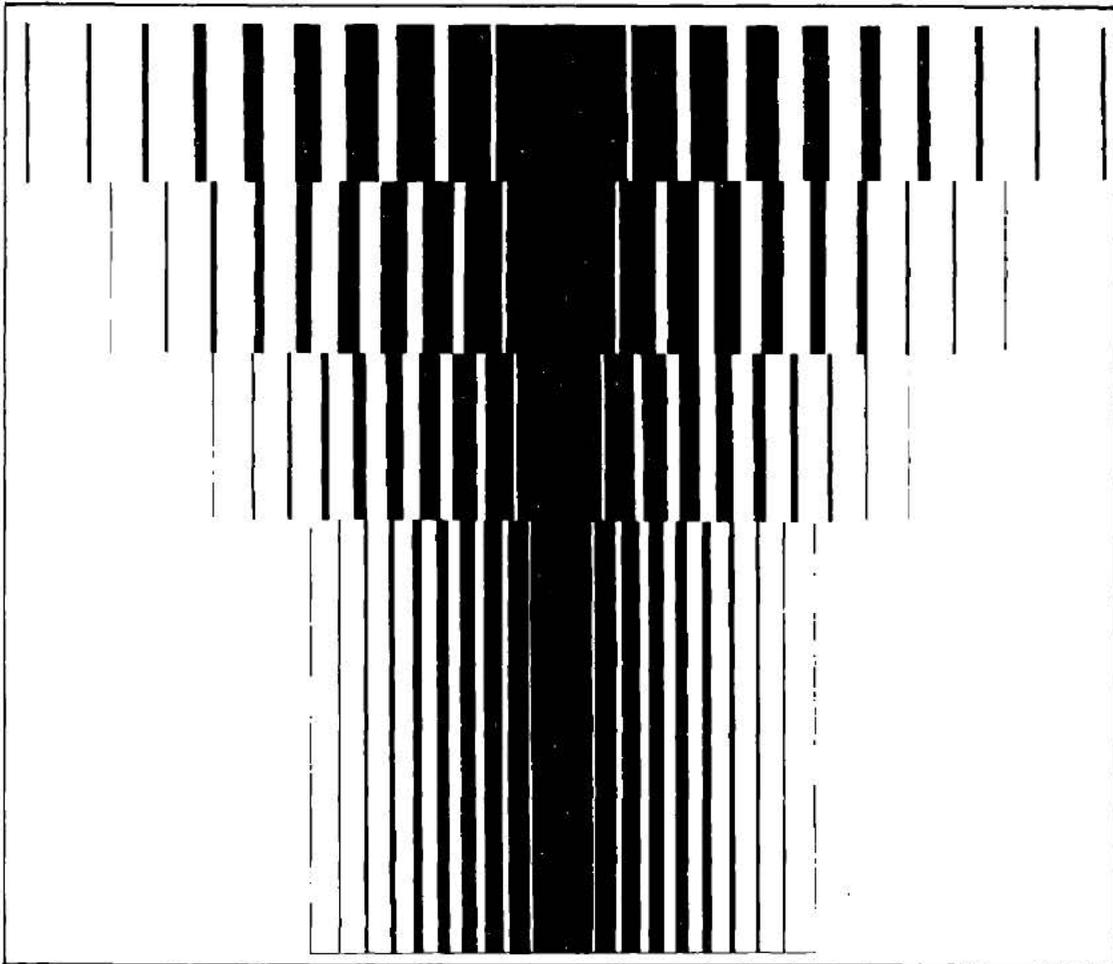


# Public Use Data Tape Documentation

National Medical Care  
Utilization and  
Expenditure Survey, 1980



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
National Center for Health Statistics

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## 1.0 INTRODUCTION

### 1.1 Background

The National Medical Care Utilization and Expenditure Survey (NMCUES) was a comprehensive data collection and data processing effort sponsored jointly by the National Center for Health Statistics (NCHS) and the Health Care Financing Administration (HCFA). The NMCUES survey contract was performed by Research Triangle Institute (RTI) and its two subcontractors, National Opinion Research Center (NORC), and Systemetrics, Inc., (SMI) beginning September of 1979. All project work is scheduled for completion by September 30, 1983.

NMCUES was designed to produce a database of detailed information on this country's health status, patterns of health care utilization, charges for services received, and methods of payment. The survey consisted of three components: the National Household Survey (NHS), the State Medicaid Household Survey (SMHS), and the Administrative Records Survey (ARS).

### 1.2 Overview of NMCUES

The National Household Survey was based on a sample selected to represent the civilian, noninstitutionalized population of the United States. Repeat interviews were conducted with the initial panel of 6,600 responding households at approximately twelve-week intervals beginning in early 1980 and ending in mid-1981. The State Medicaid Household Survey, conducted concurrently with the National Household Survey, involved a sample of approximately 1,000 Medicaid households in each of four states--California, Michigan, New York, and Texas. The third component of NMCUES, the Administrative Records Survey, began in January 1980 and will be completed in September 1983. This task involved verification of Medicaid and Medicare eligibility reported by survey participants, matching Medicaid claims data to survey data reported by the State Medicaid Household Survey respondents, and "best estimation" of charge and payment variables.

The NMCUES Public Use Files contain respondent data from the National Household Survey (NHS) only, including utilization, expenditures, conditions, disabilities and demographic data. Claims data from the Administrative Records Survey (ARS) are not included. However, ARS data

on Medicaid and Medicare eligibility were used to construct coverage variables for these two programs. All subsequent discussions of survey methodology pertain to the HHS phase of NMCUES.

## 2.0 SURVEY METHODOLOGY

### 2.1 Sample Design

The sampling design developed for NMCUES can be characterized as a stratified, four-stage, area probability design from two independently drawn national area samples. Except for difficulties associated with nonsampling errors, statistically consistent national and domain estimates can be produced.

The essential ingredient of the design was that each sample observation had a known, nonzero selection probability. National general purpose area samples of the Research Triangle Institute (RTI) and the National Opinion Research Center (NORC) were used in NMCUES. The structures of both national samples were similar and thereby generally compatible. The first stage consisted of primary sampling units (PSUs) which are counties, parts of counties, or groups of contiguous counties. The second stage consisted of secondary sampling units (SSUs) which are Census enumeration districts (EDs) or block groups (BGs). Smaller area segments constituted the third stage of both designs. Combined stage-specific sample sizes over the two designs were 135 PSUs (covering 108 separate primary areas), 809 SSUs, and 809 segments.

During the first round of data collection, 6,600 housing units responded. From these responding housing units, more than 7,200 eligible Reporting Units (RUs) were identified during household enumeration at Round 1. For purposes of the HHS, an RU was defined as an individual or a group of persons related to each other by blood, marriage, adoption or foster parent/child relationship, whose usual residence was the assigned sample housing unit at the time of enumeration.

The RTI and NORC primary-, secondary-, and tertiary-stage general purpose samples are described in detail in a report on the NMCUES sample design.<sup>1/</sup>

### 2.2 Variance Estimation

NMCUES used the complex stratified multistage probability sample design described above. While such sample designs allow economical data collection, they complicate data analysis since most standard statistical procedures implicitly assume simple random sampling from an infinite population. Variance estimates which do not account for the sample design

may seriously underestimate the true variance in the presence of clustering and unequal probability selections.

Appropriate variance estimates can be produced using the Pseudo Stratum (Variable P7) and Pseudo Replicate (Variable P9) codes. These two codes generally identify the strata and primary sampling units, respectively, used in selecting the sample. There are 69 strata with two replicates each on the files.

A common assumption for estimating variances from a complex survey is to assume sampling with replacement of the primary sampling units (pseudo replicates for NMCUES). This will produce slightly conservative variance estimates for statistics which are linear functions of the data (e.g., a population total). For a nonlinear statistic (e.g., a population mean), a Taylor series linearization can be applied and the same variance formula as for a linear statistic can be used. Alternatively, the balance repeated replication method or the jackknife method can be used for nonlinear statistics. All of these approaches are discussed and estimation formulas given in most standard sampling texts such as Cochran's (1977).<sup>2/</sup>

### 2.3 Data Collection

The five rounds of data collection which began in February 1980 included two personal interviews, two telephone interviews, and a final personal interview. Interviewers were provided with information from the preceding interview on two computer-generated documents, a Control Card and a Summary. The Control Card, basically an assignment document, provided the interviewer with identification and location information as well as demographic data on each person in the household. Computer-generated Summaries of previously reported medical care visits and expenditures were sent to each household and to the interviewer prior to the beginning of each data collection round. The Summaries gave the respondents a chance to review data reported in previous interviews and to add, delete, or change incorrect or incomplete data.

Survey participants were given a specially designed calendar/diary at the conclusion of their Round 1 interview and were asked to keep records on pertinent data about medical events and costs in preparation for subsequent rounds of interviewing.

The data collection procedures and instruments required for each survey round are presented and described in a separate report published by the National Center for Health Statistics.<sup>3/</sup> Additional detailed information on the preparations and operations required to conduct the National Household Survey are presented in RTI's final report on the field operations for NMCUES.<sup>4/</sup>

#### 2.4 Data Processing

The NMCUES data processing system<sup>5/</sup> was designed to support and monitor all survey tasks, beginning with the initial sample selection and extending through the construction of the database. These tasks included:

- Initial sample selection and production of Round 1 Control Cards;
- Receipt of Round 1-5 interview and non-interview cases;
- Pre-machine editing of the Round 1-5 interview and non-interview cases and quality control of the editing;
- Pre-machine coding of specified items in Round 1-5 interview cases and quality control of the coding;
- Data entry of Round 1-5 interview and non-interview cases and quality control of the data entry;
- Production of Control Cards for Round 2-5 interview cases and selected non-interview cases;
- Production of Summaries for Round 2-5 interview cases;
- Database construction tasks.

Each of these tasks was monitored by an automated Control System which maintained data on each person in the survey.

As cases were received from the field staff, they were recorded as received, sorted into preliminary batches, and routed through the appropriate phases of the pre-machine editing and coding. Pre-machine coding of relationship to head of household, physician's/medical person's specialty, surgical procedures, conditions, and prescribed medicines was done in Rounds 1-5. Additional coding of health centers and industries was done in Round 3 and Round 5, respectively. Routine quality control of the coding was completed on a sample of the batched documents. As each batch passed the quality control check, it was sent to data entry.

Quality control of the keying required all operators to maintain an error rate of less than 1%. This resulted in an overall keying error rate of less than one-half of 1%.

The keyed data was transmitted to the raw database at the Triangle Universities Computation Center (TUCC). The transmission program checked for duplicate IDs and created unique record headers. The resultant data files contained fixed-length records corresponding to specific sections of each data collection instrument.

The next step in the data processing involved the extraction of data for the NMCUES Control System and quality control procedures. All raw data were subsequently added to a cumulative database. Data for the production of the next round's Control Cards and Summaries were extracted and maintained in two parallel systems driven by the Control System. As Control Cards and Summaries were generated, the Control System was automatically updated, indicating that the next round's assignment had been made for the persons in that particular RU.

After each round, the Control System was reconciled with the database and any errors detected were corrected in both the Control System and the database files. This round-by-round reconciliation of the Control System and the data files allowed RTI to begin the database construction tasks at the end of each round.

The first process in the database construction was to verify that the files contained all records that should have been included and to insure that these records had correct identifiers. Summary records were linked to records produced directly from the Questionnaire and a recode to create a "standard charge" for each visit charge was done. The next step was the machine coding of sources of payment and the insertion of condition codes from the Condition records into the remainder of the database. All data specified by NCHS analysts for edit and recode steps were passed through tailored programs to perform the consistency checks and the recoding. After the general recoding was completed, the Other Race and Outpatient Department Clinic coding was done. Linkage to the American Hospital Association resource file was done and AHA identification numbers were inserted into every Hospital Stay and Emergency Room record. The final coding step was the geocoding to the Census Bureau PICADAD file.<sup>6/</sup>

The geocoding inserted county, city, and state codes into Visit and Person records, but for reasons of confidentiality, the geocode is not available on the Public Use Files. (NCHS has the capability to link the Public Use records to geocodes and hence to secondary databases through confidential linkage directories.)

The next task was to encrypt specific identifiers to assure that confidentiality of each respondent would be preserved. The encrypting software developed by the National Bureau of Standards was used.<sup>7/</sup> However, these encrypted identifiers, which can only be read on IBM computers, have been replaced with unique, numeric identifiers which cannot be linked to the original respondent identification.

The final database construction step was to pass the data files through a program to generate the specified frequencies, provide documentation of the frequencies, and create the final file Data Dictionaries. This set of ten data files constituted the 12-Month database. Methodology used to construct the final 12-Month database is presented in a report<sup>8/</sup> which describes the contents of each file and the steps involved in their construction.

The 12-Month Database Files became the basis for construction of the NMCUES National Household Survey Analytic Files which contain additional reformatting, cleaning, editing, recoding, and imputation of data. This process is described in detail in the documentation of these files.<sup>9/</sup> The Analytic Files were then used to construct the Public Use Files described in this document. The Public Use Files contain additional reformatting, editing, recoding and imputation of data items, making the data more suitable for public use.

### 3.0 IMPUTATION

#### 3.1 Introduction

Two types of partial nonresponse in NMCUES were accounted for in the construction of the Public Use Files. Attrition nonresponse is the result of an initially responding participant providing data for only part of 1980; item nonresponse occurs when a specific questionnaire item is missing. A different method was used to account for each of these situations.

#### 3.2 Attrition Imputation

During the course of the one year data collection period, some attrition of the initial sample took place. This occurred when sample members who responded to the first round of interviewing did not participate in subsequent rounds. To compensate for this source of bias, data were imputed to part-year respondents for the portion of the year they did not respond. The data were taken from full-year respondents with similar characteristics. Overall, attrition affected about five percent of the originally responding sample members. Table 1 indicates the number of records imputed for attrition, by file.

<u>File</u>	<u>Records Imputed</u>	
	Total	Percent
Medical Visit	263	(0.3%)
Dental Visit	171	(0.7%)
Hospital Stay	30	(1.0%)
Prescribed Medicine & Other Medical Expense	215	(0.4%)

Only the Visit and Prescribed Medicine and Other Medical Expense Files contain attrition imputed variables. A variable is provided on each record to indicate if it was imputed. Details of the attrition imputation methodology and processing are provided in final documentation.<sup>10/</sup>

### 3.3 Item Imputation

Missing Questionnaire items were either imputed logically or statistically. Logical imputation was used whenever other data gave a good indication of the appropriate response. For example, missing racial classifications were inferred from other household members. Statistical imputation was used to complete missing items which could not be logically inferred. Generally, an item was statistically imputed by assigning a value from a responding person with similar characteristics to that of the nonrespondent. An imputation indicator was inserted in the record for each variable that was imputed.

As indicated in the previous section, the Public Use Files are the result of three evolutions of the NMCUES data. Each step, construction of the 12-Month database, the Analytic Files and finally the Public Use Files, involved further editing and imputations for missing data items. Table 2 presents the label, question source, documentation source, type of question, and percent of imputed data for each imputed data item.

The percent imputed for charge and amounts paid by different sources are noticeably higher than other items because these are very difficult data to obtain. In addition, certain items are constructed from more than one Questionnaire item which could have been imputed. If any component of a constructed variable is imputed, the variable is considered imputed (e.g., Income and Disability Days).

Twelve different sources of income (employment, veteran's payments, unemployment insurance, worker's compensation, SSI, Social Security, public assistance, pension, cash payments, interest, dividends and other) were collected, and total income was defined as the sum of the twelve sources. Employment income was logically imputed for 2.1 percent and statistically imputed for 9.4 percent of the sample members. All twelve income sources were reported by 63.8 percent of the sample members and 87.4 percent had no more than one source imputed.

Disability days data and employment history were collected separately for each round of interviewing. Thus, these variables were generally missing and imputed for only part of the year.

Table 2. Data Items Revised Through Imputation

Label	Question Source	Documentation Source		Type of Question	Percent Imputed
		Reference Name	Document <sup>*/</sup>		
<u>Medical Visit Data</u>					
I239M117	Summary	MVIRTC	1	Total Charge	25.9
I240M123	Summary	MVIRSP1	1	First Source of Payment	1.8
I241M125	Summary	MVIRSA1	1	First Source Amount	11.6
I242M131	Summary	MVIRSP2	1	Second Source of Payment	1.3
I243M133	Summary	MVIRSA2	1	Second Source Amount	7.0
I244M139	Summary	MVIRSP3	1	Third Source of Payment	1.0
I245M141	Summary	MVIRSA3	1	Third Source Amount	2.1
I246M147	Summary	MVIRSP4	1	Fourth Source of Payment	0.8
I247M149	Summary	MVIRSA4	1	Fourth Source Amount	0.9
I238M105	Questionnaire	IMVDATE	2	Date of Visit - Medical	4.7
<u>Hospital Stay Data</u>					
I494H252	Summary	HS_NH	1	Nights Hospitalized	3.1
I486H130	Summary	HSIRSP1	1	First Source of Payment	2.2
I487H132	Summary	HSIRAP1	1	First Source Amount	17.6
I488H138	Summary	HSIRSP2	1	Second Source of Payment	2.9
I489H140	Summary	HSIRAP2	1	Second Source Amount	16.2
I490H146	Summary	HSIRSP3	1	Third Source of Payment	3.9
I491H148	Summary	HSIRAP3	1	Third Source Amount	9.5
I492H154	Summary	HSIRSP4	1	Fourth Source of Payment	2.3
I493H156	Summary	HSIRAP4	1	Fourth Source Amount	3.0
I485H124	Summary	HSIRTC	1	Total Charge	36.3
I484H110	Questionnaire	IDISDAT	2	Discharge Date	3.8
I483H105	Questionnaire	IADMDAT	2	Admission Date	3.8
<u>First Doctor in Hospital Data</u>					
I496H295	Summary	ASIRSP1	1	First Source of Payment	1.7
I497H297	Summary	ASIRAP1	1	First Source Amount	12.6
I498H303	Summary	ASIRSP2	1	Second Source of Payment	2.8
I499H305	Summary	ASIRAP2	1	Second Source Amount	10.9
I500H311	Summary	ASIRSP3	1	Third Source of Payment	2.7
I501H313	Summary	ASIRAP3	1	Third Source Amount	5.5
I495H289	Summary	ASIRTC	1	Total Charge	15.8
<u>Second Doctor in Hospital Data</u>					
I503H336	Summary	BSIRSP1	1	First Source of Payment	0.6
I504H338	Summary	BSIRAP1	1	First Source Amount	6.7
I505H344	Summary	BSIRSP2	1	Second Source of Payment	1.3
I506H346	Summary	BSIRAP2	1	Second Source Amount	5.9
I507H352	Summary	BSIRSP3	1	Third Source of Payment	1.3
I508H354	Summary	BSIRAP3	1	Third Source Amount	2.9
I502H330	Summary	BSIRTC	1	Total Charge	7.1

<sup>\*/</sup> Refer to list of codes at the conclusion of Table 2 for corresponding document.

