMPUTED
					330		1	IMPUTED
IMPAPRVE	128	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					10,860		0	NOT IMPUTED
					588		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
					11,348		0	NOT IMPUTED
					100		1	IMPUTED
IMPAPRVI	139	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					11,294		0	NOT IMPUTED
					154		1	IMPUTED
AMTPRVU	140	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	149	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					11,448		0	NOT IMPUTED
					0		1	IMPUTED
IMPAPRVU	150	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					11,448		0	NOT IMPUTED
					0		1	IMPUTED

02/28/97
COST&USE
1993

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

Page: 122
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
					10,795		0	NOT IMPUTED
					653		1	IMPUTED
IMPAOOP	161	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					10,281		0	NOT IMPUTED
					1,167		1	IMPUTED
AMTDISC	162	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	171	1	IMPFLAG				N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					11,259		0	NOT IMPUTED
					189		1	IMPUTED
IMPADISC	172	1	IMPFLAG				N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					10,874		0	NOT IMPUTED
					574		1	IMPUTED
AMTOTH	173	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1	IMPFLAG				N	IMPUTATION FLAG: SOP OTHER SOURCES
					11,431		0	NOT IMPUTED
					17		1	IMPUTED
IMPAOTH	183	1	IMPFLAG				N	IMPUTATION FLAG: AMT OTHER SOURCES
					11,363		0	NOT IMPUTED
					85		1	IMPUTED
DVBRIDGE	184	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-BRIDGE
					0		.	
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					2,329		1	YES
					9,059		2	NO
DVCLEAN	186	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-CLEANING
					0		.	
					9		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,384		1	YES
					7,006		2	NO
DVCROWN	188	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-CROWN

02/28/97
COST&USE
1993

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

Page: 123
Record Type: DUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					948		1	YES
					10,440		2	NO
DVEXAM	190	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-EXAMIN
					0		.	
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,185		1	YES
					7,203		2	NO
DVEXTRAC	192	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-EXTRACT
					0		.	
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					833		1	YES
					10,555		2	NO
DVFILLNG	194	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-FILLING
					0		.	
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,803		1	YES
					9,585		2	NO
DVORTH0	196	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-ORTHODON
					0		.	
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					90		1	YES
					11,298		2	NO
DVOTHER	198	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-OTHER
					0		.	
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					727		1	YES
					10,661		2	NO
DVRTCNAL	200	2	YESNO				N	HAVE DONE DURING DNTAL VISIT-ROOT CANAL
					0		.	

02/28/97
COST&USE
1993

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

Page: 124
Record Type: DUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					11		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					513		1	YES
					10,875		2	NO

DVXRAYS	202	2	YESNO				N	HAVE DONE DURING DNTAL VISIT-XRAY TAKEN
					0		.	
					10		-9	NOT ASCERTAINED
					49		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					2,895		1	YES
					8,494		2	NO

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

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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02/28/97
COST&USE
1993

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

Page: 126
Record Type: FAE

Variable	Co1	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
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					15		1	HOSPITAL
					992		2	NURSING HOME
					17		3	RETIREMENT HOME
					56		4	DOMI/PER CARE FAC
					46		5	MENTAL HLTH FACILITY
					88		6	INST FOR MR/DEV DISA
					3		7	MENTAL HLTH CNTR
					16		8	LIFE CARE/CONT CARE
					56		9	ASSISTED LIVING FAC
					5		10	REHAB FACILITY
					71		91	OTHER PLACE (SPEC)
BEGSTAT	50	1	\$BEGSTAT				C	STATUS AT BEGINNING OF STAY
					979		1	CONT'D STAY FROM PRIOR YR
					378		2	FIRST TIME SP IN FAC
					8		6	2ND STAY OF 30-DAY SPLIT (IMB HOSP)

02/28/97
COST&USE
1993

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

Page: 127
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ENDSTAT	51	1		\$ENDSTAT			C	STATUS AT END OF STAY
					3			UNKNOWN
					950		0	SP STILL A RESIDENT
					33		1	SP WAS DISCHARGED HOME
					60		2	SP WAS DISCHARGED TO HOSP
					79		3	SP WAS DISCHARGED TO OTH FAC
					226		4	SP DIED IN FAC
					8		5	STAY SPLIT BY 30-DAY HOSP
					0		6	STAY SPLIT BY 30-DAY DISCH
					6		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
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

02/28/97
COST&USE
1993

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

Page: 128
Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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
					107		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					1,197		1	YES
					61		2	NO
INTRNFLG	233	2	MOSTFMT				N	TYPE OF MD: INTERNIST
					202		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					262		1	YES
					901		2	NO
CARDOFLG	235	2	MOSTFMT				N	TYPE OF MD: CARDIOLOGIST
					212		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					26		1	YES
					1,127		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
					46		1	YES
					1,109		2	NO
GYNFLG	239	2	MOSTFMT				N	TYPE OF MD: GYNECOLOGIST
					210		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					41		1	YES
					1,114		2	NO
OPTHLFLG	241	2	MOSTFMT				N	TYPE OF MD: OPHTHALMOLOGIST
					196		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					233		1	YES
					936		2	NO

02/28/97
COST&USE
1993

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

Page: 129
Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RADIOFLG	243	2	MOSTFMT				N	TYPE OF MD: RADIOLOGIST
					213		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					38		1	YES
					1,114		2	NO
PROCTFLG	245	2	MOSTFMT				N	TYPE OF MD: PROCTOLOGIST
					215		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					4		1	YES
					1,146		2	NO
ORTHOFLG	247	2	MOSTFMT				N	TYPE OF MD: ORTHOPEDIST
					207		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					81		1	YES
					1,077		2	NO
THORAFLG	249	2	MOSTFMT				N	TYPE OF MD: THORACIC SURGEON
					215		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					1		1	YES
					1,149		2	NO
AUDIOFLG	251	2	MOSTFMT				N	TYPE OF HP: AUDIOLOGIST
					812		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					98		1	YES
					451		2	NO
OPTOMFLG	253	2	MOSTFMT				N	TYPE OF HP: OPTOMETRIST
					794		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					174		1	YES
					393		2	NO
CHIROFLG	255	2	MOSTFMT				N	TYPE OF HP: CHIROPRACTOR