Table 2 (continued)

Label	Question Source	Documentation Reference Name	Source Document <sup>*/</sup>	Type of Question	Percent Imputed
<u>Third Doctor in Hospital Data</u>					
I510H377	Summary	CSIRSP1	1	First Source of Payment	0.2
I511H379	Summary	CSIRAP1	1	First Source Amount	3.3
I512H385	Summary	CSIRSP2	1	Second Source of Payment	0.5
I513H387	Summary	CSIRAP2	1	Second Source Amount	2.4
I514H393	Summary	CSIRSP3	1	Third Source of Payment	0.4
I515H395	Summary	CSIRAP3	1	Third Source Amount	0.8
I509H371	Summary	CSIRTC	1	Total Charge	2.5
<u>Fourth Doctor in Hospital Data</u>					
I517H418	Summary	DSIRSP1	1	First Source of Payment	0.1
I518H420	Summary	DSIRAP1	1	First Source Amount	1.4
I519H426	Summary	DSIRSP2	1	Second Source of Payment	0.2
I520H428	Summary	DSIRAP2	1	Second Source Amount	1.0
I521H434	Summary	DSIRSP3	1	Third Source of Payment	0.3
I522H436	Summary	DSIRAP3	1	Third Source Amount	0.5
I516H412	Summary	DSIRTC	1	Total Charge	1.0
<u>Fifth Doctor in Hospital Data</u>					
I524H459	Summary	ESIRSP1	1	First Source of Payment	<0.1
I525H461	Summary	ESIRAP1	1	First Source Amount	0.4
I526H467	Summary	ESIRSP2	1	Second Source of Payment	<0.1
I527H469	Summary	ESIRAP2	1	Second Source Amount	0.2
I528H475	Summary	ESIRSP3	1	Third Source of Payment	0.1
I529H477	Summary	ESIRAP3	1	Third Source Amount	0.1
I523H453	Summary	ESIRTC	1	Total Charge	0.4
<u>Dental Visit Data</u>					
I160D123	Summary	DVIRSP1	1	First Source of Payment	2.2
I161D125	Summary	DVIRAP1	1	First Source Amount	6.9
I162D131	Summary	DVIRSP2	1	Second Source of Payment	2.7
I163D133	Summary	DVIRAP2	1	Second Source Amount	5.2
I164D139	Summary	DVIRSP3	1	Third Source of Payment	2.6
I165D141	Summary	DVIRAP3	1	Third Source Amount	2.9
I159D117	Summary	DVIRTC	1	Total Charge	13.8
I158D105	Questionnaire	IDVDATE	2	Date of Visit - Dental	5.3
<u>Prescribed Medicine and Other Medical Expense Data</u>					
I202E117	Summary	POIRTC	1	Total Charge	19.4
I203E123	Summary	POIRSP1	1	First Source of Payment	2.8
I204E125	Summary	POIRSA1	1	First Source Amount	10.0
I205E131	Summary	POIRSP2	1	Second Source of Payment	1.3
I206E133	Summary	POIRSA2	1	Second Source Amount	6.8
I207E139	Summary	POIRSP3	1	Third Source of Payment	1.2
I208E141	Summary	POIRSA3	1	Third Source Amount	1.4
I201E105	Questionnaire	IPODATE	2	Date of Purchase	6.0

Table 2 (continued)

Label	Question Source	Documentation Source		Type of Question	Percent Imputed
		Reference Name	Document <sup>*/</sup>		
<u>Person Data</u>					
I612P125	Questionnaire	TNBED	1	Number of Bed Disability Days	7.9
I613P128	Questionnaire	TNWORK	1	Number of Work Loss Days	8.9
I615P135	Questionnaire	TNCUT	1	Number of Cut Down Days	8.2
I614P131	Questionnaire	TNWLBED	1	No. of Work Loss Days in Bed	12.3
I87P58	Rd. 1 Supp.	IHISPR1	1	Hispanic Origin	20.0
I89P62	Rd. 1 Supp.	IREDUC	1	Highest Grade Attended	0.1
I86P57	Rd. 1 Supp.	WRACE	1	Race	20.0
I88P59	Control Card	WSEX	1	Sex	0.1
I85P54	Control Card	WAGE	1	Age	0.1
I618P347	Questionnaire	TWWM	1	Total Weeks Worked Main Job	7.0
I619P349	Questionnaire	HPWM	1	Hours Per Week Main Job	7.6
I620P351	Questionnaire	TWWS	1	Total Weeks Worked Second Job	12.5
I621P353	Questionnaire	HPWS	1	Hours Per Week Second Job	12.6
I91P67	Rd. 1 Supp.	HLTHST	2	Health Status	0.8
I622P362	Rd. 5 Supp.	OCCCODE	2	Occupation Code	5.3
I640P592	Rd. 5 Supp.	FLSCORE	3	Functional Limitations	3.2
I83P25	Analytic	ASH19	4	Survey Response Status	3.1
I84P39	Analytic	ASH47	1	Education Level of Head	0.6
I90P65	Analytic	ASH51	1	Employment	17.1
I607P99	Control Card	APF5	4	Rd. 1 - Interview Date	0.0
I608P104	Control Card	APF12	4	Rd. 2 - Interview Date	0.1
I609P109	Control Card	APF19	4	Rd. 3 - Interview Date	0.1
I610P114	Control Card	APF26	4	Rd. 4 - Interview Date	<0.1
I611P119	Control Card	APF33	4	Rd. 5 - Interview Date	<0.1
I616P138	Questionnaire	APF47	1	Restricted Activity Days	18.0
I617P147	Questionnaire	APF51	4	# of Doctor Phone Calls	6.0
I635P462	Rd. 5 Supp.	APF149	1	Total Person Income	30.4
I638P470	Control Card	DEADIMP	4	Date of Death	<0.1
I639P473	Control Card	INSTDAT	4	Date Institutionalized	0.1
<u>Income Data</u>					
I623P399	Rd. 5 Supp.	WORKINC	1	Wages, Salary or Business Income	9.7
I624P405	Rd. 5 Supp.	VETPAY	1	Veteran's Payments	2.9
I625P409	Rd. 5 Supp.	UNEMPIN	1	Unemployment Insurance	2.9
I626P413	Rd. 5 Supp.	WORKCOM	1	Worker's Compensation	2.8
I627P417	Rd. 5 Supp.	SSI	1	SSI Payments	2.9
I628P423	Rd. 5 Supp.	SOCSEC	1	Social Security Payments	4.5
I629P429	Rd. 5 Supp.	PUBASST	1	Public Assistance Payments	3.0
I630P434	Rd. 5 Supp.	PENSION	1	Pension Income	3.5
I631P440	Rd. 5 Supp.	CASHPAY	1	Cash Payments	3.3
I632P445	Rd. 5 Supp.	INTREST	1	Interest Income	21.6
I633P450	Rd. 5 Supp.	CAPINVT	1	Investment Income	6.4
I634P456	Rd. 5 Supp.	OTHER	1	Other Income	3.5

CODE

DOCUMENT

- 1 Cox, Brenda G. et al. Imputation of Missing Item Data for the National Medical Care Utilization and Expenditure Survey, July 1982.
- 2 Williams, Rick. Additional Imputation for Missing Data Items for NMCUES (Document in Preparation for HCFA Under the Analysis of NMCUES Data Contract).
- 3 "Functional Limitations Scale: Imputed Scores", Memorandum dated August 5, 1982, from Jon Conklin (Systemetrics, Inc., Santa Barbara, Calif.) to Barbara Moser.
- 4 Jones, Bruce L. Development of Sample Weights for the National Household Component of the National Medical Care Utilization and Expenditure Survey, April 1982.

### 3.4 Conclusions

When performing any analysis which involves the use of imputation-revised data, the researcher is advised to study the imputation specifications to determine in what ways, if any, the methods used to replace missing data will affect the analysis.

The methods used to replace missing data<sup>11/</sup> were selected to reduce the nonresponse bias and to minimize the variance induced by imputation. In making inferences based upon imputed data, the effect of nonresponse bias remaining after imputation and the increased variability induced by the imputation needs to be considered. When the response rate is large, both of these effects should have negligible impact. As the response rate decreases, these effects will assume greater importance.

It is unfortunate that there is no readily available method of estimating the variance of statistics derived from imputed data. Typically, analysts ignore the fact that imputation was used and compute variances in the usual manner. For NMCUES estimates, this implies estimating the variance using within pseudo stratum squared differences between the replicate estimates. When the rate of missing data is low, these differences should be affected only negligibly by imputation. For variables where the rate of missing data is high, NMCUES used the weighted sequential hot deck approach which provides some control over the variability induced by imputation. It is therefore imperative that analysts of NMCUES data continue to be aware of the implications of the imputation process.

## 4.0 WEIGHTS

### 4.1 Sample Population

The individuals eligible for inclusion in the NMCUES National Household sample were the civilian, noninstitutionalized residents of the initial sample of housing units. Data from these initially eligible ("Key") individuals were to be collected only for the time periods in which they were eligible; that is, data were gathered for the period of time in 1980 in which they were civilian and noninstitutionalized and residents of the United States. Children born to Key sample individuals during 1980 were eligible from the time of birth and eligible sample individuals who died were considered eligible until the time of death. Further, individuals who were ineligible for inclusion in NMCUES in the first round but later returned to a sample RU from the military, from an institution, or from foreign residency were included as Key individuals from the date of their return. Sample persons were designated as survey respondents if they provided data for one-third or more of the days for which they were survey eligible during 1980. These files contain data only for Key responding sample persons.

### 4.2 Construction

For the interpretation of NMCUES data, analysis weights are needed to reflect the complex sample design used in the collection of the data. These weights may be viewed as inflation factors to account for the number of units in the survey population (e.g., persons, visits) that the sample unit represents. The analysis weights have been adjusted for the potential biasing effects of systematic, nonsampling errors related to nonresponse and sampling frame undercoverage. Nonresponse to panel surveys such as NMCUES occurs when individuals refuse to participate in the survey (total nonresponse) or when initially participating individuals drop out of the survey (partial nonresponse). Undercoverage errors occur when the list of units comprising the sampling frame do not provide access to all the eligible target population members. In area household surveys, this typically results from housing unit listing errors which cause the frame to be incomplete and from the fact that individuals with no usual place of residence tend to be omitted from area household surveys.

Although the NMCUES HHS response rate exceeded 90% for each round, a biasing effect on survey estimates of means and proportions can result if

the nonrespondents had different health care experiences than those who responded. Further, totals will be underestimated unless some allowance is made for the loss of data due to nonresponse. Similar remarks may be made concerning the effect of undercoverage.

The NMCUES HHS sample initially identified a set of sample Reporting Units (RUs). Data collection was then attempted for all eligible persons within each sample RU. Thus, undercoverage and nonresponse can occur for an entire RU or for individuals within an RU. For this reason, a two-step weight adjustment process was adopted. The first step resulted in adjusted RU-level weights. The person-level analysis weights were then derived from the RU weights.

Adjusted RU weights were developed for the set of RUs that ever had a completed interview. This was done to insure that all sample persons ultimately declared to be responding had an associated adjusted RU weight. The initial weight associated with each RU was the inverse of its sample selection probability. These weights were then ratio adjusted to 1980 Current Population Survey estimates of the number of eligible RU equivalents in the U.S. for subgroups defined by race, sex, and age of the RU head, and by the number of persons in the RU. This provided a combined adjustment for both nonresponse and undercoverage of RUs.

Since all eligible persons in a RU were taken into the sample, the adjusted RU weight of a sample person's RU provided the initial person-level weights for each individual. The initial weights of the responding persons were ratio adjusted to estimates of the size of the eligible population<sup>12/</sup> in 1980, based upon the 1980 Decennial Census for subgroups defined by age, race, and sex. This adjustment compensates for both person-level undercoverage and nonresponse.

#### 4.3 Use

During the one year NMCUES reference period, the size of the eligible population changed on a day-to-day basis. This fact must be considered when analyzing the NMCUES data. For this reason, three weighting variables are provided on the Public Use Files:

1. Basic Person Weight (Variable P10)
2. Person Time-Adjusted Weight (Variable P15)
3. Eligible Time-Adjusted Factor (Variable P20)

The construction of the Basic Person Weight was described in the previous section. The Eligible Time-Adjusted Factor is the proportion of the year that the person was eligible for the survey. The Person Time-Adjusted Weight is the product of the Eligible Time-Adjusted Factor and the Basic Person Weight. The Person Time-Adjusted Weight can be thought of as the number of person years that the sample person represents in the target population.

When estimating the size of subgroups of the U.S. population, the Person Time-Adjusted Weight should generally be used. This will produce an estimate of the average size of the subgroup during 1980. If the Basic Person Weight is used, the total number of people ever in the subgroup during 1980 will be estimated. On the other hand, when estimating the total number of health related events (e.g., utilizations, conditions, total expenditures) that occurred during 1980, the Basic Person Weight should be used. This will estimate the total number of events that occurred during 1980 to the civilian, noninstitutionalized population of the U.S., since data were only collected from sample members while they were eligible.

The above rules describe how to estimate population totals. Means and proportions are estimated from ratios of estimated totals. The numerator and the denominator of the mean are estimated using the proper weight; the quotient formed is used to estimate the mean.

## 5.0 CONTENTS AND ORGANIZATION OF THE PUBLIC USE FILES

### 5.1 General

The Public Use Files consist of six fixed-length files:

- Person
- Medical Visit
- Dental Visit
- Hospital Stay
- Prescribed Medicine and Other Medical Expense
- Condition

All six files include data only for those persons defined as respondents; the Medical Visit, Dental Visit, Hospital Stay, and Prescribed Medicine and Other Medical Expense Files contain data on those events reported as occurring in 1980. Condition and charge data are in standard formats across all files.

The records within each of these files contain a standard Header segment of identification items and characteristics of the person or family to whom the data pertain. The Participant Sequence Number (Variable P2), a unique identification number, is the primary link among the files. By using this variable, a person's records from all six files can be collected to provide a total picture of his/her data. The remaining items in the Header are to assist in single file analysis, thus minimizing the need to merge files.

Several points must be considered in any attempt to merge files or to accumulate a person's data from Visit or Condition Files. First, records on the Visit files are augmented with attrition imputed visits. For eligible persons who did not respond for the entire eligibility period, Visit records were imputed for the nonresponse period from appropriate "donor" respondents. These imputed records may have associated conditions that are not represented in the Condition File for the person because there were no condition records imputed for attrition.

Secondly, there is one record per participant on the Person File. A record on a Visit file represents a single visit event, so a person may have a variable number of Visit records and may not have any Visit records of a particular type. For example, a person may have no Dental Visit record in the Dental Visit File while another person may have 41

records, indicating no dental visits and 41 dental visits for the two persons, respectively.

In a similar manner, there is one record per reported prescribed medicine or other medical expense event. However, the respondent may have reported obtaining a prescribed medicine more than once. The "times obtained" (Variable E199) must be considered when prescribed medicine counts and costs per medicine are calculated.

Finally, conditions were assigned a maximum of three ICD codes. Therefore, the Condition File includes one to three records per unique condition reported. Care must be taken in linking and aggregating by conditions or ICD codes since disability days and utilization and expenditure data were not allocated to the individual ICD codes. In addition to the Participant Sequence Number, a secondary link, Condition Number, must be used to link all condition-specific visits, prescribed medicines, and other medical expenses for a person. A person had the opportunity to report more than one condition per visit and multiple visits per condition.

There are certain attributes of the data files that apply to many items in the specific files. Subsequent discussion in this section of the documentation will indicate those file-specific peculiarities which are not repeated in the variable descriptions in the Data Dictionaries.

First, it is important to note that every file record in all the files has a Header set of items which are always found in file locations 1-98. The variables which make up the Header are located in the same file locations in every file. Therefore, the Header variables are described only once in this section and documented only in the Person File Data Dictionary.

Second, the files contain data provided by respondents in the NMCUES Household Survey. Hence, all respondents have one and only one record in the Person File. However, respondents may have none, one, or more records in the Visit, Prescribed Medicine and Other Medical Expense, and Condition Files, depending on their response to utilization questions.

Third, a Family File is not included in this set of Public Use Files. The sample of persons necessary for family level analysis is not the same as the set of Person File respondents. (i.e., Persons who were

non-respondents may be part of a responding family.) Therefore, family level analysis should not be attempted using this set of Public Use Files. Other files which will include family weights and all appropriate data for that level of analysis will be forthcoming.

Fourth, consistency codes have been inserted in those items reported as unknown, multiple response, out-of-range, refused, and blank items. Generally the "8", "98", "998", ... "9...998", depending upon length of the data field, are reserved for this category of responses. A special consistency code has been inserted for the legitimate blanks or "not applicable" category. It is "9", "99", "999"... "9...999", depending on field length. All blank fields are coded with one of these codes unless there are clear cases in which the "blank" is more appropriate. In those cases, the "blank" will be clearly defined as a "value" in the Data Dictionary.

Fifth, all alpha data has been left justified and numeric data has been right justified with leading zeros.

#### 5.2 Person File (including Header)

The Person File contains one record for each respondent in the survey. Each Person record includes the person's survey response status, demographic characteristics, health insurance coverage, number of visits and other medical events and the associated charges, limitations and disabilities and the related conditions, and employment, income, and usual source of care data.

The industries reported in the Employment Section of the Round 5 Supplement were assigned a numeric code using the U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population, Alphabetical Index of Industries and Occupations, First Edition. (Washington, 1980). The 5-digit, numeric code used for industry coding can be divided into two distinct parts. The first 3 digits of the code indicate the specific industry in which the person was engaged and the last 2 digits indicate the more general industry group category in which the specific industry is included.

The Person File Data Dictionary contains the description of the variables in the Header part of each record. The Header, a set of 58 variables and imputation indicators that describe particular characteristics about the person, is attached to each file record for that person. This will allow

for most analyses of Visit and Condition records without linking to the Person File. In a similar manner, the Person File contains information about numbers of visits and charges by visit type that can be examined without linking to the Visit Files.

The Header contains eight variables which provide information on the person's "main family" which is defined as the family in which the participant resided for the longest period of time in 1980.

The Person File data on health insurance coverage has been edited, imputed, and recoded to meet specifications for analysis of coverage at a specific time. Sources for variables related to individual health insurance coverages were:

- 1) Coverage as reported in the Health Insurance section of the Questionnaire and verified by the respondent as part of the Summary review process;
- 2) Coverage as imputed when a health insurance plan was indicated as a source of payment in the utilization sections of the Questionnaire and verified by the respondent as part of the Summary review process. For coverage to be imputed from utilization data, it had to be indicated as a source of payment more than once during the survey period;
- 3) Coverage as imputed from Medicare and Medicaid Administrative files that related to periods of eligibility;
- 4) Coverage as imputed for periods of missing data by referring to adjacent periods of response, and coverage imputed for periods both preceded and followed by indications of coverage for a particular plan.<sup>13/</sup>

### 5.3 Condition File

The Condition File contains up to three records for each unique condition reported by the respondent. The unique conditions were numbered, in order of reporting, throughout the five rounds of the survey. For example, if a respondent reported a "bad cold" twice during the survey and the interviewer by asking "Was this the same bad cold you told me about (earlier today/in a previous interview?)", determined that it was a different bad cold, a new Condition Number was assigned and a separate Condition record was created in the file. However, the Condition codes

(ICD codes) for those "bad cold" conditions are the same. Unique file records are determined by Condition Number and ICD code.

The Condition File contains data specific to the conditions reported throughout the various sections of the Questionnaire and Supplements. These data include ICD codes and recodes; dates of onset of illness; counts of visit types, prescribed medicines, and other medical expenses; the associated charges by condition; and reasons for not seeing a doctor for the condition (if applicable).

Each condition reported for a survey participant was coded using the National Center for Health Statistics' Health Interview Survey Medical Coding Manual and Short Index (Washington, 1979) as the primary source and the World Health Organization's International Classification of Disease, 1975 Revision, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, Volume 1 and Volume 2 (Geneva, 1977 and 1978, respectively) as the secondary source.

The Condition File includes four variables which are interrelated and critical to the interpretation and use of the condition data:

- Condition Number
- Condition ICD Code
- ICD Code Number within Condition Number
- Condition ICD Recode

Each condition reported for a survey participant during the five rounds of data collection was assigned a sequential, 2-digit Condition Number, thereby identifying each unique condition for the person. Each of these conditions was subsequently coded by assigning up to a maximum of three Condition ICD Codes. In order to identify each ICD code assigned to a condition, the ICD Code Number within Condition Number was created. This number - 1, 2, or 3 - does not imply any priority but was assigned based on the order in which the ICD codes were recorded. The Condition Recode (ICD) was done for each Condition ICD code, resulting in a maximum of three recodes for each condition.

When using the Condition File data, it is important to recognize that since a maximum of three ICD codes were assigned to each condition, there can be a maximum of three records for each unique condition in the file. This must be considered when summing any of the variables by condition, in order to avoid double or triple counting.

The Condition File includes records of conditions, recorded in the Condition sections of the Questionnaire, Supplement #1, and the Round 5 Supplement. These data were collected for conditions associated with a utilization, disability, or limitation event. A linking of Person and Visit Files with the Condition File can be made on Participant Sequence Number and Condition Number. However, the Visit File (specifically, Medical Visit, Hospital Stay and Prescribed Medicine and Other Medical Expense Files) will contain conditions from attrition imputed visit records which will not be represented in the Condition File. The Condition File has no attrition imputed records.

#### 5.4 Visit Files

##### 5.4.1 Standard Conditions

Two-digit, Condition recodes were added to the files wherever conditions appeared. The recodes were taken directly from the "Basic Tabulation List", pages 746-754 of the International Classification of Diseases, 1975 Revision, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, Volume 1, by the World Health Organization, (Geneva, 1977). The only addition to this list is for recoding impairments and impossible codes, taken from the National Health Interview Survey Recode #5 Addendum. The field of recodes are such that a single Condition recode appears in the first two columns, two Condition recodes appear in the first four columns, etc. All the recodes within a set are unique, e.g., a visit for pneumonia and bronchitis have two different 4-digit ICD codes, but only one two-digit recode. The two-digit recode can be used for most tabulating purposes, but the four digit ICD code is also available.

##### 5.4.2 Charge Data

When reported charge data included multiple visits, it was recorded as a Flat Fee (FF) and assigned a letter. All Round 1-5 visits and expenses which were associated with this Flat Fee were assigned the same letter. These Flat Fees have been distributed to appropriate visits. When necessary, missing charges, amounts of payment, and sources of payment were imputed.

The specifications for the allocation of these Flat Fees is detailed in the final report on database construction.<sup>8/</sup> The procedures are outlined below.

1. A priority was set for type of visit:

<u>Priority</u>	<u>Type</u>
1	Hospital Stay
2	Doctor within Hospital Stay
3	Medical Provider Visits and Dental Visits
4	Prescribed Medicines and Other Medical Expenses

2. All charges were distributed equally by Flat Fee letter to visits with the highest priority (1 being high).
3. Charge set of 0 for all other priorities for that Flat Fee.
4. Number of visits before 1980 was included in the denominator for this distribution although these visits were not included in the Public Use Files.
5. Charges for prescribed medicines were distributed, considering the number of times obtained per record.

With this methodology, situations occur which may be misleading.

Some examples are:

1. If a doctor visit in the hospital is part of the same Flat Fee as a number of doctor office visits, the doctor visit in the hospital was allocated the total charge amount and all other visits received a 0 charge.
2. If a hospital stay was a part of the same Flat Fee as a number of dental visits, the hospital stay was allocated the total charge amount and all dental visits received a 0 charge.
3. Any prescribed medicine or other medical expense which was part of a Flat Fee for any visit was allocated a 0 charge and the visit was allocated the charge.
4. If a Flat Fee included visits post-1980, these were not considered in allocation. Thus orthodontia beginning late in the year will have a high per visit charge.

The total information for a Flat Fee is preserved on each of its associated visits. This allows a user to develop his own criteria for allocating these charges or to make specific case adjustments.

#### 5.4.3 Sources of Payment

A 2-digit, numeric code was assigned to each unique plan, program, or organization name reported in the Health Insurance section and

each unique source of payment reported in the Dental Visit, Emergency Room Visit, Hospital Outpatient Department Visit, Hospital Stay (Inpatient), Medical Provider Visit, Prescribed Medicine, Other Medical Expenses, and Flat Fee sections of the Questionnaire.

#### 5.4.4 Visit Dates

Most NMCUES data analyses require that each visit event have a date associated with it. Dates were requested from the respondent but many were reported as unknown or left blank. Therefore, a cleaning and logical imputation procedure was done to provide an appropriate date for each missing or unknown value. This imputation procedure considered the interview reference period in which the visit event was reported, and the survey eligibility period for the person reporting the visit. For hospital stays, the admission date, number of nights in hospital, and discharge date were edited for consistency and the discharge date was considered to be the visit date. Only those hospital stays with a discharge date in 1980 were included in the file. However, the admission date may have occurred in 1979.

#### 5.4.5 Medical Visits

The Medical Visit File contains data collected in three separate sections of the Questionnaire: Medical Provider, Emergency Room, and Hospital Outpatient Department Visit sections. Data on visits in these outpatient settings include place of visit, type of physician or non-physician seen, type of services provided, conditions causing or associated with the visits, procedures done during the visit, associated charges, and sources of payment.

Selected specialty categories of physicians and medical persons were pre-coded in the Questionnaire. All other physicians and medical persons reported in the "Other (Specify)" field of the Medical Provider Visit and Hospital Outpatient Department Visit sections of the Questionnaire were assigned a 2-digit, numeric code indicating specialty.

#### 5.4.6 Dental Visits

The Dental Visit File contains data on each dental visit reported, including services provided, associated visit charges, and sources of payment.

Particular care should be exercised in using cost data for orthodontia, at the visit level. Usually charge for orthodontia was reported as a Flat Fee. For orthodontia which began prior to 1980, the number of pre-1980

visits was collected and the Flat Fee distribution considered these visits, according to the procedures described above. However, for an orthodontia visit series beginning but not completed in 1980, the number of future visits were not predictable and only the 1980 visits were used to distribute the Flat Fee. This may result in unusually high per visit charges in cases where the number of 1980 visits was relatively small.

If a hospital stay was associated with dental care, the hospital visit received the total charge and the "per-visit" dental charge data were set to zero.

#### 5.4.7 Hospital Stay Visits

The Inpatient Hospital Stay section of the Questionnaire provided detailed data on all reported short-term hospital admissions with a discharge date in 1980, including those for which the admission and discharge occurred on the same day. Hospital stays in nursing homes or long-term care facilities were excluded. The Hospital Stay File contains dates of admission and discharge, ICD codes and recodes of conditions causing the hospital stay, codes for surgical procedures performed, other non-surgical procedures done during the hospital stay, charges and sources of payment for the hospital stay, and data on physicians providing treatment during the hospital stay but billing separately from the hospital. These physician data include type of physician, associated charges, and sources of payment. The fixed-length record allows for up to five sets of physician data; a variable immediately preceding the physician data (Variable H277) indicates the number of physicians associated with the hospital stay.

Physician specialties not pre-coded in the Questionnaire and entered in the "Other (Specify)" field of the Hospital Stay section of the Questionnaire were assigned a physician specialty code using the same coding scheme as that described for the Medical Provider and Hospital Outpatient Department visits.

A 2-digit, numeric code was assigned to all surgical procedures performed during a hospital stay and reported in the Inpatient Hospital Stay section of the Questionnaire. The source for coding was the National Center for Health Statistics' Health Interview Survey Medical Coding Manual and Short Index (Washington, 1979), supplemented by the World Health Organization's

International Classification of Diseases, 9th Revision, Clinical Modification, ICD.9.CM, Volume 3, Procedures: Tabular List and Alphabetic Index (Ann Arbor, 1978).

5.4.8 Prescribed Medicines and Other Medical Expenses

The Prescribed Medicine and Other Medical Expense File combines data collected in the corresponding sections of the Questionnaire - Prescribed Medicine and Other Medical Expense. The data includes date of purchase, prescribed medicine codes, ICD codes and recodes of conditions resulting in the purchase of the prescribed medicine or other medical expense, charges for the prescribed medicine or other medical expense, and sources of payment.

The American Medical Association's AMS Drug Evaluations, Third Edition (Littleton, 1977) and the American Drug Index, 1980 (Philadelphia, Toronto, 1980) were used as the primary and secondary source, respectively, for assigning a numeric code to all medicines reported in the Prescribed Medicine section of the Questionnaire. This code provides three distinct items of information about the prescribed medicine: (1) single or multiple use, (2) generic or non-generic, and (3) therapeutic function.

5.5 Data File Descriptions

This section contains a separate Data Dictionary for each of the Public Use Files. The items included in the dictionaries are listed below, accompanied by a brief description of each item.

Heading - Includes the survey title -- "National Medical Care Utilization and Expenditure Survey -- 1980", the name of the specific file, and the file record count, in parentheses.

Label

Substantive Variables - An alpha-numeric label which begins with a letter representing the file name<sup>14/</sup> followed by 1-3 digits indicating the beginning file position for the variable. If the substantive variable has an associated imputation indicator variable, the first 1-3 digits are followed by the letter "I"

and 1-3 digits indicating the file position of the imputation indicator variable.

Imputation Indicator Variables

- An alpha-numeric label which begins with the letter "I", followed by 1-3 digits indicating the file position for the imputation indicator variable. This is followed by a letter representing the file name<sup>14/</sup> and 1-3 digits indicating the position of the corresponding substantive variable.

BC - Beginning file position for the variable.

EC - Ending file position for the variable

LEN - Number of characters in the variable.

Description - Each item description includes a descriptive variable name, often derived from the source question. Additional comments provide a succinct explanation or description of the variable, including question origin, how the variable was constructed, recodes applied, and any additional information critical to the understanding and use of the variable. Included in the explanation are references to other variables, cited by the descriptive variable name within quotes or the variable label within parentheses.

Listed below are abbreviations used in the comments describing the variables. The question numbers and table and column letters cited in the comments refer to the actual questions, tables, and columns in the NMCUES Questionnaire and Supplements. Refer to the National Center for Health Statistics' report on NMCUES procedures and questionnaires<sup>3/</sup> for the questions referenced.

AHA. . . . . American Hospital Association  
 BI . . . . . Background Information - Supplement #1  
 BTC . . . . . Barriers To Care - Round 5 Supplement  
 C . . . . . Condition Section - Questionnaire,  
                     Supplement #1, Round 5 Supplement  
 DD . . . . . Disability Days Section - Questionnaire  
 DV . . . . . Dental Visit Section - Questionnaire  
 E . . . . . Employment - Questionnaire, Round 5 Supplement  
 ER . . . . . Emergency Room Visit Section - Questionnaire  
 FF . . . . . Flat Fee Section - Questionnaire  
 FL . . . . . Functional Limitations - Round 5 Supplement  
 HI . . . . . Health Insurance Section - Questionnaire  
 HIS . . . . . Health Interview Survey  
 HS . . . . . Hospital Stay (Inpatient) Section - Questionnaire  
 I . . . . . Income Section - Supplement #1, Round 5 Supplement  
 ICD . . . . . International Classification of Diseases  
 L . . . . . Limitations - Supplement #1  
 MV . . . . . Medical Provider Visit Section - Questionnaire  
 OME . . . . . Other Medical Expenses Section - Questionnaire  
 OPD . . . . . Hospital Outpatient Department Visit Section -  
                     Questionnaire  
 PM . . . . . Prescribed Medicine Section - Questionnaire  
 PP . . . . . Provider Probes - Questionnaire  
 Q . . . . . Question  
 RD3S . . . . . Round 3 Supplement  
 RD5S . . . . . Round 5 Supplement  
 S#1 . . . . . Supplement #1  
 SOP . . . . . Source of Payment  
 USC . . . . . Usual Source of Care

Three sections - Condition (C), Employment (E), and Income (I) - are included in more than one document. The Condition section is identical in the Questionnaire, Supplement #1, and Round 5 Supplement. However, the Employment and Income sections are not the same in the two documents cited. In order to distinguish between these sections and to facilitate the location of other sections in the appropriate document, references to

the Supplement #1, (S#1), Round 3 Supplement (RD3S), and Round 5 Supplement (RD5S) are included throughout the comments. Unless otherwise specified, the section referenced in the comments can be found in the Questionnaire.

Freq - When Applicable, frequency distributions are presented for the variable data values. Frequencies for continuous variables such as charges are not appropriate. Therefore, the maximum and minimum legitimate values are found in the Description.

## FOOTNOTES

- 1/ Piper, Lanny L. NMCUES Household Survey Sample Design Statement, Working Paper Number 1, January 1980.
- 2/ Cochran, W. G. Sampling Techniques, Third edition. New York: John Wiley and Sons, 1977.
- 3/ National Center for Health Statistics, G. S. Bonham: Procedures and Questionnaires of the National Medical Care Utilization and Expenditure Survey. National Medical Care Utilization and Expenditure Survey. Series A, Methodological Report No. 1. DHHS Pub. No. 83-20001. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1983.
- 4/ Piper, Lanny, et al. Field Operations Report for the National Household Survey and the State Medicaid Household Surveys, September 1981.
- 5/ Moser, Barbara, Pat Smith, and Danny Allen. Data Processing Methodology Report for the National Household Survey and State Medicaid Household Survey, February 1982.
- 6/ Miller, Beth, R. M. Ray, and Jan Whelan. NMCUES Geocoding for the Twelve Month Files, November 1981. U. S. Department of Commerce, Bureau of Census. Description of Technical Documentation of the PICADAD Files, 1977.
- 7/ U. S. Department of Commerce, National Bureau of Standards. Guidelines for Implementing and Using the NBS Data Encryption Standard. Federal Information Processing Standards Publication. FIPS Pub. 74, April 1, 1981.
- 8/ Moser, Barbara, et al. NMCUES Database Construction Methodology Report, March 1982.
- 9/ Frick, G. G., Barbara Moser, and Patricia C. Smith. NMCUES Analytic File Construction Methodology Report (Document in preparation).
- 10/ Cox, Brenda G., and Scott S. Sweetland. Imputation of Attrition-Related Missing Data for the National Medical Care Utilization and Expenditure Survey, June 1982.
- 11/ Cox, Brenda G. et al. Imputation of Missing Item Data for the National Medical Care Utilization and Expenditure Survey, July 1982.
- 12/ The civilian, noninstitutionalized U.S. population.
- 13/ Williams, Rick. Additional Imputation for Missing Data Items for NMCUES (Document in preparation for HCFA under the Analysis of NMCUES Data Contract).
- 14/ Letters for file names: P - Person File, M - Medical Visit File, D - Dental Visit File, H - Hospital Stay File, E - Prescribed Medicine and Other Medical Expense File, C - Condition File.

UNPUBLISHED DOCUMENTS\*\*

Piper, Lanny L. NMCUES Household Survey Sample Design Statement, Working Paper Number 1, January 1980. (22 pages)

Piper, Lanny, et al. Field Operations Report for the National Household Survey and the State Medicaid Household Surveys, September 1981. (279 pages)

Moser, Barbara, Pat Smith, and Danny Allen. Data Processing Methodology Report for the National Household Survey and State Medicaid Household Survey, February 1982. (297 pages)

Miller, Beth, R. M. Ray, and Jan Whelan. NMCUES Geocoding for the Twelve Month Files, November 1981. (27 pages)

Moser, Barbara, et al. NMCUES Database Construction Methodology Report, March 1982. (162 pages)

Frick, G. G., Barbara Moser, and Patricia C. Smith. NMCUES Analytic File Construction Methodology Report (Document in preparation).

Cox, Brenda G., and Scott S. Sweetland. Imputation of Attrition-Related Missing Data for the National Medical Care Utilization and Expenditure Survey, June 1982. (46 pages)

Cox, Brenda G., et al. Imputation of Missing Item Data for the National Medical Care Utilization and Expenditure Survey, July 1982. (239 pages)

Williams, Rick. Additional Imputation for Missing Data Items for NMCUES (Document in preparation for HCFA under the Analysis of NMCUES Data Contract).

"Functional Limitations Scale: Imputed Scores", Memorandum dated August 5, 1982, from Jon Conklin (SysteMetrics, Inc., Santa Barbara, Calif.) to Barbara Moser. (10 pages)

Jones, Bruce L. Development of Sample Weights for the National Household Component of the National Medical Care Utilization and Expenditure Survey, April 1982. (45 pages)

\*\*

These unpublished documents were prepared under Contract No. 233-79-2032. They may be obtained from RTI or NCHS at the cost of reproduction.

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
----	--	--	---	-----	----
P11B2	0001	0001	1	FILE TYPE INDICATES THE PUBLIC USE FILE IN WHICH THE RECORD IS CONTAINED. 1 = PERSON 2 = MEDICAL 3 = DENTAL 4 = HOSPITAL 5 = PRESCRIBED AND OTHER MEDICAL EXP 6 = CONDITION	
P2	0002	0006	5	PARTICIPANT SEQUENCE NUMBER A UNIQUE NUMBER ASSIGNED TO EACH SURVEY PARTICIPANT. RANGE = 00006-18414	
P7	0007	0008	2	PSEUDO STRATUM CODE VARIANCE ESTIMATION STRATUM IDENTIFIER RANGE = 01-69	
P9	0009	0009	1	PSEUDO REPLICATE CODE VARIANCE ESTIMATION REPLICATE IDENTIFIER, WITHIN STRATUM RANGE = 1-2	
P10	0010	0014	5	BASIC PERSON WEIGHT BASIC ANALYSIS WEIGHT, ADJUSTED FOR NONRESPONSE AND UNDERCOVERAGE. THIS WEIGHT SHOULD BE USED FOR ESTIMATING EVENT TOTALS. RANGE = 05508-45689	
P15	0015	0019	5	PERSON TIME ADJUSTED WEIGHT THIS WEIGHT, THE PRODUCT OF THE 'BASIC PERSON WEIGHT' AND THE 'ELIGIBLE TIME ADJUSTED FACTOR', ACCOUNTS FOR CHANGES IN ELIGIBILITY STATUS WHEN ESTIMATING THE TOTAL NUMBER OF PERSONS IN A GROUP. RANGE = 00106-43679	
P20	0020	0024	5	ELIGIBLE TIME ADJUSTED FACTOR THE PROPORTION OF 1980 THAT THE PARTICIPANT WAS PART OF THE CIVILIAN, NON-INSTITUTIONALIZED POPULATION OF THE UNITED STATES. THIS HAS FOUR IMPLIED DECIMAL PLACES. RANGE = 00082-10000	
P251B3	0025	0025	1	SURVEY RESPONSE STATUS INDICATES SURVEY RESPONSE STATUS FOR ENTIRE YEAR (1980), AS RECORDED FROM SECTION D (HOUSEHOLD ENUMERATION) AND SECTION F (ENUMERATION RESULTS) OF THE ROUND 1 CONTROL CARD AND SECTION D (REPORTING UNIT COMPOSITION), QUESTION 5 OF THE ROUNDS 2-5 CONTROL CARD. 1 = RESPONDED ALL YEAR . . . . . 16207 2 = RESPONDED PART YEAR . . . . . 404 3 = BORN, RESPONDED ALL ELIGIBLE PERIOD . . . . . 198	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				4 = BORN, RESPONDED PART ELIGIBLE PERIOD . . . . .	4
				5 = DIED, RESPONDED ALL ELIGIBLE PERIOD . . . . .	107
				6 = DIED, RESPONDED PART ELIGIBLE PERIOD . . . . .	7
				7 = OTHER, RESPONDED ALL ELIGIBLE PERIOD . . . . .	78
				8 = OTHER, RESONDED PART ELIGIBLE PERIOD . . . . .	118
P26	0026	0026	1	FAMILY (MAIN) COMPOSITION CHANGE INDICATES IF COMPOSITION OF PARTICIPANT'S MAIN FAMILY CHANGED DURING 1980 (CODE 1 AND 3) OR IF PARTICIPANT CHANGED FAMILIES (CODE 2), AS RECODED FROM SECTION D (REPORTING UNIT COMPOSITION), QUESTION 5 OF THE ROUNDS 2-5 CONTROL CARD.	
				1 = NO CHANGE . . . . .	12983
				2 = CHANGED FAMILIES . . . . .	647
				3 = CHANGE WITHIN FAMILY . . . . .	2577
				9 = NOT APPLIC. (SURV. RESP. CHANGE NE 1) . . . . .	916
P27	0027	0027	1	GEOGRAPHIC IDENTIFICATION CHANGE INDICATES IF CITY OR COUNTY ADDRESS OF PARTICIPANT'S MAIN FAMILY CHANGED DURING 1980, AS RECODED FROM SECTION A (ASSIGNMENT INFORMATION) OF THE ROUNDS 2-5 CONTROL CARD.	
				1 = NO CHANGE . . . . .	15482
				2 = CHANGED COUNTY OR CITY . . . . .	725
				9 = NOT APPLICABLE . . . . .	916
P28	0028	0028	1	ANY MARITAL STATUS CHANGE INDICATES IF PARTICIPANT'S MARITAL STATUS CHANGED DURING 1980, AS RECODED FROM THE MS BOX IN SECTION D (REPORTING UNIT COMPOSITION) OF THE ROUNDS 2-5 CONTROL CARD.	
				1 = NO CHANGE . . . . .	11206
				2 = CHANGE . . . . .	326
				9 = NOT APPLICABLE . . . . .	5591
P29	0029	0029	1	REGION CENSUS REGION IN WHICH THE PARTICIPANT'S MAIN FAMILY RESIDES, AS RECODED FROM SECTION A (ASSIGNMENT INFORMATION) OF THE ROUND 1 CONTROL CARD.	
				1 = NORTH EAST . . . . .	3631
				2 = NORTH CENTRAL . . . . .	4592
				3 = SOUTH . . . . .	5402
				4 = WEST . . . . .	3498
P30	0030	0030	1	SMSA-NON/SMSA RESIDENCE INDICATES CENSUS SMSA/NON-SMSA CLASSIFICATION FOR RESIDENCE OF PARTICIPANT'S MAIN FAMILY, AS RECODED FROM SECTION A (ASSIGNMENT INFORMATION) OF THE ROUND 1 CONTROL CARD.	
				1 = SMSA - CENTRAL CITY . . . . .	4950
				2 = SMSA - NOT CENTRAL CITY . . . . .	6825
				3 = NON-SMSA URBAN . . . . .	2456
				4 = NON-SMSA RURAL . . . . .	2892