02/28/97
COST&USE
1993

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

Page: 130
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					846		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					5		1	YES
					509		2	NO
PODIAFLG	257	2	MOSTFMT				N	TYPE OF HP: PODIATRIST
					630		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					677		1	YES
					58		2	NO
ENTFLG	259	2					N	TYPE OF MD: EARS/NOSE/THROAT DOCTOR
PHARMFLG	261	2	MOSTFMT				N	TYPE OF HP: PHARMACIST
					830		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					87		1	YES
					445		2	NO
DIABSUPP	263	2	MOSTFMT				N	USED DIABETIC SUPPLIES
					1,217		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					148		1	YES
					0		2	NO
EYEGLOSS	265	2	MOSTFMT				N	USED EYEGLASSES
					1,259		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					106		1	YES
					0		2	NO
HEARAID	267	2	MOSTFMT				N	USED HEARING AID
					1,319		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					46		1	YES
					0		2	NO
ORTHITEM	269	2	MOSTFMT				N	USED ORTHOPEDIC ITEMS
					1,139		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED

02/28/97
COST&USE
1993

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

Page: 131
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					226		1	YES
					0		2	NO
EQUIPSUP	271	2	MOSTFMT				N	USED EQUIPMENT OR SUPPLIES
					1,357		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					8		1	YES
					0		2	NO
OSTOMSUP	273	2	MOSTFMT				N	USED OSTOMY SUPPLIES
					1,316		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					49		1	YES
					0		2	NO
DIAPRSUP	275	2	MOSTFMT				N	USED DISPOSABLE DIAPERS
					749		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					616		1	YES
					0		2	NO
AMBUSERV	277	2	MOSTFMT				N	USED AMBULANCE SERVICE
					858		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					507		1	YES
					0		2	NO
PROSTHES	279	2	MOSTFMT				N	USED PROSTHESIS
					1,350		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					15		1	YES
					0		2	NO
OXYGEN	281	2	MOSTFMT				N	USED OXYGEN
					1,365		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED

02/28/97
COST&USE
1993

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

Page: 132
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		1	YES
					0		2	NO
TURNPOS	283	2	MOSTFMT				N	RECEIVED TURNING AND POSITIONING
					669		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					696		1	YES
					0		2	NO
TUBEFEED	285	2	MOSTFMT				N	RECEIVED TUBE FEEDING
					1,250		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					115		1	YES
					0		2	NO
RESTRAIN	287	2	MOSTFMT				N	RECEIVED RESTRAINTS
					922		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					443		1	YES
					0		2	NO
INJECTION	289	2	MOSTFMT				N	RECEIVED INJECTIONS
					878		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					487		1	YES
					0		2	NO

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE FAE ----- CODEBOOK
EVENT RIC FAE

Page: 133
Record Type: FAE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE MPE ----- CODEBOOK
EVENT RIC MPE

Page: 134
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
					120,017		C000-C999	EVENT CREATED FROM CLAIM
					151,759		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
					136,731		MP	MEDICAL PROVIDER
					30,112		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					59,047		SD	SEP BILLING DOCTOR
					45,886		SL	SEP BILLING LAB
OREVTYPE	20	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					120,017			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					767		ER	EMERGENCY ROOM
					417		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					98,592		MP	MEDICAL PROVIDER
					20,485		OM	OTHER MEDICAL EXPENSE
					3,192		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					22,190		SD	SEP BILLING DOCTOR
					6,116		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
					176,947			
					315		D	DME CLAIM
					94,514		P	PHYSICIAN CLAIM
HMO	29	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					252,096		0	EVENT NOT PROV BY HMO
					19,680		1	EVENT PROVIDED BY HMO

02/28/97
COST&USE
1993

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

Page: 135
Record Type: MPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVBEGYY	30	2	EVYY				N	EVENT BEGIN YEAR
				0			.	
				41			-9	NOT ASCERTAINED
				80			-8	DK
				0			-7	REFUSED
				4,711			-1	INAPPLICABLE
				266,944			1-99	YEAR
EVBEGMM	32	2	EVMM				N	EVENT BEGIN MONTH
				0			.	
				81			-9	NOT ASCERTAINED
				406			-8	DK
				0			-7	REFUSED
				4,711			-1	INAPPLICABLE
				266,578			1-12	MONTH
				0			95	STILL IN PROGRESS
EVBEGDD	34	2	EVDD				N	EVENT BEGIN YEAR
				0			.	
				120			-9	NOT ASCERTAINED
				8,826			-8	DK
				1			-7	REFUSED
				7,567			-5	MULTIPLE VISITS THIS MONTH
				4,711			-1	INAPPLICABLE
				250,551			1-31	DAY OF MONTH
SOURCE	36	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				56,930			1	SURVEY ONLY
				120,017			2	CLAIMS ONLY
				94,829			3	BOTH SURVEY & CLAIMS
SITCODE	37	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
				297			B	BOTH COMM & FACILITY
				232,082			C	COMMUNITY
				7,339			D	DEEMED COMMUNITY
				30,896			F	FACILITY
				1,162			G	DEEMED FACILITY
AMTTOT	38	9					N	TOTAL PAYMENT
IMPATOT	47	1	IMPFLAG				N	IMPUTATION FLAG: AMT TOTAL PAYMENT
				190,480			0	NOT IMPUTED
				81,296			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
				271,162			0	NOT IMPUTED

02/28/97
COST&USE
1993

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

Page: 136
Record Type: MPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					614		1	IMPUTED
IMPACARE	76	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					262,611		0	NOT IMPUTED
					9,165		1	IMPUTED
AMTCAID	77	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	86	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					249,617		0	NOT IMPUTED
					22,159		1	IMPUTED
IMPACAID	87	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					218,590		0	NOT IMPUTED
					53,186		1	IMPUTED
AMTHMOM	88	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	97	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					269,796		0	NOT IMPUTED
					1,980		1	IMPUTED
IMPAHMOM	98	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					266,741		0	NOT IMPUTED
					5,035		1	IMPUTED
AMTHMOP	99	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	108	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					269,315		0	NOT IMPUTED
					2,461		1	IMPUTED
IMPAHMOP	109	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					268,029		0	NOT IMPUTED
					3,747		1	IMPUTED
AMTVA	110	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	119	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					271,698		0	NOT IMPUTED
					78		1	IMPUTED
IMPAVA	120	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					271,055		0	NOT IMPUTED
					721		1	IMPUTED
AMTPRVE	121	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	130	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER

02/28/97
COST&USE
1993

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

Page: 137
CODEBOOK
Record Type: MPE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					251,883		0	NOT IMPUTED
					19,893		1	IMPUTED
IMPAPRVE	131	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					247,749		0	NOT IMPUTED
					24,027		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
					248,242		0	NOT IMPUTED
					23,534		1	IMPUTED
IMPAPRVI	142	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					244,117		0	NOT IMPUTED
					27,659		1	IMPUTED
AMTPRVU	143	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	152	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					269,271		0	NOT IMPUTED
					2,505		1	IMPUTED
IMPAPRVU	153	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					269,271		0	NOT IMPUTED
					2,505		1	IMPUTED
AMTOOP	154	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	163	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					227,462		0	NOT IMPUTED
					44,314		1	IMPUTED
IMPAOOP	164	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					210,612		0	NOT IMPUTED
					61,164		1	IMPUTED
AMTDISC	165	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	174	1	IMPFLAG				N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					265,281		0	NOT IMPUTED
					6,495		1	IMPUTED
IMPADISC	175	1	IMPFLAG				N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					263,067		0	NOT IMPUTED
					8,709		1	IMPUTED
AMTOTH	176	9					N	AMOUNT PAID BY OTHER SOURCES

02/28/97
COST&USE
1993

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

Page: 138
Record Type: MPE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPSOTH	185	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					270,803		0	NOT IMPUTED
					973		1	IMPUTED
IMPAOTH	186	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					268,104		0	NOT IMPUTED
					3,672		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
					120,101		.	
					331		-9	NOT ASCERTAINED
					424		-8	DK
					0		-7	REFUSED
					41,550		-1	INAPPLICABLE
					311		1	DENTIST/DENTAL PROVIDER
					83,212		2	MEDICAL DOCTOR
					286		3	AUDIOLOGIST
					5,508		4	CHIROPRACTOR
					278		5	CLINICAL SOCIAL WORKER
					33		6	DIETITIAN-NUTRITIONIST
					11		7	HEARING THERAPIST
					195		8	HOME HEALTH/HEALTH AIDE
					1		9	HOMEMAKER
					129		10	HOSPICE WORKER
					64		11	I.V. THERAPIST
					1,760		12	NURSE (RN)
					55		13	NURSE PRACTITIONER (LPN)
					11		14	NURSE'S AIDE
					175		15	OCCUPATIONAL THERAPIST (OT)
					2,389		16	OPTOMETRIST
					176		17	OSTEOPATH (DO)
					54		18	PARAMEDIC
					4,130		19	PHYSICAL THERAPIST (PT)
					105		20	PHYSICIAN'S ASSISTANT
					2,840		21	PODIATRIST (FOOT DOCTOR)
					1,632		22	PSYCHOLOGIST
					139		23	RESPIRATORY THERAPIST
					471		24	SOCIAL/CASE WORKER
					205		25	SPEECH THERAPIST
					896		26	THERAPIST (MENTAL HEALTH)
					894		27	X-RAY TECHNICIAN
					3,410		91	OTHER MEDICAL PROVIDER

02/28/97
COST&USE
1993

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

Page: 139
Record Type: MPE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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OMETYPE 234 2 OMETYPE

N TYPE OF OM EVENT

110,544
0
0
0
131,274
2,828
1,480
3,308
3,323
4,368
155
260
3,459
125
10,652

.
-9 NOT ASCERTAINED
-8 DK
-7 REFUSED
-1 INAPPLICABLE
1 EYEGLASSES
2 HEARING OR SPEECH DEVICE
3 ORTHOPEDIC
4 DIABETIC
5 AMBULANCE
6 PROSTHESIS
7 ALTERATION
8 OXYGEN
9 KIDNEY DIALYSIS
10 OTHER

ORTHTYPE 236 2 ORTHTYPE

N TYPE OF ORTHOPEDIC ITEM

118,818
0
0
0
149,650
437
257
157
36
452
1,895
74

.
-9 NOT ASCERTAINED
-8 DK
-7 REFUSED
-1 INAPPLICABLE
1 BRACES OR SUPPORTS
2 CANE
3 CORRECTIVE SHOES OR INSERTS
4 CRUTCHES
5 WALKER
6 WHEELCHAIR
91 OTHER

ALTRTYPE 238 2 ALTRTYPE

N TYPE OF ALTERATION

271,686
0
0
0
0
0
0
0
0
0
0
90

.
-9 NOT ASCERTAINED
-8 DK
-7 REFUSED
-1 INAPPLICABLE
1 ELEVATOR OR INCLINE CHAIR
2 HANDRAILS (OTHER THAN TUB)
3 RAMPS
4 TUB HANDRAILS
5 TUB SEAT
6 ANY CAR ALTERATION
91 OTHER

OTHRTYPE 240 2 OTHRTYPE

N TYPE OF OTHER OME

115,894

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02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE MPE ----- CODEBOOK
EVENT RIC MPE

Page: 140
Record Type: MPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-9	NOT ASCERTAINED
					0		-8	DK
					0		-7	REFUSED
					145,230		-1	INAPPLICABLE
					321		1	PORT./RAISED TOILET
					93		2	PORTABLE TUB SEAT
					116		3	SPECIAL CHAIR OR CUSHION
					934		4	HOSPITAL BED
					865		5	OSTOMY SUPPLIES
					4,023		6	DEPENDS (DIAPERS)
					553		7	BANDAGES,DRESSINGS,TAPE SUPP.
					3,747		91	OTHER

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE MPE ----- CODEBOOK
EVENT RIC MPE

Page: 141
Record Type: MPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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02/28/97
COST&USE
1993

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

Page: 142
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
					1,169		C000-C999	EVENT CREATED FROM CLAIM
					3,294		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					1,169			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					52		ER	EMERGENCY ROOM
					3,083		IP	INPATIENT
					40		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					119		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?
					4,038		0	EVENT NOT PROV BY HMO
					425		1	EVENT PROVIDED BY HMO
EVBEQY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					3		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,460		1-99	YEAR
EVBEQMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					3		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,460		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEQDD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					28		-8	DK
					0		-7	REFUSED
					14		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					4,421		1-31	DAY OF MONTH