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P31	0031	0035	5	<p>MAIN FAMILY IDENTIFICATION NUMBER</p> <p>A UNIQUE, SEQUENTIAL NUMBER ASSIGNED TO THE PARTICIPANT'S MAIN FAMILY. THE MAIN FAMILY IS DEFINED AS THE FAMILY IN WHICH THE PARTICIPANT RESIDED FOR THE LONGEST PERIOD OF TIME IN 1980. IF THE PARTICIPANT RESIDED IN MORE THAN ONE FAMILY FOR EQUAL PERIODS OF TIME, THE MAIN FAMILY IS THE FIRST FAMILY IN WHICH THE PARTICIPANT RESIDED.</p> <p>RANGE = 00002-06927</p>	
P36	0036	0038	3	<p>AVERAGE NUMBER OF PERSONS IN FAMILY</p> <p>AVERAGE NUMBER OF PERSONS IN PARTICIPANT'S MAIN FAMILY, AS RECORDED BY DIVIDING THE SUM OF ALL PERSONS' ELIGIBILITY DAYS IN MAIN FAMILY BY THE MAIN FAMILY'S ELIGIBILITY DAYS. THIS HAS ONE IMPLIED DECIMAL PLACE.</p> <p>RANGE = 007-130</p>	
P39I84	0039	0039	1	<p>RECORDED EDUCATION OF HEAD</p> <p>YEARS OF SCHOOL COMPLETED BY PARTICIPANT REPORTED AS HEAD OF HOUSEHOLD IN THE RELATIONSHIP BOX, SECTION D OF THE CONTROL CARD, AS RECORDED FROM S#1, B12 AND B13.</p>	
				<p>1 = NONE . . . . .</p> <p>2 = 1-8 (ELEMENTARY) . . . . .</p> <p>3 = 9-11 (SOME HIGH SCHOOL) . . . . .</p> <p>4 = 12 (HIGH SCHOOL GRADUATE) . . . . .</p> <p>5 = 13-15 (SOME COLLEGE) . . . . .</p> <p>6 = 16 + (COLLEGE GRADUATE) . . . . .</p> <p>9 = HEAD UNDER 17 YEARS OF AGE . . . . .</p>	<p>101</p> <p>2780</p> <p>2687</p> <p>6080</p> <p>2635</p> <p>2826</p> <p>14</p>
P40	0040	0045	6	<p>ANNUALIZED FAMILY INCOME FOR 1980</p> <p>ANNUALIZED INCOME FOR PARTICIPANT'S MAIN FAMILY, AS RECORDED FROM RD5S, I1-I11 OR IMPUTED.</p> <p>RANGE = 000000-771004</p> <p>999999 = NO INCOME DATA</p>	
P46	0046	0047	2	<p>FAMILY INCOME (1980) RECODE</p> <p>RECODE OF "ANNUALIZED FAMILY INCOME FOR 1980",</p>	
				<p>01 = UNDER \$3,000 . . . . .</p> <p>02 = \$3,000 - \$4,999 . . . . .</p> <p>03 = \$5,000 - \$6,999 . . . . .</p> <p>04 = \$7,000 - \$9,999 . . . . .</p> <p>05 = \$10,000 - \$11,999 . . . . .</p> <p>06 = \$12,000 - \$14,999 . . . . .</p> <p>07 = \$15,000 - \$19,999 . . . . .</p> <p>08 = \$20,000 - \$24,999 . . . . .</p> <p>09 = \$25,000 - \$34,999 . . . . .</p> <p>10 = \$35,000 AND OVER . . . . .</p>	<p>498</p> <p>712</p> <p>863</p> <p>1185</p> <p>1060</p> <p>1375</p> <p>2220</p> <p>2439</p> <p>3309</p> <p>3462</p>

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P48	0048	0049	2	REPORTING UNIT INCOME FOR 1979('FAMILY') THE 1979 FAMILY INCOME OF THE ORIGINATING BASE REPORTING UNIT OF THE PARTICIPANT, AS REPORTED IN S#1, I2.	
				01 = UNDER \$3,000 . . . . .	583
				02 = \$3,000 - \$4,999 . . . . .	1031
				03 = \$5,000 - \$6,999 . . . . .	991
				04 = \$7,000 - \$9,999 . . . . .	1399
				05 = \$10,000 - \$11,999 . . . . .	1178
				06 = \$12,000 - \$14,999 . . . . .	1694
				07 = \$15,000 - \$19,999 . . . . .	2274
				08 = \$20,000 - \$24,999 . . . . .	2357
				09 = \$25,000 - \$34,999 . . . . .	2406
				10 = \$35,000 & OVER . . . . .	1820
				98 = UNKNOWN . . . . .	1384
				99 = NOT APPLICABLE . . . . .	6
P50	0050	0052	3	POVERTY LEVEL BASED ON ANNUAL INCOME INDICATES POVERTY LEVEL OF PARTICIPANT'S MAIN FAMILY, AS RECODED BY DIVIDING THE ANNUALIZED INCOME OF PARTICIPANT'S MAIN FAMILY BY THE APPROPRIATE POVERTY LEVEL, OR IMPUTED. POVERTY LEVEL IS DETERMINED BY THE SEX AND AGE OF THE HEAD OF THE FAMILY AND BY THE AVERAGE NUMBER OF PERSONS IN THE FAMILY. THIS HAS TWO IMPLIED DECIMAL PLACES. RANGE = 000-900	
P53	0053	0053	1	POVERTY LEVEL (1980) RECODE RECODE OF POVERTY LEVEL INDICATOR OF PARTICIPANT'S MAIN FAMILY. REFER TO 'POVERTY LEVEL BASED ON ANNUAL INCOME' FOR DETAILS OF INITIAL RECODE.	
				1 = BELOW POV LEVEL . . . . .	1939
				2 = 1.00 - 1.24 POV LEVEL . . . . .	764
				3 = 1.25 - 1.49 POV LEVEL . . . . .	882
				4 = 1.50 - 1.74 POV LEVEL . . . . .	934
				5 = 1.75 - 1.99 POV LEVEL . . . . .	984
				6 = 2.00 - 2.24 POV LEVEL . . . . .	975
				7 = 2.25 - 2.49 POV LEVEL . . . . .	947
				8 = 2.50 - 2.99 POV LEVEL . . . . .	1933
				9 = 3.00 OR MORE POV LEVEL . . . . .	7765
P54I85	0054	0056	3	AGE ON JANUARY 1,1980 AGE OF PARTICIPANT ON JANUARY 1, 1980, AS RECODED FROM BIRTHDATE REPORTED IN SECTION D OF THE CONTROL CARD OR IMPUTED. RANGE = 000-900 000 = UNDER 1 OR BORN DURING 1979 900 = BORN IN 1980	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P57I86	0057	0057	1	RACE OF INDIVIDUAL RACE OF PARTICIPANT, AS RECODED FROM RACE REPORTED IN SECTION D OF THE CONTROL CARD OR IMPUTED.	
				1 = AMERICAN INDIAN OR ALASKAN	143
				2 = ASIAN OR PACIFIC ISLANDER	242
				3 = BLACK	1961
				4 = WHITE	14777
P58I87	0058	0058	1	HISPANIC ORIGIN HISPANIC ORIGIN, AS REPORTED IN S#1, B15, 5A, 6, AND 6A, OR IMPUTED.	
				1 = NOT HISPANIC	15931
				2 = PUERTO RICAN	165
				3 = CUBAN	163
				4 = MEXICAN OR MEXICAN-AMERICAN	643
				5 = OTHER HISPANIC	221
P59I88	0059	0059	1	SEX OF INDIVIDUAL SEX OF PARTICIPANT, AS RECODED FROM SEX REPORTED IN SECTION D OF THE CONTROL CARD OR IMPUTED.	
				1 = MALE	8229
				2 = FEMALE	8894
P60	0060	0060	1	RELATIONSHIP TO HEAD, FIRST AVAIL INTERVIEW RELATIONSHIP OF PARTICIPANT TO HEAD OF HOUSEHOLD, AS RECODED FROM THE RESPONSE IN THE RELATIONSHIP BOX, SECTION D OF THE CONTROL CARD FOR THE FIRST ROUND IN WHICH THE DATA WAS AVAILABLE.	
				1 = HEAD	6344
				2 = SPOUSE	3822
				3 = CHILD	6179
				4 = GRANDCHILD	268
				5 = PARENT	162
				6 = OTHER RELATIVE	280
				8 = UNKNOWN	68
P61	0061	0061	1	MARITAL STATUS AT FIRST AVAIL INTERVIEW MARITAL STATUS OF PARTICIPANT, AS RECODED FROM THE RESPONSE IN THE MS BOX, SECTION D OF THE CONTROL CARD FOR THE FIRST ROUND IN WHICH THE DATA WAS AVAILABLE.	
				0 = UNDER 17 YEARS OF AGE	5047
				1 = MARRIED	7634
				2 = WIDOWED	1031
				3 = SEPARATED	355
				4 = DIVORCED	675
				5 = NEVER MARRIED	2332
				8 = UNKNOWN	49

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P62I89	0062	0062	1	EDUCATION OF INDIVIDUAL YEARS OF SCHOOL COMPLETED BY PARTICIPANT, AS RECODED FROM S#1, BI2 AND BI3,	
				1 = NONE . . . . .	86
				2 = 01-08 (ELEMENTARY) . . . . .	1799
				3 = 09-11 (SOME HIGH SCHOOL) . . . . .	2151
				4 = 12 (HIGH SCHOOL GRADUATE) . . . . .	4511
				5 = 13-15 (SOME COLLEGE) . . . . .	1938
				6 = 16+ (COLLEGE GRADUATE) . . . . .	1591
				9 = UNDER 17 YEARS OF AGE . . . . .	5047
P63	0063	0063	1	VETERAN STATUS VETERAN STATUS OF PARTICIPANT, AS RECODED USING "AGE ON JANUARY 1, 1980" AND RESPONSES TO S#1, BI4, 4A, 4E, AND 4F,	
				0 = UNDER 17 YEARS OF AGE . . . . .	5047
				1 = NONVETERAN . . . . .	9581
				2 = PEACETIME ONLY . . . . .	259
				3 = WORLD WAR I . . . . .	37
				4 = WORLD WAR II . . . . .	826
				5 = KOREAN WAR . . . . .	376
				6 = VIETNAM VETERAN . . . . .	617
				7 = POST VIETNAM . . . . .	110
				8 = DK IF WAR VETERAN . . . . .	8
				9 = DK IF SERVED IN ARMED FORCES . . . . .	262
P64	0064	0064	1	SERVICE CONNECTED DISABILITY INDICATES IF PARTICIPANT HAS SERVICE CONNECTED DISABILITY, AS RECODED USING "VETERAN STATUS" AND RESPONSES TO S#1, BI4E AND BI4F,	
				1 = DISABILITY PAYMENTS FROM VA . . . . .	146
				2 = OTHER SERVICE DISABILITY . . . . .	72
				3 = NO SERVICE DISABILITY . . . . .	1901
				8 = UNKNOWN . . . . .	114
				9 = NOT APPLICABLE . . . . .	14890
P65I90	0065	0065	1	EMPLOYMENT IN 1980 PARTICIPANT'S EMPLOYMENT IN 1980, AS RECODED USING "AGE ON JANUARY 1, 1980" AND RESPONSES TO E1, 4, 5, AND 5A,	
				0 = UNDER 17 YEARS . . . . .	5047
				1 = WORKED 48-52 WKS, 35 HRS OR MORE . . . . .	4355
				2 = WORKED 48-52 WKS, LESS THAN 35 HRS . . . . .	722
				3 = WORKED 1-47 WKS, 35 HRS OR MORE . . . . .	2059
				4 = WORKED 1-47 WKS, LESS THAN 35 HRS . . . . .	1357
				5 = DID NOT WORK, IN LABOR FORCE . . . . .	345
				6 = NOT IN LABOR FORCE, RETIRED FOR HEALTH . . . . .	404
				7 = NOT IN LABOR FORCE, RETIRED . . . . .	1529
				8 = NOT IN LABOR FORCE, STUDENT . . . . .	133
				9 = NOT IN LABOR FORCE, OTHER . . . . .	1172

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P66	0066	0066	1	LIMITATION OF ACTIVITY LIMITATION OF PARTICIPANT'S ACTIVITY, AS RECODED USING AGE CATEGORY REPORTED IN S#1, L (ABOVE L1) AND RESPONSES TO S#1, L2-L7. 1 = CANNOT PERFORM USUAL ACTIVITY . . . . . 1231 2 = LIMITED IN AMT & KIND OF USUAL ACTIVITY . . . . . 324 3 = LIMITED IN OUTSIDE ACTIVITIES . . . . . 97 4 = NOT LIMITED (INCLUDES UNKNOWNNS) . . . . . 15471	
P67I91	0067	0067	1	PERCEIVED HEALTH STATUS PERCEIVED HEALTH STATUS OF PARTICIPANT, AS REPORTED IN S#1, B11 OR IMPUTED. 1 = EXCELLENT . . . . . 8571 2 = GOOD . . . . . 6301 3 = FAIR . . . . . 1605 4 = POOR . . . . . 646	
P68	0068	0068	1	MEDICARE COVERAGE AT LAST INTERVIEW INDICATES MEDICARE COVERAGE OF PARTICIPANT DURING LAST RESPONDING ROUND, AS RECODED USING 'AGE ON JANUARY 1, 1980', AND RESPONSES TO H11A AND S#1, I1. 1 = COVERED, 65 YEARS AND OVER . . . . . 1830 2 = COV, UNDER 65 WITH DISABILITY PAY . . . . . 128 3 = COV, UNDER 65 WITHOUT DISABILITY PAY . . . . . 86 4 = NOT COVERED, 65 YEARS AND OVER . . . . . 166 5 = NOT COVERED, UNDER 65 YEARS . . . . . 14913	
P69	0069	0069	1	CHAMPUS/CHAMPVA COVERAGE INDICATES IF PARTICIPANT WAS COVERED BY CHAMPUS OR CHAMPVA DURING SURVEY ELIGIBILITY PERIOD, AS RECODED FROM H12 IN ROUNDS 1-5. 1 = COVERED ENTIRE ELIGIBLE PERIOD . . . . . 389 2 = COVERED PART OF ELIGIBLE PERIOD . . . . . 160 3 = NOT COVERED . . . . . 16574	
P70	0070	0070	1	INDIAN HEALTH COVERAGE INDICATES IF PARTICIPANT WAS COVERED BY INDIAN HEALTH SERVICE OR OTHER FEDERAL HEALTH PLAN FOR AMERICAN INDIANS OR ALASKAN NATIVES DURING SURVEY ELIGIBILITY PERIOD, AS RECODED FROM H13 IN ROUNDS 1-5. 1 = COVERED ENTIRE ELIGIBLE PERIOD . . . . . 38 2 = COVERED PART OF ELIGIBLE PERIOD . . . . . 8 3 = NOT COVERED . . . . . 17077	
P71	0071	0071	1	MEDICAID COVERAGE-FIRST QUARTER (FEB 15) INDICATES IF PARTICIPANT WAS COVERED BY MEDICAID ON FEB 15, 1980, AS RECODED FROM H14B. 1 = COVERED ON DATE . . . . . 1623 2 = NOT COVERED ON DATE . . . . . 15262 9 = NOT ELIGIBLE ON FEB 15 . . . . . 238	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P72	0072	0072	1	MEDICAID COVERAGE--SECOND QUARTER (MAY 15) INDICATES IF PARTICIPANT WAS COVERED BY MEDICAID ON MAY 15, 1980, AS RECODED FROM HI4B.	
				1 = COVERED ON DATE . . . . .	1668
				2 = NOT COVERED ON DATE . . . . .	15197
				9 = NOT ELIGIBLE ON MAY 15 . . . . .	258
P73	0073	0073	1	MEDICAID COVERAGE--THIRD QUARTER (AUG 15) INDICATES IF PARTICIPANT WAS COVERED BY MEDICAID ON AUG 15, 1980, AS RECODED FROM HI4B.	
				1 = COVERED ON DATE . . . . .	1671
				2 = NOT COVERED ON DATE . . . . .	15196
				9 = NOT ELIGIBLE ON AUG 15 . . . . .	256
P74	0074	0074	1	MEDICAID COVERAGE--FOURTH QUARTER (NOV 15) INDICATES IF PARTICIPANT WAS COVERED BY MEDICAID ON NOV 15, 1980, AS RECODED FROM HI4B.	
				1 = COVERED ON DATE . . . . .	1629
				2 = NOT COVERED ON DATE . . . . .	15224
				9 = NOT ELIGIBLE ON NOV 15 . . . . .	270
P75	0075	0075	1	MEDICAID COVERAGE INDICATES IF PARTICIPANT WAS COVERED BY MEDICAID DURING SURVEY ELIGIBILITY PERIOD, AND IF NOT, IF PARTICIPANT RECEIVED SSI OR AFDC, AS RECODED FROM HI4B, ROUNDS 1-5 AND RD5S, I4A AND I6B.	
				1 = COVERED ENTIRE ELIGIBLE PERIOD . . . . .	1336
				2 = COVERED PART OF ELIGIBLE PERIOD . . . . .	677
				3 = NOT COVERED . . . . .	15110
P76	0076	0076	1	OTHER PUBLIC PLAN COVERAGE INDICATES IF PARTICIPANT WAS COVERED BY ANOTHER FORM OF PUBLIC ASSISTANCE (EXCLUDING AFDC) DURING SURVEY ELIGIBILITY PERIOD, AS RECODED FROM HI6B IN ROUNDS 1-5.	
				1 = COVERED ENTIRE ELIGIBLE PERIOD . . . . .	263
				2 = COVERED PART OF ELIGIBLE PERIOD . . . . .	667
				3 = NOT COVERED . . . . .	16193
P77	0077	0077	1	PRIVATE INSURANCE COVERAGE--FIRST QUARTER (FEB 15) INDICATES IF PARTICIPANT WAS COVERED BY PRIVATE HEALTH INSURANCE ON FEB 15, 1980, AS RECODED FROM HI7C.	
				1 = COVERED ON DATE . . . . .	12512
				2 = NOT COVERED ON DATE . . . . .	4373
				9 = NOT ELIGIBLE . . . . .	238
P78	0078	0078	1	PRIVATE INSURANCE COVERAGE--SECOND QUARTER (MAY 15) INDICATES IF PARTICIPANT WAS COVERED BY PRIVATE HEALTH INSURANCE ON MAY 15, 1980, AS RECODED FROM HI7C.	
				1 = COVERED ON DATE . . . . .	12669
				2 = NOT COVERED ON DATE . . . . .	4196

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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			9	= NOT ELIGIBLE . . . . .	258
P79	0079	0079	1	PRIVATE INSURANCE COVERAGE-THIRD QUARTER (AUG 15) INDICATES IF PARTICIPANT WAS COVERED BY PRIVATE HEALTH INSURANCE ON AUG 15, 1980, AS RECODED FROM HI7C.	
			1	= COVERED ON DATE . . . . .	12689
			2	= NOT COVERED ON DATE . . . . .	4178
			9	= NOT ELIGIBLE . . . . .	256
P80	0080	0080	1	PRIVATE INSURANCE COVERAGE-FOURTH QUARTER (NOV 15) INDICATES IF PARTICIPANT WAS COVERED BY PRIVATE HEALTH INSURANCE ON NOV 15, 1980, AS RECODED FROM HI7C.	
			1	= COVERED ON DATE . . . . .	12653
			2	= NOT COVERED ON DATE . . . . .	4200
			9	= NOT ELIGIBLE . . . . .	270
P81	0081	0081	1	PRIVATE COVERAGE INDICATES IF PARTICIPANT WAS COVERED BY PRIVATE HEALTH INSURANCE DURING SURVEY ELIGIBILITY PERIOD, AS RECODED FROM HI7C.	
			1	= COVERED ENTIRE ELIGIBLE PERIOD . . . . .	11650
			2	= COVERED PART OF ELIGIBLE PERIOD . . . . .	2016
			3	= NOT COVERED . . . . .	3457
I82P1	0082	0082	1	ATTRITION IMPUTATION INDICATOR INDICATES IF FILE RECORD DATA IS REAL OR IMPUTED. THIS INDICATOR DOES NOT APPLY TO PERSON FILE AND CONDITION FILE RECORDS.	
			0	= WHOLE RECORD IMPUTED	
			1	= REAL, NOT DONOR	
			2	= REAL, DONOR ONCE	
			3	= REAL, DONOR TWICE	
			4	= REAL, DONOR THREE TIMES	
			5	= REAL, DONOR FOUR TIMES	
			6	= REAL, DONOR FIVE TIMES	
			7	= REAL, DONOR SIX TIMES	
			8	= REAL, DONOR SEVEN TIMES	
			9	= N/A (PERSON/CONDITION RECORD TYPE)	
I83P25	0083	0083	1	SURVEY RESPONSE IMPUTATION INDICATOR INDICATES IF PARTICIPANT'S SURVEY RESPONSE STATUS IS REAL OR IMPUTED DATA.	
			0	= IMPUTED . . . . .	533
			1	= REAL . . . . .	16590
I84P39	0084	0084	1	EDUCATION OF HEAD IMPUTATION INDICATOR INDICATES IF YEARS OF SCHOOL COMPLETED BY PARTICIPANT REPORTED AS HEAD OF HOUSEHOLD IS REAL OR IMPUTED DATA.	
			0	= IMPUTED . . . . .	97
			1	= REAL . . . . .	17026

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
I85P54	0085	0085	1	AGE IMPUTATION INDICATOR INDICATES IF AGE OF PARTICIPANT ON JANUARY 1, 1980 IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = HOT DECK IMPUTATION . . . . . 11 1 = REAL DATA, NOT DONOR . . . . . 17093 2 = REAL, DONOR ONCE . . . . . 18 3 = REAL, DONOR TWICE . . . . . 1	
I86P57	0086	0086	1	RACE IMPUTATION INDICATOR INDICATES IF PARTICIPANT'S RACE IS REAL OR IMPUTED DATA. IF IMPUTED, SOURCE OF IMPUTATION IS INDICATED. 0 = NOT IMPUTED . . . . . 13698 1 = IMPUTED FROM THE SAME RU . . . . . 3362 2 = IMPUTED FROM OUTSIDE THE RU . . . . . 63	
I87P58	0087	0087	1	HISPANIC ORIGIN IMPUTATION INDICATOR INDICATES IF HISPANIC ORIGIN OF PARTICIPANT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = NOT IMPUTED . . . . . 13699 1 = IMPUTED FROM SAME RU . . . . . 3364 2 = HOT DECK IMPUTATION . . . . . 60	
I88P59	0088	0088	1	SEX IMPUTATION INDICATOR INDICATES IF PARTICIPANT'S SEX IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = NOT IMPUTED . . . . . 17098 1 = LOGICAL IMPUTATION . . . . . 20 2 = HOT DECK IMPUTATION . . . . . 5	
I89P62	0089	0089	1	EDUCATION IMPUTATION INDICATOR INDICATES IF YEARS OF SCHOOL COMPLETED BY PARTICIPANT IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 118 1 = REAL DATA, NOT DONOR . . . . . 16864 2 = REAL DATA, DONOR ONCE . . . . . 138 3 = REAL DATA, DONOR TWICE . . . . . 3	
I90P65	0090	0090	1	EMPLOYMENT IN 1980 IMPUTATION INDICATOR INDICATES IF PARTICIPANT'S EMPLOYMENT IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 2924 1 = REAL . . . . . 14199	
I91P67	0091	0091	1	HEALTH STATUS IMPUTATION INDICATOR INDICATES IF PERCEIVED HEALTH STATUS OF PARTICIPANT IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 135 1 = REAL . . . . . 16988	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P92	0092	0098	7	NCHS ADMINISTRATIVE USE--BLANK	
P99I607	0099	0101	3	DAY OF YEAR OF INTERVIEW - RD 1 THE DAY OF THE YEAR THE ROUND 1 INTERVIEW WAS COMPLETED, AS REPORTED IN SECTION C (INTERVIEW INFORMATION), QUESTION 6 OF THE ROUND 1 CONTROL CARD. RANGE = 005-189 999 = NOT APPLICABLE (NOT INTVD RD 1)	
P102	0102	0103	2	ROUND 1 RESPONSE STATUS ROUND 1 RESPONSE STATUS FOR PARTICIPANT, AS INDICATED IN SECTION D (HOUSEHOLD ENUMERATION) AND SECTION F (ENUMERATION RESULTS) OF THE ROUND 1 CONTROL CARD.	
				01 = INELIGIBLE . . . . .	42
				02 = NON-INTERVIEW (UNBORN BABY) . . . . .	4
				03 = NON-INTERVIEW (INSTITUTION) . . . . .	1
				04 = NON-INTERVIEW (NON-KEY) . . . . .	37
				05 = RESPONDING . . . . .	17002
				06 = NON-RESPONDING . . . . .	37
				07 = HOLDOVER (NON-INT) . . . . .	0
P104I608	0104	0106	3	DAY OF YEAR OF INTERVIEW - RD 2 THE DAY OF THE YEAR THE ROUND 2 INTERVIEW WAS COMPLETED, AS REPORTED IN SECTION C (INTERVIEW INFORMATION) OF THE ROUND 2 CONTROL CARD. RANGE = 060-266 999 = NOT APPLICABLE (NOT INTVD RD 2)	
P107	0107	0108	2	ROUND 2 RESPONSE STATUS ROUND 2 RESPONSE STATUS FOR PARTICIPANT, AS INDICATED IN SECTION D (REPORTING UNIT COMPOSITION), QUESTION 5 AND SECTION F (INTERVIEW RESULTS) OF THE ROUND 2 CONTROL CARD.	
				01 = INELIGIBLE . . . . .	42
				02 = NON-INTERVIEW (UNBORN BABY) . . . . .	4
				03 = NON-INTERVIEW (INSTITUTION) . . . . .	0
				04 = NON-INTERVIEW (NON-KEY) . . . . .	11
				05 = RESPONDING . . . . .	16355
				06 = NON-RESPONDING . . . . .	565
				07 = HOLDOVER (NON-INTERVIEW) . . . . .	96
				08 = NON-INTERVIEW (INST BEFORE PERIOD) . . . . .	7
				09 = NON-INTERVIEW (DIED BEFORE PERIOD) . . . . .	18
				10 = NON-RESPONSE (NEVER CAME BACK) . . . . .	25
P109I609	0109	0111	3	DAY OF YEAR OF INTERVIEW - RD 3 THE DAY OF THE YEAR THE ROUND 3 INTERVIEW WAS COMPLETED, AS REPORTED IN SECTION C (INTERVIEW INFORMATION) OF THE ROUND 3 CONTROL CARD. RANGE = 145-339 999 = NOT APPLICABLE (NOT INTVD RD 3)	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P112	0112	0113	2	ROUND 3 RESPONSE STATUS	
				ROUND 3 RESPONSE STATUS FOR PARTICIPANT, AS INDICATED IN SECTION D (REPORTING UNIT COMPOSITION), QUESTION 5 AND SECTION F (INTERVIEW RESULTS) OF THE ROUND 3 CONTROL CARD.	
				01 = INELIGIBLE . . . . .	42
				02 = NON-INTERVIEW (UNBORN BABY) . . . . .	2
				03 = NON-INTERVIEW (INSTITUTION) . . . . .	0
				04 = NON-INTERVIEW (NON-KEY) . . . . .	3
				05 = RESPONDING . . . . .	16124
				06 = NON-RESPONDING . . . . .	751
				07 = HOLDOVER (NON-INTERVIEW) . . . . .	61
				08 = NON-INTERVIEW (INST BEFORE PERIOD) . . . . .	14
				09 = NON-INTERVIEW (DIED BEFORE PERIOD) . . . . .	59
				10 = NON-RESPONSE (NEVER CAME BACK) . . . . .	30
				11 = NON-INTERVIEW (ARMED FORCES BEFORE PERIOD) . . . . .	5
				12 = NON-INTERVIEW (LEFT SAMPLE BEFORE PERIOD) . . . . .	24
				13 = NON-INTERVIEW (LEFT COUNTRY) . . . . .	8
P114I610	0114	0116	3	DAY OF YEAR OF INTERVIEW - RD 4	
				THE DAY OF THE YEAR THE ROUND 4 INTERVIEW WAS COMPLETED, AS REPORTED IN SECTION C (INTERVIEW INFORMATION) OF THE ROUND 4 CONTROL CARD.	
				RANGE = 254-361	
				999 = NOT APPLICABLE (NOT INTVD RD 4)	
P117	0117	0118	2	ROUND 4 RESPONSE STATUS	
				ROUND 4 RESPONSE STATUS FOR PARTICIPANT, AS INDICATED IN SECTION D (REPORTING UNIT COMPOSITION), QUESTION 5 AND SECTION F (INTERVIEW RESULTS) OF THE ROUND 4 CONTROL CARD.	
				01 = INELIGIBLE . . . . .	42
				02 = NON-INTERVIEW (UNBORN BABY) . . . . .	0
				03 = NON-INTERVIEW (INSTITUTION) . . . . .	0
				04 = NON-INTERVIEW (NON-KEY) . . . . .	3
				05 = RESPONDING . . . . .	10985
				06 = NON-RESPONDING . . . . .	734
				07 = HOLDOVER (NON-INTERVIEW) . . . . .	5151
				08 = NON-INTERVIEW (INST BEFORE PERIOD) . . . . .	12
				09 = NON-INTERVIEW (DIED BEFORE PERIOD) . . . . .	82
				10 = NON-RESPONSE (NEVER CAME BACK) . . . . .	42
				11 = NON-INTERVIEW (ARMED FORCES BEFORE PERIOD) . . . . .	11
				12 = NON-INTERVIEW (LEFT SAMPLE BEFORE PERIOD) . . . . .	52
				13 = NON-INTERVIEW (LEFT COUNTRY) . . . . .	9
P119I611	0119	0121	3	DAY OF YEAR OF INTERVIEW - RD 5	
				THE DAY OF THE YEAR THE ROUND 5 INTERVIEW WAS COMPLETED, AS REPORTED IN SECTION C (INTERVIEW INFORMATION) OF THE ROUND 5 CONTROL CARD.	
				RANGE = 001-097	
				999 = NOT APPLICABLE (NOT INTVD RD 5)	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P122	0122	0123	2	ROUND 5 RESPONSE STATUS ROUND 5 RESPONSE STATUS FOR PARTICIPANT, AS INDICATED IN SECTION D (REPORTING UNIT COMPOSITION), QUESTION 5 AND SECTION F (INTERVIEW RESULTS) OF THE ROUND 5 CONTROL CARD. 01 = INELIGIBLE . . . . . 42 02 = NON-INTERVIEW (UNBORN BABY) . . . . . 0 03 = NON-INTERVIEW( INSTITUTION) . . . . . 0 04 = NON-INTERVIEW (NON-KEY) . . . . . 4 05 = RESPONDING . . . . . 15907 06 = NON-RESPONDING . . . . . 894 07 = HOLDOVER (NON-INTERVIEW) . . . . . 0 08 = NON-INTERVIEW (INST BEFORE PERIOD) . . . . . 40 09 = NON-INTERVIEW (DIED BEFORE PERIOD) . . . . . 93 10 = NON-RESPONSE (NEVER CAME BACK) . . . . . 62 11 = NON-INTERVIEW (ARMED FORCES BEFORE PERIOD) . . . . . 16 12 = NON-INTERVIEW (LEFT SAMPLE BEFORE PERIOD) . . . . . 54 13 = NON-INTERVIEW (LEFT COUNTRY) . . . . . 11	
P124	0124	0124	1	RESPONDED FOR SELF INDICATES IF PARTICIPANT RESPONDED FOR SELF, AS RECODED FROM E, R BOX, QUESTION A IN ROUNDS 1-5. IF R BOX, QUESTION A WAS CODED 01, PARTICIPANT RESPONDED ENTIRELY FOR SELF; IF R BOX, QUESTION A WAS CODED 02, PARTICIPANT RESPONDED PARTLY FOR SELF. 1 = ES_RBOXA CODED 01 IN EVERY RD . . . . . 5221 2 = ES_RBOXA CODED 01/02 IN AT LEAST 1 RD . . . . . 5021 3 = ES_RBOXA NOT CODED 01/02 IN ANY RD . . . . . 6881	
P125I612	0125	0127	3	NUMBER OF BED DAYS TOTAL NUMBER OF BED DAYS, AS REPORTED IN DD1A, ROUNDS 1-5 OR IMPUTED. RANGE = 000-366	
P128I613	0128	0130	3	NUMBER OF WORK LOSS DAYS TOTAL NUMBER OF WORK LOSS DAYS, AS REPORTED IN DD2A, ROUNDS 1-5 OR IMPUTED. RANGE = 000-349 993 = UNDER 14 YEARS OF AGE	
P131I614	0131	0133	3	WORK LOSS DAYS IN BED TOTAL NUMBER OF WORK LOSS DAYS IN BED, AS REPORTED IN DD2E, ROUNDS 1-5 OR IMPUTED. RANGE = 000-162 993 = UNDER 14 YEARS OF AGE	
P134	0134	0134	1	PAID FOR WORK LOSS DAYS INDICATES IF PARTICIPANT WAS PAID FOR WORK LOSS DAYS, AS RECODED FROM DD2F, ROUNDS 1-5 OR IMPUTED. 1 = IN FULL . . . . . 1523 2 = IN PART . . . . . 548	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				3 = NOT AT ALL . . . . .	1183
				4 = SELF-EMPLOYED . . . . .	159
				8 = DON'T KNOW . . . . .	693
				9 = NOT APPLICABLE . . . . .	13017
P135I615	0135	0137	3	NUMBER OF CUTDOWN DAYS TOTAL NUMBER OF CUTDOWN DAYS, AS REPORTED IN DD3A, ROUNDS 1-5 OR IMPUTED. RANGE = 000-346	
P138I616	0138	0140	3	NUMBER OF RESTRICTED ACTIVITY DAYS TOTAL NUMBER OF RESTRICTED ACTIVITY DAYS, AS RECODED BY SUBTRACTING THE "WORK LOSS DAYS IN BED" FROM THE SUM OF THE 'NUMBER OF BED DAYS', 'NUMBER OF WORK LOSS DAYS', AND 'NUMBER OF CUTDOWN DAYS'. RANGE = 000-366	
P141	0141	0143	3	NUMBER OF DENTAL VISITS TOTAL NUMBER OF DENTAL VISITS, AS REPORTED IN DV SECTION, ROUNDS 1-5. RANGE = 000-041	
P144	0144	0146	3	NUMBER OF DOCTOR VISITS(INPATIENT VISITS ONLY) TOTAL NUMBER OF DOCTOR VISITS OCCURRING DURING A HOSPITAL STAY, AS REPORTED IN HS15, ROUNDS 1-5. RANGE = 000-020	
P147I617	0147	0148	2	NUMBER OF DOCTOR PHONE CALLS TOTAL NUMBER OF PHONE CALLS TO/FROM DOCTOR, AS RECODED FROM PP8, 8A, AND 8B, ROUNDS 1-5. RANGE = 00-46	
P149	0149	0151	3	NUMBER OF EMERGENCY ROOM VISITS TOTAL NUMBER OF EMERGENCY ROOM VISITS, AS REPORTED IN ER SECTION, ROUNDS 1-5. RANGE = 000-028	
P152	0152	0154	3	NUMBER OF OUTPATIENT DEPARTMENT VISITS(DR.SEEN) TOTAL NUMBER OF OUTPATIENT DEPARTMENT VISITS DURING WHICH A MEDICAL DOCTOR WAS SEEN, AS REPORTED IN OPD4, ROUNDS 1-5. RANGE = 000-154	
P155	0155	0157	3	NUMBER OF PHYSICIAN VISITS(DR.SEEN) TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A MEDICAL DOCTOR WAS SEEN, AS REPORTED IN MV4, ROUNDS 1-5. RANGE = 000-106	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P158	0158	0160	3	NUMBER OF OTHER VISITS (NON-PHYSICIAN SEEN) TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A NON-PHYSICIAN WORKING INDEPENDENTLY WAS SEEN, AS REPORTED IN MV4, 4C, AND 4D, ROUNDS 1-5. RANGE = 000-277	
P161	0161	0163	3	NUMBER OF OPD VISITS (NON-PHYSICIAN SEEN) TOTAL NUMBER OF OUTPATIENT DEPARTMENT VISITS DURING WHICH A NON-PHYSICIAN WAS SEEN, AS REPORTED IN OPD4, ROUNDS 1-5. RANGE = 000-078	
P164	0164	0166	3	NUMBER OF PHYSICIAN VISITS (NON-PHYSICIAN SEEN) TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A NON-PHYSICIAN WORKING WITH A PHYSICIAN WAS SEEN, AS REPORTED IN MV4, 4C, AND 4D, ROUNDS 1-5. RANGE = 000-118	
P167	0167	0169	3	NUMBER OF HOSPITAL DISCHARGES TOTAL NUMBER OF HOSPITAL STAYS FOR WHICH THE HOSPITAL WAS CLASSIFIED AS A SHORT STAY FACILITY AND THE DISCHARGE DATE WAS DURING 1980, AS REPORTED IN HS1, REVISED ON THE SUMMARY, OR IMPUTED, ROUNDS 1-5. RANGE = 000-009	
P170	0170	0172	3	NUMBER OF NIGHTS IN HOSPITAL TOTAL NUMBER OF NIGHTS IN HOSPITAL FOR HOSPITAL STAYS WITH A DISCHARGE DATE DURING 1980, AS RECODED FROM HS1 AND HS1A, ROUNDS 1-5. RANGE = 000-307	
P173	0173	0175	3	NUMBER OF PRESCRIBED MEDICINES TOTAL NUMBER OF PRESCRIBED MEDICINES, AS RECODED BY SUMMING THE PRODUCTS OF THE PRESCRIBED MEDICINES REPORTED IN PM TABLE M, COLUMN A, AND THE NUMBER OF TIMES THE PRESCRIBED MEDICINES WERE OBTAINED, AS REPORTED IN PM TABLE M, COLUMN E, ROUNDS 1-5. RANGE = 000-212	
P176	0176	0178	3	NUMBER OF OTHER MEDICAL EXPENSES TOTAL NUMBER OF OTHER MEDICAL EXPENSES, AS REPORTED IN OME SECTION, ROUNDS 1-5. RANGE = 000-023	
P179	0179	0180	2	# OF COND (ICD CODES) REPORTED DURING '80 TOTAL NUMBER OF UNIQUE ICD CODES ASSIGNED TO CONDITIONS OCCURRING IN 1980, AS REPORTED IN C SECTION, ROUNDS 1-5. RANGE = 00-24	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P181	0181	0186	6	TOTAL CHARGES FOR DENTAL VISITS TOTAL CHARGES FOR TOTAL NUMBER OF DENTAL VISITS, AS RECORDED FROM DV5, DISTRIBUTED FROM A FLAT FEE REPORTED IN DV5/5A, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-005311 999999 = NOT APPLICABLE	
P187	0187	0192	6	TOTAL CHARGES FOR DR VISITS (INPATIENT VISITS ONLY) TOTAL CHARGES FOR TOTAL NUMBER OF DOCTOR VISITS OCCURRING DURING A HOSPITAL STAY, AS RECORDED FROM HS18, DISTRIBUTED FROM A FLAT FEE REPORTED IN HS18, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-008526 999999 = NOT APPLICABLE	
P193	0193	0198	6	TOTAL CHARGES FOR EMERGENCY ROOM VISITS TOTAL CHARGES FOR TOTAL NUMBER OF EMERGENCY ROOM VISITS, AS REPORTED IN ER10, DISTRIBUTED FROM A FLAT FEE REPORTED IN ER10, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-005301 999999 = NOT APPLICABLE	
P199	0199	0204	6	TOTAL CHARGES FOR HOSPITAL OPD VISITS (DR. SEEN) TOTAL CHARGES FOR TOTAL NUMBER OF OUTPATIENT DEPARTMENT VISITS DURING WHICH A MEDICAL DOCTOR WAS SEEN, AS REPORTED IN OPD9, DISTRIBUTED FROM A FLAT FEE REPORTED IN OPD9, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-018339 999999 = NOT APPLICABLE	
P205	0205	0210	6	TOTAL CHARGES FOR PHYSICIAN VISITS (DR. SEEN) TOTAL CHARGES FOR TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A MEDICAL DOCTOR WAS SEEN, AS REPORTED IN MV9, DISTRIBUTED FROM A FLAT FEE REPORTED IN MV9, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-003483 999999 = NOT APPLICABLE	
P211	0211	0216	6	TOTAL CHARGES FOR OTHER VISITS (NON-PHYSICIAN SEEN) TOTAL CHARGES FOR TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A NON-PHYSICIAN WORKING INDEPENDENTLY WAS SEEN, AS REPORTED IN MV9, DISTRIBUTED FROM A FLAT FEE REPORTED IN MV9, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-010767 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P217	0217	0222	6	TOTAL CHARGES FOR HOSP OPD VISITS (NON-PHY SEEN) TOTAL CHARGES FOR TOTAL NUMBER OF OUTPATIENT DEPARTMENT VISITS DURING WHICH A NON-PHYSICIAN WAS SEEN, AS REPORTED IN OPD9, DISTRIBUTED FROM A FLAT FEE REPORTED IN OPD9, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-002927 999999 = NOT APPLICABLE	
P223	0223	0228	6	TOTAL CHARGES FOR PHYSICIAN VISITS (NON-PHY SEEN) TOTAL CHARGES FOR TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A NON-PHYSICIAN WORKING WITH A PHYSICIAN WAS SEEN, AS REPORTED IN MV9, DISTRIBUTED FROM A FLAT FEE REPORTED IN MV9, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-011047 999999 = NOT APPLICABLE	
P229	0229	0234	6	TOTAL CHARGES FOR HOSPITAL STAYS TOTAL CHARGES FOR TOTAL NUMBER OF HOSPITAL STAYS FOR WHICH THE HOSPITAL WAS CLASSIFIED AS A SHORT-STAY FACILITY AND THE DISCHARGE DATE WAS DURING 1980, AS RECODED FROM HS10, DISTRIBUTED FROM A FLAT FEE REPORTED IN HS10, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. THESE CHARGES INCLUDE SEPARATELY BILLED DOCTOR CHARGES FOR VISITS OCCURRING DURING THESE HOSPITAL STAYS, AS RECODED FROM HS18, DISTRIBUTED FROM A FLAT FEE REPORTED IN HS18, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-119268 999999 = NOT APPLICABLE	
P235	0235	0240	6	TOTAL CHARGES FOR PRESCRIBED MEDICINES TOTAL CHARGES FOR TOTAL NUMBER OF PRESCRIBED MEDICINES, AS RECODED FROM PM TABLE M, COLUMN F; DISTRIBUTED FROM A FLAT FEE REPORTED IN PM TABLE M, COLUMN F; REVISED ON THE SUMMARY; OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-001997 999999 = NOT APPLICABLE	
P241	0241	0246	6	TOTAL CHARGES FOR OTHER MEDICAL EXPENSES TOTAL CHARGES FOR TOTAL NUMBER OF OTHER MEDICAL EXPENSES, AS RECODED FROM OME TABLE O, COLUMN E; DISTRIBUTED FROM A FLAT FEE REPORTED IN OME TABLE O, COLUMN E; REVISED ON THE SUMMARY; OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-001694 999999 = NOT APPLICABLE	
P247	0247	0252	6	TOTAL CHARGES THE SUM OF ALL THE "TOTAL CHARGES" VARIABLES. RANGE = 000000-119764 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P253	0253	0258	6	OUT-OF-POCKET COST FOR DENTAL VISITS THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF DENTAL VISITS, AS RECODED FROM DV6, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-004561 999999 = NOT APPLICABLE	
P259	0259	0264	6	OUT-OF-POCKET COST FOR DR VISITS (INPATIENT ONLY) THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF DOCTOR VISITS OCCURRING DURING A HOSPITAL STAY, AS RECODED FROM HS19, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-003257 999999 = NOT APPLICABLE	
P265	0265	0270	6	OUT-OF-POCKET COST FOR EMER ROOM VISITS THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF EMERGENCY ROOM VISITS, AS REPORTED IN ER11, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-005301 999999 = NOT APPLICABLE	
P271	0271	0276	6	OUT-OF-POCKET COST FOR HOSPITAL OPD(DR. SEEN) THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF OUTPATIENT DEPARTMENT VISITS DURING WHICH A MEDICAL DOCTOR WAS SEEN, AS REPORTED IN DPD10, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-003399 999999 = NOT APPLICABLE	
P277	0277	0282	6	OUT-OF-POCKET COST FOR PHYSICIAN VISITS (DR SEEN) THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A MEDICAL DOCTOR WAS SEEN, AS REPORTED IN MV10, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-003300 999999 = NOT APPLICABLE	
P283	0283	0288	6	OUT-OF-POCKET COST FOR OTHER VISITS (NON-PHY SEEN) THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A NON-PHYSICIAN WORKING INDEPENDENTLY WAS SEEN, AS REPORTED IN MV10, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-010571 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P289	0289	0294	6	OUT-OF-POCKET COST FOR HOSP OPD VISITS (NON-PHY SEEN) THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF OUTPATIENT DEPARTMENT VISITS DURING WHICH A NON-PHYSICIAN WAS SEEN, AS REPORTED IN OPD10, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-002356 999999 = NOT APPLICABLE	
P295	0295	0300	6	OUT-OF-POCKET COST FOR PHYSICIAN VISITS (NON-PHY SEEN) THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF MEDICAL VISITS DURING WHICH A NON-PHYSICIAN WORKING WITH A PHYSICIAN WAS SEEN, AS REPORTED IN MV10, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-002172 999999 = NOT APPLICABLE	
P301	0301	0306	6	OUT-OF-POCKET COST FOR HOSPITAL STAYS THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF HOSPITAL STAYS FOR WHICH THE HOSPITAL WAS CLASSIFIED AS A SHORT-STAY FACILITY AND THE DISCHARGE DATE WAS DURING 1980 AND SEPARATELY BILLED DOCTOR CHARGES FOR VISITS OCCURRING DURING THESE HOSPITAL STAYS, AS RECODED FROM HS11 AND HS19, REVISED ON THE SUMMARY, OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-034923 999999 = NOT APPLICABLE	
P307	0307	0312	6	OUT-OF-POCKET COST FOR PRESCRIBED MEDICINES THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF PRESCRIBED MEDICINES, AS RECODED FROM PM TABLE M, COLUMN H; REVISED ON THE SUMMARY; OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-001647 999999 = NOT APPLICABLE	
P313	0313	0318	6	OUT-OF-POCKET COST FOR OTHER MEDICAL EXPENSES THE SUM OF THE AMOUNTS PAID/TO BE PAID BY SELF OR FAMILY (SOP CODE 71) FOR TOTAL NUMBER OF OTHER MEDICAL EXPENSES, AS RECODED FROM OME TABLE O, COLUMN F; REVISED ON THE SUMMARY; OR IMPUTED FOR ROUNDS 1-5. RANGE = 000000-001300 999999 = NOT APPLICABLE	
P319	0319	0324	6	TOTAL OUT-OF-POCKET COST THE SUM OF ALL THE 'OUT-OF-POCKET COST' VARIABLES. RANGE = 000000-035116 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P325	0325	0325	1	PRIVATE INSURANCE-FIRST QUARTER(FEB 15)- FIRST PLAN HEALTH INSURANCE PLAN TYPE FOR FIRST PLAN COVERAGE REPORTED IN 1ST QUARTER OF 1980 (ROUND 1), AS RECODED FROM SOURCE OF PAYMENT CODE ASSIGNED TO HI7A/7B RESPONSE OR SUMMARY REVISION OF RESPONSE.	
				0 = NO PRIVATE INSURANCE . . . . .	4373
				1 = COMMERCIAL OR INDEPENDENT INS . . . . .	6687
				2 = BLUE CROSS &/OR BLUE SHIELD . . . . .	4174
				3 = QUALIFIED HLTH MAINTENANCE ORG . . . . .	253
				4 = NOT QUALIFIED HLTH MAINTENANCE ORG . . . . .	113
				5 = OTHER PREPAID . . . . .	363
				6 = COMPANY, UNION, OR SCHOOL NAME . . . . .	669
				7 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	253
				9 = NOT ELIGIBLE . . . . .	238
P326	0326	0326	1	PRIVATE INSURANCE-FIRST QUARTER(FEB 15)- SECOND PLAN HEALTH INSURANCE PLAN TYPE FOR SECOND PLAN COVERAGE REPORTED IN 1ST QUARTER OF 1980 (ROUND 1), AS RECODED FROM SOURCE OF PAYMENT CODE ASSIGNED TO HI7A/7B REPOSE OR SUMMARY REVISION OF RESPONSE.	
				0 = NO PRIVATE INSURANCE . . . . .	4373
				1 = COMMERCIAL OR INDEPENDENT INS . . . . .	0
				2 = BLUE CROSS &/OR BLUE SHIELD . . . . .	1178
				3 = QUALIFIED HLTH MAINTENANCE ORG . . . . .	56
				4 = NOT QUALIFIED HLTH MAINTENANCE ORG . . . . .	45
				5 = OTHER PREPAID . . . . .	430
				6 = COMPANY, UNION, OR SCHOOL NAME . . . . .	464
				7 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	202
				8 = NO SECOND PLAN . . . . .	10137
				9 = NOT ELIGIBLE . . . . .	238
P327	0327	0327	1	PRIVATE INSURANCE-FIRST QUARTER(FEB 15)- THIRD PLAN HEALTH INSURANCE PLAN TYPE FOR THIRD PLAN COVERAGE REPORTED IN 1ST QUARTER OF 1980 (ROUND 1), AS RECODED FROM SOURCE OF PAYMENT CODE ASSIGNED TO HI7A/7B RESPONSE OR SUMMARY REVISION OF RESPONSE.	
				0 = NO PRIVATE INSURANCE . . . . .	4373
				1 = COMMERCIAL OR INDEPENDENT INS . . . . .	0
				2 = BLUE CROSS &/OR BLUE SHIELD . . . . .	0
				3 = QUALIFIED HLTH MAINTENANCE ORG . . . . .	7
				4 = NOT QUALIFIED HLTH MAINTENANCE ORG . . . . .	6
				5 = OTHER PREPAID . . . . .	73
				6 = COMPANY, UNION, OR SCHOOL NAME . . . . .	82
				7 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	65
				8 = NO THIRD PLAN . . . . .	12279
				9 = NOT ELIGIBLE . . . . .	238