02/28/97
COST&USE
1993

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

Page: 143
Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVENDYY	33	2	EVYY				N	EVENT END YEAR
				0			-9	NOT ASCERTAINED
				2			-8	DK
				0			-7	REFUSED
				68			-1	INAPPLICABLE
				4,393			1-99	YEAR
EVENDMM	35	2	EVMM				N	EVENT END MONTH
				0			-9	NOT ASCERTAINED
				3			-8	DK
				0			-7	REFUSED
				67			-1	INAPPLICABLE
				4,392			1-12	MONTH
				1			95	STILL IN PROGRESS
EVENDDD	37	2	EVDD				N	EVENT END YEAR
				0			-9	NOT ASCERTAINED
				23			-8	DK
				0			-7	REFUSED
				0			-5	MULTIPLE VISITS THIS MONTH
				68			-1	INAPPLICABLE
				4,372			1-31	DAY OF MONTH
SOURCE	39	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				288			1	SURVEY ONLY
				1,169			2	CLAIMS ONLY
				3,006			3	BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
				0			B	BOTH COMM & FACILITY
				3,748			C	COMMUNITY
				121			D	DEEMED COMMUNITY
				544			F	FACILITY
				50			G	DEEMED FACILITY
AMTTOT	41	9	MONYFMT				N	TOTAL PAYMENT
				4,463				AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N	IMPUTATION FLAG: TOTAL PAYMENT
				3,435			0	NOT IMPUTED
				1,028			1	IMPUTED
AMTCOV	51	9	MONYFMT				N	PORTION OF TOTAL PAY COV BY MEDICARE
				4,463				AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
				4,463				AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N	AMOUNT PAID BY MEDICARE

02/28/97
COST&USE
1993

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

Page: 144
CODEBOOK
Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					4,460		0	NOT IMPUTED
					3		1	IMPUTED
IMPACARE	79	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					4,399		0	NOT IMPUTED
					64		1	IMPUTED
AMTCAID	80	9	MONYFMT				N	AMOUNT PAID BY MEDICAID
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					4,159		0	NOT IMPUTED
					304		1	IMPUTED
IMPACAID	90	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					3,655		0	NOT IMPUTED
					808		1	IMPUTED
AMTHMOM	91	9	MONYFMT				N	AMOUNT PAID BY MEDICARE HMO
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					4,425		0	NOT IMPUTED
					38		1	IMPUTED
IMPAHMOM	101	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					4,379		0	NOT IMPUTED
					84		1	IMPUTED
AMTHMOP	102	9	MONYFMT				N	AMOUNT PAID BY PRIVATE HMO
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					4,430		0	NOT IMPUTED
					33		1	IMPUTED
IMPAHMOP	112	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					4,393		0	NOT IMPUTED
					70		1	IMPUTED
AMTVA	113	9	MONYFMT				N	AMOUNT PAID BY VETERANS ADM
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM

02/28/97
COST&USE
1993

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

Page: 145
Record Type: IPE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4,456		0	NOT IMPUTED
					7		1	IMPUTED
IMPAVA	123	1		IMPFLAG			N	IMPUTATION FLAG: AMT VETERANS ADM
					4,432		0	NOT IMPUTED
					31		1	IMPUTED
AMTPRVE	124	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVE	133	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					4,178		0	NOT IMPUTED
					285		1	IMPUTED
IMPAPRVE	134	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					4,091		0	NOT IMPUTED
					372		1	IMPUTED
AMTPRVI	135	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVI	144	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					4,114		0	NOT IMPUTED
					349		1	IMPUTED
IMPAPRVI	145	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					4,020		0	NOT IMPUTED
					443		1	IMPUTED
AMTPRVU	146	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVU	155	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					4,421		0	NOT IMPUTED
					42		1	IMPUTED
IMPAPRVU	156	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					4,421		0	NOT IMPUTED
					42		1	IMPUTED
AMTOOP	157	9		MONYFMT			N	AMOUNT PAID BY PERSON/FAMILY
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					3,906		0	NOT IMPUTED
					557		1	IMPUTED

02/28/97
COST&USE
1993

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

Page: 146
Record Type: IPE
CODEBOOK

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPA00P	167	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					3,776		0	NOT IMPUTED
					687		1	IMPUTED
AMTDISC	168	9		MONYFMT			N	AMOUNT OF UNCOLLECTED LIABILITIES
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					4,295		0	NOT IMPUTED
					168		1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					4,260		0	NOT IMPUTED
					203		1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
					4,463			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					4,439		0	NOT IMPUTED
					24		1	IMPUTED
IMPA0TH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					4,411		0	NOT IMPUTED
					52		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

02/28/97
COST&USE
1993

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

Page: 147
Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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02/28/97
COST&USE
1993

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

Page: 148
Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE IUE ----- CODEBOOK
EVENT RIC IUE

Page: 149
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
					625		C000-C999	EVENT CREATED FROM CLAIM
					214		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					625			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					0		ER	EMERGENCY ROOM
					47		IP	INPATIENT
					167		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?
					769		0	EVENT NOT PROV BY HMO
					70		1	EVENT PROVIDED BY HMO
EVBEYY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					1		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					838		1-99	YEAR
EVBEGLMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					2		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					837		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGLDD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					6		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					833		1-31	DAY OF MONTH

02/28/97
COST&USE
1993

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

Page: 150
Record Type: IUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVENDYY	33	2	EVYY				N	EVENT END YEAR
				0			-9	NOT ASCERTAINED
				7			-8	DK
				0			-7	REFUSED
				0			-1	INAPPLICABLE
				832			1-99	YEAR
EVENDMM	35	2	EVMM				N	EVENT END MONTH
				0			-9	NOT ASCERTAINED
				9			-8	DK
				0			-7	REFUSED
				0			-1	INAPPLICABLE
				830			1-12	MONTH
				0			95	STILL IN PROGRESS
EVENDDD	37	2	EVDD				N	EVENT END YEAR
				0			-9	NOT ASCERTAINED
				15			-8	DK
				0			-7	REFUSED
				0			-5	MULTIPLE VISITS THIS MONTH
				0			-1	INAPPLICABLE
				824			1-31	DAY OF MONTH
SOURCE	39	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				82			1	SURVEY ONLY
				625			2	CLAIMS ONLY
				132			3	BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
				305			C	COMMUNITY
				9			D	DEEMED COMMUNITY
				518			F	FACILITY
				7			G	DEEMED FACILITY
AMTTOT	41	9	MONYFMT				N	TOTAL PAYMENT
				839				AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N	IMPUTATION FLAG: TOTAL PAYMENT
				523			0	NOT IMPUTED
				316			1	IMPUTED
AMTCOV	51	9	MONYFMT				N	PORTION OF TOTAL PAY COV BY MEDICARE
				839				AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
				839				AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N	AMOUNT PAID BY MEDICARE
				839				AMOUNT AS \$\$\$\$\$\$.CC