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P328	0328	0328	1	PRIVATE INSURANCE-FOURTH QUARTER(NOV 15) - FIRST PLAN HEALTH INSURANCE PLAN TYPE FOR FIRST PLAN COVERAGE REPORTED IN 4TH QUARTER OF 1980 (ROUND 5); AS RECODED FROM SOURCE OF PAYMENT CODE ASSIGNED TO HI7A/7B RESPONSE OR SUMMARY REVISION OF RESPONSE.	
				0 = NO PRIVATE INSURANCE . . . . .	4200
				1 = COMMERCIAL OR INDEPENDENT INS . . . . .	7052
				2 = BLUE CROSS &/OR BLUE SHIELD . . . . .	3986
				3 = QUALIFIED HLTH MAINTENANCE ORG . . . . .	222
				4 = NOT QUALIFIED HLTH MAINTENANCE ORG . . . . .	121
				5 = OTHER PREPAID . . . . .	356
				6 = COMPANY, UNION, OR SCHOOL NAME . . . . .	648
				7 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	268
				9 = NOT ELIGIBLE . . . . .	270
P329	0329	0329	1	PRIVATE INSURANCE-FOURTH QUARTER(NOV 15)- SECOND PLAN HEALTH INSURANCE PLAN TYPE FOR SECOND PLAN COVERAGE REPORTED IN 4TH QUARTER OF 1980 (ROUND 5); AS RECODED FROM SOURCE OF PAYMENT CODE ASSIGNED TO HI7A/7B RESPONSE OR SUMMARY REVISION OF RESPONSE.	
				0 = NO PRIVATE INSURANCE . . . . .	4200
				1 = COMMERCIAL OR INDEPENDENT INS . . . . .	0
				2 = BLUE CROSS &/OR BLUE SHIELD . . . . .	1466
				3 = QUALIFIED HLTH MAINTENANCE ORG . . . . .	92
				4 = NOT QUALIFIED HLTH MAINTENANCE ORG . . . . .	40
				5 = OTHER PREPAID . . . . .	501
				6 = COMPANY, UNION, OR SCHOOL NAME . . . . .	423
				7 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	198
				8 = NO SECOND PLAN . . . . .	9933
				9 = NOT ELIGIBLE . . . . .	270
P330	0330	0330	1	PRIVATE INSURANCE-FOURTH QUARTER(NOV 15)- THIRD PLAN HEALTH INSURANCE PLAN TYPE FOR THIRD PLAN COVERAGE REPORTED IN 4TH QUARTER OF 1980 (ROUND 5); AS RECODED FROM SOURCE OF PAYMENT CODE ASSIGNED TO HI7A/7B RESPONSE OR SUMMARY REVISION OF RESPONSE.	
				0 = NO PRIVATE INSURANCE . . . . .	4200
				1 = COMMERCIAL OR INDEPENDENT INS . . . . .	0
				2 = BLUE CROSS &/OR BLUE SHIELD . . . . .	0
				3 = QUALIFIED HLTH MAINTENANCE ORG . . . . .	6
				4 = NOT QUALIFIED HLTH MAINTENANCE ORG . . . . .	14
				5 = OTHER PREPAID . . . . .	103
				6 = COMPANY, UNION, OR SCHOOL NAME . . . . .	117
				7 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	68
				8 = NO THIRD PLAN . . . . .	12345
				9 = NOT ELIGIBLE . . . . .	270

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P331	0331	0331	1	PRIV INS-SUPP TO MEDICARE-ROUND#1 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 1 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT WAS OBTAINED AS A SUPPLEMENT TO MEDICARE, AS RECODED FROM HI10. 1 = YES . . . . . 849 2 = NO . . . . . 655 8 = UNKNOWN . . . . . 11147 9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . . 4472	
P332	0332	0332	1	PRIV INS-SUPP TO MEDICARE-ROUND #5 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 5 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT WAS OBTAINED AS A SUPPLEMENT TO MEDICARE, AS RECODED FROM HI10. 1 = YES . . . . . 910 2 = NO . . . . . 653 8 = UNKNOWN . . . . . 11355 9 = NOT APPLICABLE(NO PRIVATE INS REPORTED) . . . . . 4205	
P333	0333	0333	1	PRIV INS-PAY HOSP EXPENSE-ROUND#1 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 1 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF HOSPITAL EXPENSES, AS RECODED FROM HI11. 1 = YES . . . . . 11518 2 = NO . . . . . 41 8 = UNKNOWN . . . . . 1092 9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . . 4472	
P334	0334	0334	1	PRIV INS-PAY HOSP EXPENSE-ROUND#5 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 5 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF HOSPITAL EXPENSES, AS RECODED FROM HI11. 1 = YES . . . . . 11828 2 = NO . . . . . 63 8 = UNKNOWN . . . . . 1027 9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . . 4205	
P335	0335	0335	1	PRIV INS-PAY SURGEON BILL-ROUND#1 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 1 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF A SURGEON'S BILLS, AS RECODED FROM HI12. 1 = YES . . . . . 11213 2 = NO . . . . . 139 8 = UNKNOWN . . . . . 1299 9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . . 4472	
P336	0336	0336	1	PRIV INS-PAY SURGEON BILL-ROUND#5 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 5 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF A SURGEON'S BILLS, AS RECODED FROM HI12. 1 = YES . . . . . 11661	

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				2 = NO . . . . .	154
				8 = UNKNOWN . . . . .	1103
				9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . .	4205
P337	0337	0337	1	PRIV INS-PAY DOC BILL IN HOSP-ROUND#1 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 1 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF A DOCTOR'S BILLS FOR VISITS IN A HOSPITAL, AS RECODED FROM HI13.	
				1 = YES . . . . .	10569
				2 = NO . . . . .	395
				8 = UNKNOWN . . . . .	1687
				9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . .	4472
P338	0338	0338	1	PRIV INS-PAY DOC BILL IN HOSP-ROUND#5 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 5 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF A DOCTOR'S BILLS FOR VISITS IN A HOSPITAL, AS RECODED FROM HI13.	
				1 = YES . . . . .	11217
				2 = NO . . . . .	329
				8 = UNKNOWN . . . . .	1372
				9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . .	4205
P339	0339	0339	1	PRIV INS-PAY DOC BILL @ OFFICE-ROUND#1 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 1 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF A DOCTOR'S BILLS FOR VISITS IN A DOCTOR'S OFFICE, AS RECODED FROM HI14.	
				1 = YES . . . . .	6113
				2 = NO . . . . .	4640
				8 = UNKNOWN . . . . .	1898
				9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . .	4472
P340	0340	0340	1	PRIV INS-PAY DOC BILL @ OFFICE-ROUND#5 INDICATES IF PARTICIPANT WAS REPORTED IN ROUND 5 AS COVERED BY A PRIVATE HEALTH INSURANCE PLAN THAT PAID ANY PART OF A DOCTOR'S BILLS FOR VISITS IN A DOCTOR'S OFFICE, AS RECODED FROM HI14.	
				1 = YES . . . . .	6334
				2 = NO . . . . .	5095
				8 = UNKNOWN . . . . .	1489
				9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . .	4205
P341	0341	0341	1	DENTAL INSURANCE INDICATES IF PARTICIPANT WAS REPORTED AS COVERED BY DENTAL INSURANCE FOR ENTIRE YEAR OR PART OF YEAR, AND IF SO, THE TYPE OF DENTAL INSURANCE COVERAGE, AS RECODED FROM HI6, 6A, 6B, AND 15, ROUNDS 1 AND 5.	
				1 = WHOLE YEAR, SEPARATE PLAN . . . . .	900

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				2 = WHOLE YEAR, COMBINED W/MEDICAL . . . . .	1630
				3 = PART YEAR, SEPARATE PLAN . . . . .	1467
				4 = PART YEAR, COMBINED W/MEDICAL . . . . .	1821
				5 = NOT COVERED . . . . .	5147
				8 = UNKNOWN . . . . .	6158
P342	0342	0342	1	PRIVATE INSURANCE PREMIUM PAYMENTS INDICATES SOURCE OF PAYMENT FOR ANY PRIVATE HEALTH INSURANCE PLANS REPORTED IN ROUND 1 OR ROUND 5 AS COVERING THE PARTICIPANT, AS RECODED FROM HI16, 17, AND 17A.	
				1 = FAMILY PAYS ALL . . . . .	2406
				2 = FAMILY PAYS PART, UNION/EMPL PAYS PART . . . . .	5428
				3 = FAMILY PAYS PART, OTH SOURCE PAYS PART . . . . .	197
				4 = UNION OR EMPLOYER PAYS ALL . . . . .	4719
				5 = OTHER SOURCE PAYS ALL . . . . .	192
				8 = UNKNOWN . . . . .	4181
				9 = NOT APPLICABLE (NO PRIVATE INS REPORTED) . . . . .	0
P343	0343	0344	2	MAIN REASON FOR NO INS IN 1ST INTERVIEW INDICATES MAIN REASON FOR PARTICIPANT'S NOT BEING COVERED BY HEALTH INSURANCE, AS RECODED FROM FIRST INTERVIEW HI I BOX CODE OR HI9 AND/OR HI9A.	
				01 = CARE FROM MEDICAID/WELFARE . . . . .	19
				02 = UNEMPLOYMENT REASONS . . . . .	153
				03 = CANNOT OBTAIN(POOR HEALTH,ILLNESS,AGE) . . . . .	34
				04 = TOO EXPENSIVE . . . . .	1043
				05 = DISSATISFIED W/PREVIOUS INSURANCE . . . . .	43
				06 = DOESN'T BELIEVE IN INSURANCE . . . . .	39
				07 = HASN'T NEEDED INSURANCE . . . . .	161
				08 = VETERAN BENEFITS . . . . .	37
				09 = VETERAN'S ADMINISTRATION . . . . .	19
				10 = PROFESSIONAL COURTESY . . . . .	6
				11 = NOT ELIGIBLE YET . . . . .	152
				12 = OTHER INS:CANCER,EXTRA CASH POLICIES . . . . .	0
				13 = OTHER . . . . .	206
				98 = UNKNOWN . . . . .	403
				99 = NOT APPLICABLE (HAS INSURANCE) . . . . .	14808
P345	0345	0346	2	MAIN REASON FOR NO INS IN RD 5 INTERVIEW INDICATES MAIN REASON FOR PARTICIPANT'S NOT BEING COVERED BY HEALTH INSURANCE, AS RECODED FROM ROUND 5 INTERVIEW HI I BOX CODE OR HI9 AND/OR HI9A.	
				01 = CARE FORM MEDICAID/WELFARE . . . . .	8
				02 = UNEMPLOYMENT REASONS . . . . .	191
				03 = CANNOT OBTAIN(POOR HEALTH,ILLNESS,AGE) . . . . .	31
				04 = TOO EXPENSIVE . . . . .	906
				05 = DISSATISFIED W/PREVIOUS INSURANCE . . . . .	50
				06 = DOESN'T BELIEVE IN INSURANCE . . . . .	36
				07 = HASN'T NEEDED INSURANCE . . . . .	164
				08 = VETERAN BENEFITS . . . . .	33

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				09 = VETERAN'S ADMINISTRATION . . . . .	11
				10 = PROFESSIONAL COURTESY . . . . .	2
				11 = NOT ELIGIBLE YET . . . . .	92
				12 = OTHER INS;CANCER,EXTRA CASH POLICIES . . . . .	13
				13 = OTHER . . . . .	173
				98 = UNKNOWN . . . . .	853
				99 = NOT APPLICABLE (HAS INSURANCE) . . . . .	14560
P347I618	0347	0348	2	WEEKS WORKED IN 1980 TOTAL NUMBER OF WEEKS WORKED IN 1980, AS REPORTED IN E1 OR IMPUTED. RANGE = 00-52 99 = NOT APPLICABLE (UNDER 14 YEARS OF AGE)	
P349I619	0349	0350	2	HOURS PER WEEK WORKED ON MAIN JOB TOTAL HOURS PER WEEK WORKED ON MAIN JOB, AS REPORTED IN E4 OR IMPUTED. RANGE = 00-85 99 = NOT APPLICABLE	
P351I620	0351	0352	2	WEEKS WORKED ON SECOND JOB TOTAL WEEKS WORKED ON SECOND JOB, AS REPORTED IN E5 AND E5A OR IMPUTED. RANGE = 00-52 99 = NOT APPLICABLE	
P353I621	0353	0354	2	HOURS PER WEEK WORKED ON SECOND JOB TOTAL HOURS PER WEEK WORKED ON SECOND JOB, AS REPORTED IN ESB OR IMPUTED. RANGE = 00-80 99 = NOT APPLICABLE	
P355	0355	0355	1	LOOKED FOR WORK DURING YEAR INDICATES IF PARTICIPANT LOOKED FOR WORK DURING 1980, AS RECODED FROM E1 AND RDSS, E2. 1 = YES, IF E2 CODED 01 FOR AT LEAST 1 RD . . . . . 2167 2 = NO, IF E2 CODED 02 FOR EVERY ELIG RD . . . . . 2694 8 = UNKNOWN . . . . . 3534 9 = "WEEKS WORKED IN 1980" EQ 52 OR 99 . . . . . 8728	
P356	0356	0356	1	USUAL ACTIVITY IN 1979 USUAL ACTIVITY IN 1979, AS RECODED USING AGE CATEGORY REPORTED IN S#1, L (ABOVE L1) AND RESPONSES TO L1, 1A, 1B, AND 1C. 0 = UNDER SIX YEARS . . . . . 1776 1 = USUALLY WORKING . . . . . 6662 2 = KEEPING HOUSE . . . . . 2574 3 = RETIRED, HEALTH . . . . . 447 4 = RETIRED, OTHER . . . . . 882 5 = GOING TO SCHOOL . . . . . 3689	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				6 = SOMETHING ELSE . . . . .	775
				8 = UNKNOWN . . . . .	318
P357	0357	0361	5	FOR WHAT KIND OF BUS/IND DID PERSON WORK A 5 DIGIT CENSUS BUREAU INDUSTRY CODE ASSIGNED TO THE BUSINESS OR INDUSTRY OF PARTICIPANT'S EMPLOYER, AS REPORTED IN RD55, E1A. RANGE = 01000-99101 99998 = UNKNOWN 99999 = NOT APPLICABLE	
P362I622	0362	0363	2	OCCUPATION GROUP OCCUPATIONAL CLASSIFICATION OF PARTICIPANT'S EMPLOYER, AS REPORTED IN RD55, E1B; RECODED FROM RD55, E1A; OR IMPUTED.	
				01 = UNEMPLOYED . . . . .	4092
				02 = OPERATE FARMS . . . . .	123
				03 = OTHER FARM WORK . . . . .	127
				04 = HEAVY PHYSICAL WORK . . . . .	536
				05 = PROVIDE SERVICES . . . . .	1728
				06 = OPERATE OR SERVICE VEHICLES . . . . .	395
				07 = MANUFACTURE OR PROCESS THINGS . . . . .	987
				08 = SKILLED TRADES OR CRAFTS . . . . .	954
				09 = OFFICE OR CLERICAL WORK . . . . .	1377
				10 = SELL THINGS . . . . .	631
				11 = MANAGERS OR ADMINISTRATORS . . . . .	816
				12 = PROFESSION OR TECHNICAL SPECIALTIES . . . . .	1303
				93 = UNDER 14 YEARS OF AGE . . . . .	4054
P364	0364	0365	2	WAS PERSON AN EMPLOYEE OF...? ADDITIONAL CLASSIFICATION OF PARTICIPANT'S EMPLOYER, AS REPORTED IN RD55, E1C.	
				01 = PRIVATE . . . . .	5965
				02 = FEDERAL . . . . .	284
				03 = STATE . . . . .	397
				04 = LOCAL . . . . .	665
				05 = FARM . . . . .	90
				06 = UNINCORPORATED . . . . .	527
				07 = INCORPORATED . . . . .	169
				08 = WITHOUT PAY . . . . .	33
				98 = UNKNOWN . . . . .	1085
				99 = NOT APPLICABLE . . . . .	7908
P366	0366	0371	6	ANNUALIZED WAGE RATE OR SALARY BEFORE TAXES ANNUALIZED WAGE RATE OR SALARY BEFORE TAXES ON MAIN JOB, AS RECODED FROM RD55, E2 AND E2A. RANGE = 000012-809120 999998 = UNKNOWN 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P372	0372	0372	1	<p>WAS THAT AT FULL PAY, PART PAY, OR SOME COMBINATION?  TYPE OF PAY PARTICIPANT WOULD HAVE RECEIVED IF HE/SHE HAD  MISSED WORK BECAUSE OF ILLNESS OR INJURY, AS RECODED FROM  RD55, E3B.</p> <p>1 = FULL PAY . . . . . 3003  2 = PART PAY . . . . . 267  3 = SOME COMBINATION . . . . . 193  8 = UNKNOWN . . . . . 1612  9 = NOT APPLICABLE . . . . . 12048</p>	
P373	0373	0375	3	<p>DAYS OF PAID SICK LEAVE IN 1980  MAXIMUM AMOUNT OF SICK LEAVE AVAILABLE TO PARTICIPANT AT  ANY ONE TIME IN 1980, AS REPORTED IN RD55, E3A.</p> <p>RANGE = 000-367  000 = NO PAID SICK LEAVE  367 = DAYS AVAILABLE AS NEEDED  998 = UNKNOWN  999 = NOT APPLICABLE (DOES NOT WORK)</p>	
P376	0376	0378	3	<p>DAYS OF ANNUAL LEAVE IN 1980  MAXIMUM AMOUNT OF ANNUAL LEAVE OR VACATION TIME AVAILABLE  TO PARTICIPANT AT ANY ONE TIME IN 1980, AS REPORTED IN  RD55, E4B.</p> <p>RANGE = 000-365  000 = NO ANNUAL LEAVE  998 = UNKNOWN  999 = NOT APPLICABLE (DOES NOT WORK)</p>	
P379	0379	0379	1	<p>ANNUAL LEAVE FOR VACATION ONLY?  INDICATES IF PARTICIPANT HAD TO USE ANNUAL LEAVE FOR  VACATION ONLY, OR IF DAYS COULD BE USED IF PARTICIPANT WAS  SICK, AS RECODED FROM RD55, E4A.</p> <p>1 = VACATION ONLY . . . . . 2040  2 = CAN USE IF SICK . . . . . 1962  8 = UNKNOWN . . . . . 1609  9 = NOT APPLICABLE . . . . . 11512</p>	
P380	0380	0385	6	<p>TOT NET INCOME ANNUALIZED  ANNUALIZED NET INCOME FOR SELF-EMPLOYED PARTICIPANT, AS  RECODED FROM RD55, E5 AND E5A.</p> <p>RANGE = 000000-300000  999998 = UNKNOWN  999999 = NOT APPLICABLE</p>	
P386	0386	0386	1	<p>IN 1980, DID PERSON BELONG TO LABOR UNION?  INDICATES IF PARTICIPANT BELONGED TO A LABOR UNION WHILE  WORKING, AS RECODED FROM RD55, E6.</p> <p>1 = YES . . . . . 1552  2 = NO . . . . . 6544  8 = UNKNOWN . . . . . 8858</p>	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				9 = NOT APPLICABLE . . . . .	169
P387	0387	0387	1	WERE FEWER HRS PER WK WORKED THAN PERSON LIKED? INDICATES IF PARTICIPANT WORKED FEWER HOURS PER WEEK IN 1980 THAN HE/SHE WOULD HAVE LIKED BECAUSE OF HEALTH REASONS, AS RECODED FROM RD55, E7. 1 = YES . . . . . 315 2 = NO . . . . . 7961 8 = UNKNOWN . . . . . 933 9 = NOT APPLICABLE . . . . . 7914	
P388	0388	0389	2	HOW MANY FEWER HOURS PER WEEK WORKED THAN LIKED? NUMBER OF FEWER HOURS WORKED PER WEEK THAN PARTICIPANT WOULD HAVE LIKED, BECAUSE OF HEALTH REASONS, AS RECODED FROM RD55, E7A. RANGE = 01-50 98 = UNKNOWN 99 = NOT APPLICABLE	
P390	0390	0390	1	DID PERSON EVER WORK ANOTHER JOB AT SAME TIME? INDICATES IF PARTICIPANT EVER WORKED AT ANOTHER JOB WHILE HE/SHE WAS WORKING FOR EMPLOYER FOR WHOM HE/SHE WORKED LONGEST IN 1980, AS RECODED FROM RD55, E8. 1 = YES . . . . . 687 2 = NO . . . . . 7550 8 = UNKNOWN . . . . . 972 9 = NOT APPLICABLE . . . . . 7914	
P391	0391	0396	6	OTHER JOB'S WAGES BEFORE TAXES ANNUALIZED ANNUALIZED WAGE RATE OR SALARY BEFORE TAXES ON SECOND JOB, AS RECODED FROM RD55, E8A AND E8B. RANGE = 000000-208000 999998 = UNKNOWN 999999 = NOT APPLICABLE	
P397	0397	0397	1	DID PERSON QUIT A JOB IN 1980 FOR HEALTH? INDICATES IF PARTICIPANT QUIT A JOB IN 1980 BECAUSE OF HEALTH REASONS, AS RECODED FROM RD55, E9. 1 = YES . . . . . 214 2 = NO . . . . . 8022 8 = UNKNOWN . . . . . 973 9 = NOT APPLICABLE . . . . . 7914	
P398	0398	0398	1	NUMBER OF TIMES PERSON QUIT JOB IN 1980 FOR HEALTH NUMBER OF TIMES PARTICIPANT QUIT A JOB IN 1980 BECAUSE OF HEALTH REASONS, AS RECODED FROM RD55, E9A. RANGE = 1-5 8 = UNKNOWN 9 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P399I623	0399	0404	6	EMPLOYMENT INCOME AMOUNT OF INCOME RECEIVED FROM WORKING IN 1980, AS RECODED FROM RD5S, E10 OR IMPUTED. RANGE = 000000-730121	
P405I624	0405	0408	4	VETERAN'S PAYMENTS AMOUNT OF INCOME RECEIVED FROM VETERAN'S PAYMENTS IN 1980, AS RECODED FROM RD5S, I1B OR IMPUTED. RANGE = 0000-7740 9997 = GREATER THAN 9990 DOLLARS	
P409I625	0409	0412	4	UNEMPLOYMENT INSURANCE AMOUNT OF INCOME RECEIVED FROM UNEMPLOYMENT INSURANCE IN 1980, AS RECODED FROM RD5S, I2B OR IMPUTED. RANGE = 0000-8070	
P413I626	0413	0416	4	WORKER'S COMPENSATION AMOUNT OF INCOME RECEIVED FROM WORKER'S COMPENSATION IN 1980, AS RECODED FROM RD5S, I3B OR IMPUTED. RANGE = 0000-8760	
P417I627	0417	0422	6	SSI INCOME AMOUNT OF SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED IN 1980, AS RECODED FROM RD5S, I4C AND I4D OR IMPUTED. RANGE = 000000-009021	
P423I628	0423	0428	6	SOCIAL SECURITY INCOME AMOUNT OF SOCIAL SECURITY INCOME RECEIVED IN 1980, AS RECODED FROM RD5S, I5C AND I5D OR IMPUTED. RANGE = 000000-019200	
P429I629	0429	0432	4	PUBLIC ASSISTANCE INCOME AMOUNT OF PUBLIC ASSISTANCE INCOME RECEIVED IN 1980, AS RECODED FROM RD5S, I6E AND I6F OR IMPUTED. RANGE = 0000-8050	
P433	0433	0433	1	TYPE OF WELFARE INDICATES TYPE OF PUBLIC ASSISTANCE INCOME RECEIVED IN 1980, AS RECODED FROM RD5S, I6B OR IMPUTED.	
				1 = AFDC . . . . .	736
				2 = OTHER . . . . .	171
				3 = AFDC AND OTHER . . . . .	30
				8 = UNKNOWN . . . . .	84
				9 = NOT APPLICABLE (0 RECVD FROM WELFARE) . . . . .	16102
P434I630	0434	0439	6	PENSION INCOME AMOUNT OF INCOME RECEIVED FROM PENSIONS, RETIREMENT, OR ANNUITY IN 1980, AS RECODED FROM RD5S, I7C AND I7D OR IMPUTED. RANGE = 000000-119988	

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P440I631	0440	0444	5	CASH PAYMENTS AMOUNT OF INCOME RECEIVED IN 1980 FROM CHILD SUPPORT, ALIMONY, OR REGULAR CASH PAYMENTS FROM PEOPLE NOT RESIDING IN THE HOUSEHOLD, AS RECODED FROM RD55, I8B, 8C, AND 8D OR IMPUTED. RANGE = 00000-12000	
P445I632	0445	0449	5	INTEREST INCOME AMOUNT OF INCOME RECEIVED IN 1980 FROM INTEREST ON SAVINGS ACCOUNTS OR BONDS, AS RECODED FROM RD55, I9B, 9C, AND 9D OR IMPUTED. RANGE = 00000-12000	
P450I633	0450	0455	6	CAPITAL INVESTMENTS INCOME AMOUNT OF INCOME RECEIVED IN 1980 FROM DIVIDENDS, TRUSTS, ROYALTIES, OR NET RENTAL INCOME, AS RECODED FROM RD55, I10B, 10C, AND 10D OR IMPUTED. RANGE = 000000-264000	
P456I634	0456	0461	6	OTHER INCOME AMOUNT OF INCOME RECEIVED IN 1980 FROM ANY OTHER SOURCES, INCLUDING MONEY FROM INSURANCE SETTLEMENTS, EDUCATIONAL GRANTS OR LOANS, INHERITANCE AND GIFTS BUT EXCLUDING MONEY FROM SALE OF PROPERTY OR REAL ESTATE, AS RECODED FROM RD55, I11B, 11C, AND 11D OR IMPUTED. RANGE = 000000-090000	
P462I635	0462	0467	6	TOTAL PERSON INCOME IN 1980 TOTAL INCOME RECEIVED IN 1980, AS RECODED BY SUMMING THE AMOUNTS FOR ALL INCOME COMPONENTS. RANGE = 000000-730521	
P468	0468	0468	1	RECEIVED SOCIAL SECURITY PAYMENTS INDICATES IF PARTICIPANT RECEIVED SOCIAL SECURITY PAYMENTS IN 1980, AS RECODED FROM RD55, I5. 1 = YES . . . . . 423 2 = NO . . . . . 16123 8 = UNKNOWN . . . . . 577	
P469	0469	0469	1	RECEIVED DISABILITY PAYMENTS FROM VA INDICATES IF PARTICIPANT RECEIVED ANY VETERAN'S PAYMENTS SUCH AS EDUCATION OR DISABILITY BENEFITS IN 1980, AS RECODED FROM RD55, I1. 1 = YES . . . . . 149 2 = NO . . . . . 74 8 = UNKNOWN . . . . . 5284 9 = NOT APPLICABLE . . . . . 11616	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P470I638	0470	0472	3	DATE OF DEATH DAY OF YEAR OF DEATH, IF PARTICIPANT DIED IN 1980, AS RECODED FROM SECTION D OF THE ROUND 1-5 CONTROL CARD. RANGE = 003-365 999 = NOT APPLICABLE	
P473I639	0473	0475	3	DATE OF INSTITUTIONALIZATION DAY OF YEAR OF INSTITUTIONALIZATION, IF PARTICIPANT WAS INSTITUTIONALIZED IN 1980, AS RECODED FROM SECTION D OF THE ROUND 1-5 CONTROL CARD. RANGE = 016-353 999 = NOT APPLICABLE	
P476	0476	0478	3	NUMBER OF MONTHS LIMITED NUMBER OF MONTHS PARTICIPANT HAD (MAIN) LIMITATION, AS RECODED FROM S#1, L9. RANGE = 001-852 998 = UNKNOWN 999 = NOT APPLICABLE	
P479	0479	0479	1	OLD AGE ONLY CAUSING LIMITATIONS INDICATES IF PARTICIPANT'S LIMITATIONS CAUSED BY OLD AGE ONLY, AS RECODED FROM S#1, L10. 0 = OLD AGE ONLY . . . . . 257 8 = UNKNOWN . . . . . 3290 9 = NOT APPLICABLE . . . . . 13576	
P480	0480	0481	2	FIRST RECODE OF CONDS CAUSING LIMITATIONS A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE (MAIN) LIMITATION, AS REPORTED IN S#1, L10. EACH UNIQUE ICD CONDITION CODE WAS RECODED BASED ON THE 'BASIC TABULATION LIST', PAGES 746-754 OF THE INTERNATIONAL CLASSIFICATION OF DISEASES, 1975 REVISION, VOLUME 1. 01 = INTESTINAL INFECTIOUS DISEASES . . . . . 0 02 = TUBERCULOSIS . . . . . 5 03 = OTHER BACTERIAL DISEASES . . . . . 2 04 = VIRAL DISEASES . . . . . 5 05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . . 1 06 = VENEREAL DISEASES . . . . . 1 07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . . 1 08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . . 2 09 = MALIGN NEDPL DIGESTIVE ORGANS & PERITONE . . . . . 3 10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . . 10 11 = MALIG NEOP BONE, CONNec TISS SKIN & BREA . . . . . 15 12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . . 9 13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . . 7 14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . . 5 15 = BENIGN NEOPLASM . . . . . 8 16 = CARCINOMA IN SITU . . . . . 1 17 = OTHER AND UNSPECIFIED NEOPLASM . . . . . 13	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD	102
				19 = NUTRITIONAL DEFICIENCIES	2
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS	16
				21 = MENTAL DISORDERS	107
				22 = DISEASES OF THE NERVOUS SYSTEM	110
				23 = DISORDERS OF THE EYE AND ADNEXA	88
				24 = DISEASES OF THE EAR AND MASTOID PROCESS	42
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS	14
				26 = HYPERTENSIVE DISEASE	131
				27 = ISCHAEMIC HEART DISEASE	129
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS	142
				29 = CEREBROVASCULAR DISEASE	78
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM	81
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT	36
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM	172
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS	1
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM	96
				35 = DISEASES OF URINARY SYSTEM	23
				36 = DISEASES OF MALE GENITAL ORGANS	4
				37 = DISEASES OF FEMALE GENITAL ORGANS	21
				38 = ABORTION	1
				39 = DIRECT OBSTETRIC CAUSES	2
				40 = INDIRECT OBSTETRIC CAUSES	0
				41 = NORMAL PREGNANCY AND DELIVERY	31
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE	19
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS	924
				44 = CONGENITAL ANOMALIES	43
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO	1
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS	116
				47 = FRACTURES	19
				48 = DISLOCATIONS, SPRAINS, AND STRAINS	15
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV	15
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS	6
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI	0
				52 = BURNS	1
				53 = POISONINGS AND TOXIC EFFECTS	3
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE	9
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM	15
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS	6
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR	24
				98 = UNKNOWN CONDITION	22
				99 = NO CONDITION	14368

P482 0482 0483 2 SECOND RECODE OF CONDS CAUSING LIMITATIONS  
A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE (MAIN)  
LIMITATION, AS REPORTED IN S#1, L10. SEE COMMENTS ON  
"FIRST RECODE OF CONDS CAUSING LIMITATIONS" FOR SOURCE OF  
RECODE.