02/28/97
COST&USE
1993

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

Page: 151
Record Type: IUE
CODEBOOK

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPSCARE	78	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					839		0	NOT IMPUTED
					0		1	IMPUTED
IMPACARE	79	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					838		0	NOT IMPUTED
					1		1	IMPUTED
AMTCAID	80	9	MONYFMT				N	AMOUNT PAID BY MEDICAID
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					817		0	NOT IMPUTED
					22		1	IMPUTED
IMPACAID	90	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					582		0	NOT IMPUTED
					257		1	IMPUTED
AMTHMOM	91	9	MONYFMT				N	AMOUNT PAID BY MEDICARE HMO
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					826		0	NOT IMPUTED
					13		1	IMPUTED
IMPAHMOM	101	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					823		0	NOT IMPUTED
					16		1	IMPUTED
AMTHMOP	102	9	MONYFMT				N	AMOUNT PAID BY PRIVATE HMO
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					835		0	NOT IMPUTED
					4		1	IMPUTED
IMPAHMOP	112	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					834		0	NOT IMPUTED
					5		1	IMPUTED
AMTVA	113	9	MONYFMT				N	AMOUNT PAID BY VETERANS ADM
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM

02/28/97
COST&USE
1993

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

Page: 152
Record Type: IUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					837		0	NOT IMPUTED
					2		1	IMPUTED
IMPAVA	123	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					836		0	NOT IMPUTED
					3		1	IMPUTED
AMTPRVE	124	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVE	133	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					806		0	NOT IMPUTED
					33		1	IMPUTED
IMPAPRVE	134	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					806		0	NOT IMPUTED
					33		1	IMPUTED
AMTPRVI	135	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVI	144	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					788		0	NOT IMPUTED
					51		1	IMPUTED
IMPAPRVI	145	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					786		0	NOT IMPUTED
					53		1	IMPUTED
AMTPRVU	146	9	MONYFMT				N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVU	155	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					794		0	NOT IMPUTED
					45		1	IMPUTED
IMPAPRVU	156	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					794		0	NOT IMPUTED
					45		1	IMPUTED
AMTOOP	157	9	MONYFMT				N	AMOUNT PAID BY PERSON/FAMILY
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					777		0	NOT IMPUTED
					62		1	IMPUTED

02/28/97
COST&USE
1993

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

Page: 153
Record Type: IUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPA00P	167	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					688		0	NOT IMPUTED
					151		1	IMPUTED
AMTDISC	168	9		MONYFMT			N	AMOUNT OF UNCOLLECTED LIABILITIES
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					818		0	NOT IMPUTED
					21		1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					804		0	NOT IMPUTED
					35		1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
					839			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					836		0	NOT IMPUTED
					3		1	IMPUTED
IMPA0TH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					836		0	NOT IMPUTED
					3		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

MEDICARE CURRENT BENEFICIARY SURVEY
 RECORD IDENTIFICATION CODE IUE ----- CODEBOOK
 EVENT RIC IUE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE OPE ----- CODEBOOK
EVENT RIC OPE

Page: 155
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					C	UNIQUE EVENT IDENTIFIER
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					16,387			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					2,295		ER	EMERGENCY ROOM
					758		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					4,468		MP	MEDICAL PROVIDER
					583		OM	OTHER MEDICAL EXPENSE
					16,444		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					162		SD	SEP BILLING DOCTOR
					814		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					38,741		0	EVENT NOT PROV BY HMO
					3,170		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
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					10		-8	DK
					0		-7	REFUSED
					162		-1	INAPPLICABLE
					41,738		1-99	YEAR
EVBE GMM	41	2	EVMM				N	EVENT BEGIN MONTH
					0		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					59		-8	DK
					0		-7	REFUSED
					162		-1	INAPPLICABLE
					41,684		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBE GDD	43	2	EVDD				N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					1,524		-8	DK
					1		-7	REFUSED
					6,580		-5	MULTIPLE VISITS THIS MONTH

02/28/97
COST&USE
1993

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

Page: 156
CODEBOOK
Record Type: OPE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					162		-1	INAPPLICABLE
					33,637		1-31	DAY OF MONTH
SOURCE	45	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					8,533		1	SURVEY ONLY
					16,387		2	CLAIMS ONLY
					16,991		3	BOTH SURVEY & CLAIMS
SITCODE	46	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					14		B	BOTH COMM & FACILITY
					36,181		C	COMMUNITY
					1,014		D	DEEMED COMMUNITY
					4,599		F	FACILITY
					103		G	DEEMED FACILITY
AMTTOT	47	9					N	TOTAL PAYMENT
IMPATOT	56	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					28,633		0	NOT IMPUTED
					13,278		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
					41,856		0	NOT IMPUTED
					55		1	IMPUTED
IMPACARE	85	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					40,247		0	NOT IMPUTED
					1,664		1	IMPUTED
AMTCAID	86	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	95	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					38,513		0	NOT IMPUTED
					3,398		1	IMPUTED
IMPACAID	96	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					33,561		0	NOT IMPUTED
					8,350		1	IMPUTED
AMTHMOM	97	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	106	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE HMO
					41,700		0	NOT IMPUTED
					211		1	IMPUTED
IMPAHMOM	107	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE HMO
					41,081		0	NOT IMPUTED

02/28/97
COST&USE
1993

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

Page: 157
Record Type: OPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					830		1	IMPUTED
AMTHMOP	108	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	117	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					41,654		0	NOT IMPUTED
					257		1	IMPUTED
IMPAHMOP	118	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					41,397		0	NOT IMPUTED
					514		1	IMPUTED
AMTVA	119	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					41,838		0	NOT IMPUTED
					73		1	IMPUTED
IMPAVA	129	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					41,053		0	NOT IMPUTED
					858		1	IMPUTED
AMTPRVE	130	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSRVE	139	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					38,644		0	NOT IMPUTED
					3,267		1	IMPUTED
IMPAPRVE	140	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					37,977		0	NOT IMPUTED
					3,934		1	IMPUTED
AMTPRVI	141	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSRVI	150	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					38,941		0	NOT IMPUTED
					2,970		1	IMPUTED
IMPAPRVI	151	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					38,227		0	NOT IMPUTED
					3,684		1	IMPUTED
AMTPRVU	152	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSRVU	161	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					41,563		0	NOT IMPUTED
					348		1	IMPUTED
IMPAPRVU	162	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					41,563		0	NOT IMPUTED
					348		1	IMPUTED

02/28/97
COST&USE
1993

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

Page: 158
Record Type: OPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTOOP	163	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	172	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					36,345		0	NOT IMPUTED
					5,566		1	IMPUTED
IMPAOOP	173	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					34,787		0	NOT IMPUTED
					7,124		1	IMPUTED
AMTDISC	174	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1	IMPFLAG				N	IMPUTATION FLAG: SOP UNCOLL LIAB
					40,717		0	NOT IMPUTED
					1,194		1	IMPUTED
IMPADISC	184	1	IMPFLAG				N	IMPUTATION FLAG: AMT UNCOLL LIAB
					40,449		0	NOT IMPUTED
					1,462		1	IMPUTED
AMTOTH	185	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1	IMPFLAG				N	IMPUTATION FLAG: SOP OTHER SOURCES
					41,535		0	NOT IMPUTED
					376		1	IMPUTED
IMPAOTH	195	1	IMPFLAG				N	IMPUTATION FLAG: AMT OTHER SOURCES
					40,920		0	NOT IMPUTED
					991		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

02/28/97
COST&USE
1993

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

Page: 159
CODEBOOK Record Type: PME

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RECORD IDENTIFICATION NUMBER
FILEYR	2	2	\$YRFMT		194,652		C	FILE YEAR
							C3	CALENDAR YEAR 1993
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
TYPE	12	2	\$TYPFMT		194,652		C	EVENT TYPE-PRESCRIBED MED
							PM	PRESCRIBED MEDICINE
CORF	14	1	\$CFFMT		194,652		C	COMMUNITY OR FACILITY
					0		C	COMMUNITY
							F	FACILITY
SUMTOT	15	9	MONYFMT		194,652		N	TOTAL EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMCARE	24	9	MONYFMT		194,652		N	MEDICARE EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMCAID	33	9	MONYFMT		194,652		N	MEDICAID EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMPHMO	42	9	MONYFMT		194,652		N	HMO EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMMHMO	51	9	MONYFMT		194,652		N	MEDICARE HMO EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMVA	60	9	MONYFMT		194,652		N	VA EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMPRVE	69	9	MONYFMT		194,652		N	EMPL.SPONS.INS. EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMPRVI	78	9	MONYFMT		194,652		N	IND.PURCH.INS. EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMUNK	87	9	MONYFMT		194,652		N	UNKNOWN EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMOOP	96	9	MONYFMT		194,652		N	OUT OF POCKET EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
SUMDISC	105	9	MONYFMT				N	DISCOUNTS

02/28/97
COST&USE
1993

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

Page: 160
Record Type: PME

Variable Co1 Len Fmt Name Frequency Ques #

Ty Label

				194,652		AMOUNT AS \$\$\$\$\$\$.CC
SUMOTH	114	9	MONYFMT		N	OTHER EXPENDITURES
				194,652		AMOUNT AS \$\$\$\$\$\$.CC
DRUGNAME	123	30			C	PRESCRIBED MEDICINE NAME
PMFORM	153	2	\$FORMFMT		C	PRES. MED FORM
			28,359			NOT ASCERTAINED
			0	-1		NOT ASCERTAINED
			136,701	1		PILL
			2,247	10		PATCH/PAD
			91	11		TOPICAL GEL/JELLY
			757	12		POWDER
			10,807	2		LIQUID
			3,854	3		DROPS
			3,989	4		TOPICAL OINTMENT
			324	5		SUPPOSITORY
			4,746	6		INHALANT/AEROSOL SPRAY
			90	7		SHAMPOO, SOAP
			1,551	8		INJECTION
			92	9		I.V.
			1,044	91		OTHER
STRNUNI1	155	2	\$STRNFMT		C	UNIT OF STRENGTH
			25,823			MISSING
			9,249	-8		DONT KNOW
			39,017	-9		NOT ASCERTAINED
			670	1		MICROGRAMS
			116,509	2		MILLIGRAMS
			233	3		GRAINS
			2,733	4		MILLIEQUIVALENTS (MEQ)
			345	5		GRAMS (GM,G)
			73	91		OTHER
STRNNUM1	157	10	STRNFMT		N	NUMBER OF UNITS
			25,823	.		MISSING
			48,275	-9		NOT ASCERTAINED
			1,061	-8		DONT KNOW
			13,322	0		ZERO
			106,171	1E-6-1000000		NUMBER OF UNITS OF STRENGTH
STRNUNI2	167	2	\$STRNFMT		C	UNIT OF STRENGTH/2ND COMB
			194,652			MISSING
			0	-8		DONT KNOW
			0	-9		NOT ASCERTAINED
			0	1		MICROGRAMS
			0	2		MILLIGRAMS
			0	3		GRAINS
			0	4		MILLIEQUIVALENTS (MEQ)

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME ----- CODEBOOK
EVENT RIC PME

Page: 161
Record Type: PME

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		5	GRAMS (GM,G)
					0		91	OTHER
STRNNUM2	169	10	STRNFMT				N	NUMBER OF UNITS/2ND COMB
					194,652		.	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
					25,823		.	MISSING
					39,020		-9	NOT ASCERTAINED
					2,463		-8	DONT KNOW
					127,346		1-999	NUMBER OF TABS IN CONTAINER
SUPPNUM	187	8	SUPPFMT				N	NUMBER OF SUPPOSITORIES
					32,955		.	MISSING OR INAPPLICABLE
					161,594		-9	NOT ASCERTAINED
					6		-8	DONT KNOW
					97		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
					25,823		.	MISSING
					157,108		-9	NOT ASCERTAINED
					188		-8	DONT KNOW
					11,533	0.01-1000000		NUMBER OF UNITS IN CONTAINER
AMTUNIT	205	2	\$AMTFMT				C	AMOUNT UNIT
					25,823			MISSING
					3,121		-8	DONT KNOW
					153,913		-9	NOT ASCERTAINED
					610		1	OUNCES
					4,266		2	GRAMS
					5,492		3	MILLILITERS(ML,CC)
					74		4	MILLIEQUIVALENTS (MEQ)
					645		5	MILLIGRAMS (MG,MGM)
					365		6	MICROGRAMS (MCG)
					343		91	OTHER
IMPDF	207	10					C	IMPUTED DOSAGE FORM
IMPSTNG	217	10					C	IMPUTED STRENGTH
IMAMTNUM	227	10	AMTFMT				N	IMPUTED AMOUNT OF RX

02/28/97
COST&USE
1993

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

Page: 162
Record Type: PME

Variable Col Len Fmt Name Frequency Ques #

Ty Label

0 . MISSING
0 -9 NOT ASCERTAINED
0 -8 DONT KNOW
194,652 0.01-1000000 NUMBER OF UNITS IN CONTAINER

THERCC 237 2 \$THERFMT

C F.D.B. GENERIC THER.CLASS

11,242	UN UNCLASSIFIED DRUG PRODUCTS
7,019	02 ANALGESICS
54	05 ANESTETICS
33	08 ANTI-OBESITY DRUGS
9,421	11 ANTIARTHRITICS
7,056	14 ANTIASHTHMATICS
1,556	17 ANTIHISTAMINES
6,614	20 ANTIINFECTIVES
2,314	23 ANTIINFECTIVES, MISCELLANEOUS
1,982	26 ANTINEOPLASTICS
2,176	29 ANTIPARKINSON DRUGS
6,705	32 AUTONOMIC DRUGS
3,592	35 BLOOD
31,561	38 CARDIAC DRUGS
18,664	41 CARDIOVASCULAR
3,314	44 CNS DRUGS
103	47 CONTRACEPTIVES
2,251	50 COUGH AND COLD PREPARATIONS
37	53 DIAGNOSTIC
15,522	56 DIURETICS
5,995	59 ELECTROLYTE, CALORIC & FLIUD REP.
6,226	62 EENT PREPARATIONS
12,617	65 GASTROINTESTINAL PREPARATIONS
7,604	68 HORMONES
4,801	71 HYPOGLYCEMICS
113	74 MISC MEDICAL SUPP.,DEVICES & OTH.
1,315	77 MUSCLE RELAXANTS
15,248	80 PSYCHOTHERAPEUTIC DRUGS
2,426	83 SEDATIVE AND HYPNOTICS
2,243	86 SKIN PREPARATIONS
3,827	89 THYROID PREPS
38	92 BIOLOGICALS
15	94 PRE-NATAL VITAMINS
834	95 VITAMINS, ALL OTHERS
134	99 UNCLASSIFIED DRUG PRODUCTS

OTCLEG 239 1 \$OTCFMT

C OTC/LEGEND INDICATOR

194,652 F FEDERAL OR LEGEND DRUG
0 OTC DRUG

02/28/97
COST&USE
1993

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

Page: 163
Record Type: PME

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ISOPCARE	240	1	\$IMPFMT				C	IMPUTED MEDICARE PAYOR
					194,465		0	NOT IMPUTED
					187		1	IMPUTED
ISOPCAID	241	1	\$IMPFMT				C	IMPUTED MEDICAID PAYOR
					186,057		0	NOT IMPUTED
					8,595		1	IMPUTED
ISOPPHMO	242	1	\$IMPFMT				C	IMPUTED HMO PAYOR
					182,905		0	NOT IMPUTED
					11,747		1	IMPUTED
ISOPMHMO	243	1	\$IMPFMT				C	IMPUTED MEDICARE HMO PAYOR
					193,025		0	NOT IMPUTED
					1,627		1	IMPUTED
ISOPVA	244	1	\$IMPFMT				C	IMPUTED VA PAYOR
					192,161		0	NOT IMPUTED
					2,491		1	IMPUTED
ISOPPRVE	245	1	\$IMPFMT				C	IMPUTED EMP.SPONS.INS. PAYOR
					183,193		0	NOT IMPUTED
					11,459		1	IMPUTED
ISOPPRVI	246	1	\$IMPFMT				C	IMPUTED IND.PURCH.INS. PAYOR
					191,667		0	NOT IMPUTED
					2,985		1	IMPUTED
ISOPUNK	247	1	\$IMPFMT				C	IMPUTED UNKNOWN PAYOR
					194,652		0	NOT IMPUTED
					0		1	IMPUTED
ISOPOOP	248	1	\$IMPFMT				C	IMPUTED OUT OF POCK. PAYOR
					147,590		0	NOT IMPUTED
					47,062		1	IMPUTED
ISOPDISC	249	1	\$IMPFMT				C	IMPUTED DISCOUNT
					103,563		0	NOT IMPUTED
					91,089		1	IMPUTED
ISOPOTH	250	1	\$IMPFMT				C	IMPUTED OTHER PAYOR
					189,230		0	NOT IMPUTED
					5,422		1	IMPUTED
IAMTTOT	251	1	\$IMPFMT				C	IMPUTED TOTAL AMT
					142,648		0	NOT IMPUTED

02/28/97
COST&USE
1993

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

Page: 164
Record Type: PME

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					52,004		1	IMPUTED
IAMTCARE	252	1	\$IMPFMT				C	IMPUTED MEDICARE AMT
					194,465		0	NOT IMPUTED
					187		1	IMPUTED
IAMTCAID	253	1	\$IMPFMT				C	IMPUTED MEDICAID AMT
					159,591		0	NOT IMPUTED
					35,061		1	IMPUTED
IAMTPHMO	254	1	\$IMPFMT				C	IMPUTED HMO AMT
					177,729		0	NOT IMPUTED
					16,923		1	IMPUTED
IAMTMHMO	255	1	\$IMPFMT				C	IMPUTED MEDICARE HMO AMT
					190,970		0	NOT IMPUTED
					3,682		1	IMPUTED
IAMTVA	256	1	\$IMPFMT				C	IMPUTED VA AMT
					188,748		0	NOT IMPUTED
					5,904		1	IMPUTED
IAMTPRVE	257	1	\$IMPFMT				C	IMPUTED EMP.SPONS.INS. AMT
					172,392		0	NOT IMPUTED
					22,260		1	IMPUTED
IAMTPRVI	258	1	\$IMPFMT				C	IMPUTED IND.PURCH.INS. AMT
					189,916		0	NOT IMPUTED
					4,736		1	IMPUTED
IAMTUNK	259	1	\$IMPFMT				C	IMPUTED UNKNOWN AMT
					194,652		0	NOT IMPUTED
					0		1	IMPUTED
IAMTOOP	260	1	\$IMPFMT				C	IMPUTED OUT OF POCK. AMT
					132,886		0	NOT IMPUTED
					61,766		1	IMPUTED
IAMTDISC	261	1	\$IMPFMT				C	IMPUTED DISCOUNT AMT
					102,456		0	NOT IMPUTED
					92,196		1	IMPUTED
IAMTOTH	262	1	\$IMPFMT				C	IMPUTED OTHER AMT
					183,772		0	NOT IMPUTED

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PME ----- CODEBOOK
EVENT RIC PME

Page: 165
Record Type: PME

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					10,880		1	IMPUTED

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE SS -----
SERVICE SUMMARY RECORD

Page: 166
CODEBOOK Record Type: SS

Variable	Col	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
					12,330		DU	DENTAL
					12,330		FA	FACILITY
					12,330		HH	HOME HEALTH
					12,330		HP	HOSPICE
					12,330		IP	INPATIENT
					12,330		IU	INSTITUTIONAL UTILIZATION
					12,330		MP	MEDICAL PROVIDER
					12,330		OP	OUTPATIENT
					12,330		PM	PRESCRIBED MEDICINE
AAMTTOT	15	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF TOTAL EXPENDITURES
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCARE	24	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICARE
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCAID	33	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICAID
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOM	42	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF MCARE HMO
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOP	51	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV HMO
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTVVA	60	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF VA
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVE	69	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVI	78	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS INDV
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVU	87	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTOOP	96	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF OOP
					110,970			AMOUNT AS \$\$\$\$\$\$.CC
AAMTDISC	105	9	MONYFMT				N	TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABLTY
					110,970			AMOUNT AS \$\$\$\$\$\$.CC

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE SS -----
SERVICE SUMMARY RECORD

Page: 167
CODEBOOK Record Type: SS

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AAMTOTH	114	9	MONYFMT		110,970		N	TOS LEVEL: ADJ SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC
AEVENTS	123	4					N	TOS LEVEL: ADJ COUNT OF EVENTS
SAMTTOT	127	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF TOTAL EXPENDITURES AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	136	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF MEDICARE AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	145	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF MEDICAID AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	154	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF MCARE HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	163	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF PRIV HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	172	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	181	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF PRV INS EMPLOYER AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	190	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF PRIV INS INDV AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	199	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF PRV INS UNKNOWN AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	208	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF OOP AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	217	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF UNCOLLECTED LIABILITY AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	226	9	MONYFMT		110,970		N	TOS LEVEL: SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	235	4					N	TOS LEVEL: COUNT OF EVENTS

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE SS -----
SERVICE SUMMARY RECORD

Page: 168
CODEBOOK Record Type: SS

Variable Col Len Fmt Name Frequency Ques #

Ty Label

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY RECORD

Page: 169
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	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR DU AMOUNT AS \$\$\$\$\$\$.CC
PAMTHH	22	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR HH AMOUNT AS \$\$\$\$\$\$.CC
PAMTHP	31	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR HP AMOUNT AS \$\$\$\$\$\$.CC
PAMTIP	40	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR IP AMOUNT AS \$\$\$\$\$\$.CC
PAMTIU	49	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR IU AMOUNT AS \$\$\$\$\$\$.CC
PAMTMP	58	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR MP AMOUNT AS \$\$\$\$\$\$.CC
PAMTOP	67	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR OP AMOUNT AS \$\$\$\$\$\$.CC
PAMTPM	76	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR PM AMOUNT AS \$\$\$\$\$\$.CC
PAMTFA	85	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM FOR FA AMOUNT AS \$\$\$\$\$\$.CC
DUAEVNTS	94	4	EVENTFMT		12,330		N	ADJ NUMBER OF DU EVENTS 0-9999 AMOUNT AS ####
HHAEVNTS	98	4	EVENTFMT		12,330		N	ADJ NUMBER OF HH EVENTS 0-9999 AMOUNT AS ####
HPAEVNTS	102	4	EVENTFMT		12,330		N	ADJ NUMBER OF HP EVENTS 0-9999 AMOUNT AS ####
IPAEVNTS	106	4	EVENTFMT		12,330		N	ADJ NUMBER OF IP EVENTS 0-9999 AMOUNT AS ####
IUAEVNTS	110	4	EVENTFMT		12,330		N	ADJ NUMBER OF IU EVENTS 0-9999 AMOUNT AS ####

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY RECORD

Page: 170
CODEBOOK Record Type: PS

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
MPAEVNTS	114	4	EVENTFMT		12,330		N	ADJ NUMBER OF MP EVENTS
							0-9999	AMOUNT AS ####
OPAEVNTS	118	4	EVENTFMT		12,330		N	ADJ NUMBER OF OP EVENTS
							0-9999	AMOUNT AS ####
PMAEVNTS	122	4	EVENTFMT		12,330		N	ADJ NUMBER OF PM EVENTS
							0-9999	AMOUNT AS ####
FAAEVNTS	126	4	EVENTFMT		12,330		N	ADJ NUMBER OF FA EVENTS
							0-9999	AMOUNT AS ####
PAMTTOT	130	9	MONEYFMT		12,330		N	PERSON LEVEL: ADJ SUM TOTAL EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTCAID	139	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF MEDICAID
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTCARE	148	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF MEDICARE
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTDISC	157	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABLT
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTHMOM	166	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF MCARE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTHMOP	175	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF PRIV HMO
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTOOP	184	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF OOP
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTOTH	193	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF OTHER
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVE	202	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVI	211	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF PRIV INS INDV
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVU	220	9	MONEYFMT		12,330		N	TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
								AMOUNT AS \$\$\$\$\$\$.CC

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY RECORD

Page: 171
CODEBOOK Record Type: PS

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PAMTVA	229	9	MONEYFMT				N	TOS LEVEL: ADJ SUM OF VA
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
PEVENTS	238	4	EVENTFMT				N	TOS LEVEL: ADJ COUNT OF EVENTS
					12,330		0-9999	AMOUNT AS ####
SAMTTOT	242	9	MONEYFMT				N	PERSON LEVEL: SUM OF TOTAL EXPENDITURES
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	251	9	MONEYFMT				N	TOS LEVEL: SUM OF MEDICAID
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	260	9	MONEYFMT				N	TOS LEVEL: SUM OF MEDICARE
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	269	9	MONEYFMT				N	TOS LEVEL: SUM OF UNCOLLECTED LIABILITY
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	278	9	MONEYFMT				N	TOS LEVEL: SUM OF MCARE HMO
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	287	9	MONEYFMT				N	TOS LEVEL: SUM OF PRIV HMO
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	296	9	MONEYFMT				N	TOS LEVEL: SUM OF OOP
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	305	9	MONEYFMT				N	TOS LEVEL: SUM OF OTHER
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	314	9	MONEYFMT				N	TOS LEVEL: SUM OF PRV INS EMPLOYER
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	323	9	MONEYFMT				N	TOS LEVEL: SUM OF PRIV INS INDV
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	332	9	MONEYFMT				N	TOS LEVEL: SUM OF PRV INS UNKNOWN
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	341	9	MONEYFMT				N	TOS LEVEL: SUM OF VA
					12,330			AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	350	4	EVENTFMT				N	TOS LEVEL: COUNT OF EVENTS
					12,330		0-9999	AMOUNT AS ####

02/28/97
COST&USE
1993

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE PS -----
PERSON SUMMARY RECORD

Page: 172
CODEBOOK Record Type: PS

Variable Col Len Fmt Name Frequency Ques #

Ty Label