01 =	INTESTINAL INFECTIOUS DISEASES	0
02 =	TUBERCULOSIS	1

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 PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				03 = OTHER BACTERIAL DISEASES . . . . .	0
				04 = VIRAL DISEASES . . . . .	1
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	0
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	1
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	1
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	2
				11 = MALIG NEOP BONE, CONNEC TISS SKIN & BREA . . . . .	1
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	2
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	2
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	0
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	1
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	24
				19 = NUTRITIONAL DEFICIENCIES . . . . .	0
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	1
				21 = MENTAL DISORDERS . . . . .	9
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	39
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	18
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	14
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	1
				26 = HYPERTENSIVE DISEASE . . . . .	55
				27 = ISCHAEMIC HEART DISEASE . . . . .	13
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	27
				29 = CEREBROVASCULAR DISEASE . . . . .	11
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	31
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	4
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	29
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	0
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	23
				35 = DISEASES OF URINARY SYSTEM . . . . .	3
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	0
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	6
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	0
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	0
				42 = DISEASES OF SKIN AND SUBCUTANEDUS TISSUE . . . . .	5
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	92
				44 = CONGENITAL ANOMALIES . . . . .	5
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	27
				47 = FRACTURES . . . . .	1
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	1
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	6
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	2
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
				52 = BURNS . . . . .	0

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	2
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	4
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	2
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	5
				98 = UNKNOWN CONDITION . . . . .	5
				99 = NO CONDITION . . . . .	16646
P484	0484	0485	2	THIRD RECODE OF CONDS CAUSING LIMITATIONS A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE (MAIN) LIMITATION, AS REPORTED IN S#1, L10. SEE COMMENTS ON 'FIRST RECODE OF CONDS CAUSING LIMITATIONS' FOR SOURCE OF RECODE.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	0
				02 = TUBERCULOSIS . . . . .	0
				03 = OTHER BACTERIAL DISEASES . . . . .	0
				04 = VIRAL DISEASES . . . . .	0
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	0
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	0
				11 = MALIG NEOP BONE, CONNEX TISS SKIN & BREA . . . . .	0
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	1
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	1
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	0
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	1
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	13
				19 = NUTRITIONAL DEFICIENCIES . . . . .	0
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	0
				21 = MENTAL DISORDERS . . . . .	4
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	5
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	12
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	1
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	0
				26 = HYPERTENSIVE DISEASE . . . . .	8
				27 = ISCHAEMIC HEART DISEASE . . . . .	2
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	6
				29 = CEREBROVASCULAR DISEASE . . . . .	7
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	4
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	0
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	2
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	1
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	4
				35 = DISEASES OF URINARY SYSTEM . . . . .	2
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	0
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	1

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	0
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	0
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	0
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	11
				44 = CONGENITAL ANOMALIES . . . . .	1
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIOD . . . . .	0
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	4
				47 = FRACTURES . . . . .	0
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	0
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	1
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	0
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
				52 = BURNS . . . . .	0
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	0
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	2
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	0
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	1
				98 = UNKNOWN CONDITION . . . . .	3
				99 = NO CONDITION . . . . .	17025

P486 0486 0487 2 MAIN COND CAUSING LIMITATION CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE MAIN  
CONDITION CAUSING THE LIMITATION, AS REPORTED IN S#1, L11.  
THIS NUMBER MATCHES THE 'CONDITION NUMBER' ON THE CONDITION  
FILE, PROVIDING A LINK TO THE SAME CONDITION.  
RANGE = 01-89  
98 = UNKNOWN  
99 = NOT APPLICABLE

P488 0488 0489 2 SECOND COND CAUSING LIMITATION CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE SECOND  
CONDITION CAUSING THE LIMITATION, AS REPORTED IN S#1, L11.  
THIS NUMBER MATCHES THE 'CONDITION NUMBER' ON THE CONDITION  
FILE, PROVIDING A LINK TO THE SAME CONDITION.  
RANGE = 01-09  
98 = UNKNOWN  
99 = NOT APPLICABLE

P490 0490 0491 2 THIRD COND CAUSING LIMITATION CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE THIRD  
CONDITION CAUSING THE LIMITATION, AS REPORTED IN S#1, L11.  
THIS NUMBER MATCHES THE 'CONDITION NUMBER' ON THE CONDITION  
FILE, PROVIDING A LINK TO THE SAME CONDITION.  
RANGE = 01-08  
98 = UNKNOWN  
99 = NOT APPLICABLE

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P492	0492	0495	4	MAIN CONDITION CAUSING LIMITATION ICD THE FIRST ICD CODE ASSIGNED TO THE MAIN CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10/L11.	
P496	0496	0499	4	MAIN CONDITION CAUSING LIMITATION ICD THE SECOND ICD CODE ASSIGNED TO THE MAIN CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P500	0500	0503	4	MAIN CONDITION CAUSING LIMITATION ICD THE THIRD ICD CODE ASSIGNED TO THE MAIN CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P504	0504	0507	4	SECOND CONDITION CAUSING LIMITATION ICD THE FIRST ICD CODE ASSIGNED TO THE SECOND CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P508	0508	0511	4	SECOND CONDITION CAUSING LIMITATION ICD THE SECOND ICD CODE ASSIGNED TO THE SECOND CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P512	0512	0515	4	SECOND CONDITION CAUSING LIMITATION ICD THE THIRD ICD CODE ASSIGNED TO THE SECOND CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P516	0516	0519	4	THIRD CONDITION CAUSING LIMITATION ICD THE FIRST ICD CODE ASSIGNED TO THE THIRD CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P520	0520	0523	4	THIRD CONDITION CAUSING LIMITATION ICD THE SECOND ICD CODE ASSIGNED TO THE THIRD CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P524	0524	0527	4	THIRD CONDITION CAUSING LIMITATION ICD THE THIRD ICD CODE ASSIGNED TO THE THIRD CONDITION CAUSING THE LIMITATION, AS RECODED FROM S#1, L10.	
P528	0528	0528	1	YEARS ON ACTIVE DUTY INDICATES IF PARTICIPANT SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE U.S. FOR MORE THAN 2 YEARS, AS RECODED FROM S#1, BI4B.	
				1 = 2 OR MORE YEARS . . . . .	1783
				2 = LESS THAN 2 YEARS . . . . .	478
				8 = UNKNOWN . . . . .	5223
				9 = NOT APPLICABLE . . . . .	9639
P529	0529	0529	1	ONLY IN NATIONAL GUARD OR RESERVES INDICATES IF PARTICIPANT'S SERVICE WAS IN THE NATIONAL GUARD OR RESERVES ONLY, AS RECODED FROM S#1, BI4C.	
				1 = YES . . . . .	133
				2 = NO . . . . .	326

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				8 = UNKNOWN . . . . .	5242
				9 = NOT APPLICABLE . . . . .	11422
P530	0530	0530	1	ONLY IN NATIONAL GUARD OR RESERVES FOR TRAINING INDICATES IF PARTICIPANT'S SERVICE IN THE NATIONAL GUARD OR RESERVES WAS FOR TRAINING PURPOSES ONLY, AS RECODED FROM S#1, BI4D.	
				1 = YES . . . . .	85
				2 = NO . . . . .	94
				8 = UNKNOWN . . . . .	6934
				9 = NOT APPLICABLE . . . . .	10010
P531	0531	0532	2	FIRST RECODE OF DISABILITY CONDS A 2 DIGIT RECODE ASSIGNED TO THE DISABILITY CONDITION, AS REPORTED IN S#1, BI4G. EACH UNIQUE ICD CONDITION CODE WAS RECODED BASED ON THE 'BASIC TABULATION LIST', PAGES 746-754 OF THE INTERNATIONAL CLASSIFICATION OF DISEASES, 1975 REVISION, VOLUME 1.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	1
				02 = TUBERCULOSIS . . . . .	3
				03 = OTHER BACTERIAL DISEASES . . . . .	0
				04 = VIRAL DISEASES . . . . .	1
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	7
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	2
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	0
				11 = MALIG NEOP BONE, CONNec TISS SKIN & BREA . . . . .	0
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	0
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	0
				14 = MALIGN NEDPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEDPLASM . . . . .	0
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	0
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	0
				19 = NUTRITIONAL DEFICIENCIES . . . . .	0
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	1
				21 = MENTAL DISORDERS . . . . .	10
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	4
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	6
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	16
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	1
				26 = HYPERTENSIVE DISEASE . . . . .	5
				27 = ISCHAEMIC HEART DISEASE . . . . .	1
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	3
				29 = CEREBROVASCULAR DISEASE . . . . .	0
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	6
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	0
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	5

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	0
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	14
				35 = DISEASES OF URINARY SYSTEM . . . . .	3
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	2
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	0
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	0
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	0
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	4
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	98
				44 = CONGENITAL ANOMALIES . . . . .	0
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	9
				47 = FRACTURES . . . . .	0
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	0
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	3
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	2
				51 = EFFECT OF FOREIGN BODY ENTER THROU DRIFI . . . . .	0
				52 = BURNS . . . . .	0
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	2
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	0
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	2
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	9
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	13
				98 = UNKNOWN CONDITION . . . . .	3
				99 = NO CONDITION . . . . .	16887

P533	0533	0534	2	SECOND RECODE OF DISABILITY CONDS	
				A 2 DIGIT RECODE ASSIGNED TO THE FIRST DISABILITY	
				CONDITION, AS REPORTED IN S#1, BI4G. SEE COMMENTS ON	
				"FIRST RECODE OF DISABILITY CONDS" FOR SOURCE OF RECODE.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	0
				02 = TUBERCULOSIS . . . . .	0
				03 = OTHER BACTERIAL DISEASES . . . . .	0
				04 = VIRAL DISEASES . . . . .	0
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	2
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	0
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	0
				11 = MALIG NEOP BONE, CONNEX TISS SKIN & BREA . . . . .	0
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	0
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	0
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	0
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	0
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	1

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
----	--	--	---	-----	----
				19 = NUTRITIONAL DEFICIENCIES . . . . .	0
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	0
				21 = MENTAL DISORDERS . . . . .	1
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	1
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	0
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	2
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	1
				26 = HYPERTENSIVE DISEASE . . . . .	3
				27 = ISCHAEMIC HEART DISEASE . . . . .	1
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	0
				29 = CEREBROVASCULAR DISEASE . . . . .	0
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	0
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	1
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	0
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	0
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	1
				35 = DISEASES OF URINARY SYSTEM . . . . .	0
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	2
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	0
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	0
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	0
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	1
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	4
				44 = CONGENITAL ANOMALIES . . . . .	0
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIOD . . . . .	0
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	0
				47 = FRACTURES . . . . .	0
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	0
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	1
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	0
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
				52 = BURNS . . . . .	0
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	1
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	0
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	1
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	4
				98 = UNKNOWN CONDITION . . . . .	1
				99 = NO CONDITION . . . . .	17094

P535 0535 0536 2 FIRST DISABILITY CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FIRST  
DISABILITY CONDITION REPORTED IN S#1, BI4G. THIS NUMBER  
MATCHES THE 'CONDITION NUMBER' ON THE CONDITION FILE,  
PROVIDING A LINK TO THE SAME CONDITION.  
RANGE = 01-89  
98 = UNKNOWN  
99 = NOT APPLICABLE

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P537	0537	0538	2	SECOND DISABILITY CONDITION NUMBER THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE SECOND DISABILITY CONDITION REPORTED IN S#1, BI4G. THIS NUMBER MATCHES THE 'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION. RANGE = 01-08 98 = UNKNOWN 99 = NOT APPLICABLE	
P539	0539	0540	2	THIRD DISABILITY CONDITION NUMBER THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE THIRD DISABILITY CONDITION REPORTED IN S#1, BI4G. THIS NUMBER MATCHES THE 'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION. RANGE = 04-08 98 = UNKNOWN 99 = NOT APPLICABLE	
P541	0541	0544	4	FIRST DISABILITY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE FIRST DISABILITY CONDITION RECODED FROM S#1, BI4G.	
P545	0545	0548	4	FIRST DISABILITY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE FIRST DISABILITY CONDITION RECODED FROM S#1, BI4G.	
P549	0549	0552	4	SECOND DISABILITY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE SECOND DISABILITY CONDITION RECODED FROM S#1, BI4G.	
P553	0553	0553	1	PARTICULAR PLACE (PERSON) GOES IF SICK OR NEEDS ADVICE INDICATES IF THERE IS A PARTICULAR CLINIC, HEALTH CENTER, DOCTOR'S OFFICE, OR OTHER PLACE THE PARTICIPANT GOES TO IF HE/SHE IS SICK OR NEEDS MEDICAL ADVICE, AS RECODED FROM RD3S, Q1. 1 = YES . . . . . 14276 2 = NO . . . . . 2181 8 = UNKNOWN . . . . . 666	
P554	0554	0554	1	WHAT KIND OF PLACE IS THAT? TYPE OF PLACE PARTICIPANT GOES TO FOR SICKNESS OR MEDICAL ADVICE, AS RECODED FROM RD3S, Q1A. 1 = DRS OFF (GROUP PRACTICE OR DRS CLINIC) . . . . . 11187 2 = OUTPATIENT CLINIC . . . . . 1119 3 = HEALTH CLINIC . . . . . 427 4 = HOSPITAL EMERGENCY ROOM . . . . . 241 5 = COMPANY/INDUSTRY CLINIC . . . . . 71 6 = PATIENT'S HOME . . . . . 21 7 = OTHER . . . . . 194 8 = UNKNOWN . . . . . 1639	

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
			9	= NOT APPLICABLE . . . . .	2224
P555	0555	0555	1	HAS REG OFFICE HRS ON ANY NIGHTS DURING WEEK INDICATES IF PLACE PARTICIPANT GOES TO FOR SICKNESS OR MEDICAL ADVICE HAS REGULAR HOURS ON ANY NIGHTS DURING THE WEEK, AS RECODED FROM RD3S, Q3A.	
			1	= YES . . . . .	3201
			2	= NO . . . . .	9218
			8	= UNKNOWN . . . . .	2480
			9	= NOT APPLICABLE . . . . .	2224
P556	0556	0556	1	HAS REG OFFICE HRS ON SATURDAY MORNINGS INDICATES IF PLACE PARTICIPANT GOES TO FOR SICKNESS OR MEDICAL ADVICE HAS REGULAR OFFICE HOURS ON SATURDAY MORNINGS, AS RECODED FROM RD3S, Q3B.	
			1	= YES . . . . .	6416
			2	= NO . . . . .	5618
			8	= UNKNOWN . . . . .	2865
			9	= NOT APPLICABLE . . . . .	2224
P557	0557	0557	1	HAS REG OFFICE HRS ON WKENDS, BESIDES SAT MORN INDICATES IF PLACE PARTICIPANT GOES TO FOR SICKNESS OR MEDICAL ADVICE HAS REGULAR OFFICE HOURS ON WEEKENDS, BESIDES SATURDAY MORNINGS, AS RECODED FROM RD3S, Q3C.	
			1	= YES . . . . .	1181
			2	= NO . . . . .	11087
			8	= UNKNOWN . . . . .	2631
			9	= NOT APPLICABLE . . . . .	2224
P558	0558	0558	1	DOES MEDICAL STAFF MAKE HOUSE CALLS? INDICATES IF THE MEDICAL STAFF FROM THE PLACE PARTICIPANT GOES TO FOR SICKNESS OR MEDICAL ADVICE MAKE HOUSE CALLS, AS RECODED FROM RDS3, Q3D.	
			1	= YES . . . . .	1734
			2	= NO . . . . .	10439
			8	= UNKNOWN . . . . .	2726
			9	= NOT APPLICABLE . . . . .	2224
P559	0559	0559	1	DO THEY PROVIDE TREAT FOR EMERG AFTER OFFICE HRS? INDICATES IF THE MEDICAL STAFF FROM THE PLACE PARTICIPANT GOES TO FOR SICKNESS OR MEDICAL ADVICE PROVIDES TREATMENT FOR EMERGENCIES AFTER OFFICE HOURS, AS RECODED FROM RD3S, Q3E.	
			1	= YES . . . . .	8635
			2	= NO . . . . .	3270
			8	= UNKNOWN . . . . .	2994
			9	= NOT APPLICABLE . . . . .	2224

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P560	0560	0560	1	DO THEY HAVE A SEPARATE CHARGE FOR FILLING OUT FORMS? INDICATES IF THE MEDICAL STAFF FROM THE PLACE PARTICIPANT GOES TO FOR SICKNESS OR MEDICAL ADVICE HAS A SEPARATE CHARGE FOR FILLING OUT FORMS FOR MEDICARE, HEALTH INSURANCE, OR PUBLIC ASSISTANCE PROGRAMS, AS RECODED FROM RD3S, Q3F.	
				1 = YES . . . . .	1291
				2 = NO . . . . .	8306
				8 = UNKNOWN . . . . .	5302
				9 = NOT APPLICABLE . . . . .	2224
P561	0561	0561	1	HOW DOES PERSON USUALLY GET THERE? INDICATES HOW PARTICIPANT USUALLY GETS TO PLACE HE/SHE GOES FOR SICKNESS OR MEDICAL ADVICE, AS RECODED FROM RD3S, Q4.	
				1 = WALKING . . . . .	697
				2 = DRIVING . . . . .	7903
				3 = BEING DRIVEN . . . . .	4940
				4 = TAXI . . . . .	142
				5 = OTHER PUBLIC TRANSPORTATION . . . . .	434
				6 = OTHER (SPECIFY) . . . . .	39
				7 = DOCTOR USUALLY SEEN AT HOME . . . . .	19
				8 = UNKNOWN . . . . .	725
				9 = NOT APPLICABLE . . . . .	2224
P562	0562	0564	3	HOW MANY MINS DOES IT USUALLY TAKE TO GET THERE? NUMBER OF MINUTES IT USUALLY TAKES PARTICIPANT TO GET TO PLACE HE/SHE GOES TO FOR SICKNESS OR MEDICAL ADVICE, AS RECODED FROM RD3S, Q5. RANGE = 001-525 998 = UNKNOWN 999 = NOT APPLICABLE	
P565	0565	0567	3	HOW MANY MINS WAIT BEFORE SEEING DOCTOR AFTER ARR? NUMBER OF MINUTES PARTICIPANT USUALLY HAS TO WAIT BEFORE SEEING A MEDICAL PERSON AFTER PARTICIPANT ARRIVES AT THE PLACE HE/SHE GOES TO FOR SICKNESS OR MEDICAL ADVICE, AS RECODED FROM RD3S, Q6. RANGE = 000-480 998 = UNKNOWN 999 = NOT APPLICABLE	
P568	0568	0568	1	NO USC BECAUSE PERSON SELDOM SICK INDICATES IF PARTICIPANT'S NEVER OR SELDOM GETTING SICK IS AN IMPORTANT REASON FOR HIS/HER NOT HAVING A USUAL SOURCE OF MEDICAL CARE (USC), AS RECODED FROM RD5S, Q1 AND 7A.	
				1 = IMPORTANT REASON . . . . .	1553
				2 = NOT AN IMPORTANT REASON . . . . .	612
				8 = UNKNOWN . . . . .	799
				9 = NOT APPLICABLE . . . . .	14159

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P569	0569	0569	1	NO USC BECAUSE PERSON RECENTLY MOVED INDICATES IF PARTICIPANT'S RECENTLY MOVING INTO THE AREA IS AN IMPORTANT REASON FOR HIS/HER NOT HAVING A USUAL SOURCE OF MEDICAL CARE, AS RECODED FROM RD3S, Q1 AND 7B.	
				1 = IMPORTANT REASON . . . . .	411
				2 = NOT AN IMPORTANT REASON . . . . .	1747
				8 = UNKNOWN . . . . .	806
				9 = NOT APPLICABLE . . . . .	14159
P570	0570	0570	1	PERSON'S USC IN THIS AREA NO LONGER AVAIL INDICATES IF PARTICIPANT'S USUAL SOURCE OF MEDICAL CARE IN THE AREA NO LONGER BEING AVAILABLE IS AN IMPORTANT REASON FOR HIS/HER NOT HAVING A USUAL SOURCE OF MEDICAL CARE, AS RECODED FROM RD3S, Q1 AND 7C.	
				1 = IMPORTANT REASON . . . . .	305
				2 = NOT AN IMPORTANT REASON . . . . .	1820
				8 = UNKNOWN . . . . .	839
				9 = NOT APPLICABLE . . . . .	14159
P571	0571	0571	1	LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT NEEDS INDICATES IF PARTICIPANT'S LIKING TO GO TO DIFFERENT PLACES FOR DIFFERENT NEEDS IS AN IMPORTANT REASON FOR HIS/HER NOT HAVING A USUAL SOURCE OF MEDICAL CARE, AS RECODED FROM RD3S, Q1 AND 7D.	
				1 = IMPORTANT REASON . . . . .	477
				2 = NOT AN IMPORTANT REASON . . . . .	1644
				8 = UNKNOWN . . . . .	843
				9 = NOT APPLICABLE . . . . .	14159
P572	0572	0572	1	IS THERE A PARTICULAR DENTAL OFFICE PERSON GOES TO? INDICATES IF THERE IS A PARTICULAR DENTAL OFFICE OR DENTAL CLINIC THAT PARTICIPANT GOES TO FOR DENTAL CARE, AS RECODED FROM RD3S, Q8.	
				1 = YES . . . . .	11496
				2 = NO . . . . .	4978
				8 = UNKNOWN . . . . .	649
P573	0573	0575	3	HOW MANY MINUTES DOES IT USUALLY TAKE TO GET THERE? NUMBER OF MINUTES IT TAKES PARTICIPANT TO GET TO THE PARTICULAR DENTAL OFFICE OR DENTAL CLINIC THAT HE/SHE GOES TO, AS RECODED FROM RD3S, Q8A. RANGE = 001-360 998 = UNKNOWN 999 = NOT APPLICABLE	

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P576	0576	0576	1	WHAT IS THE AGE OF THE PERSON? INDICATES OVER OR UNDER 17 AGE CLASSIFICATION OF PARTICIPANT AND FUNCTIONAL LIMITATIONS SAMPLE CLASSIFICATION OF PARTICIPANT'S REPORTING UNIT, AS RECODED FROM RD55, FL (ABOVE FL1). THE RESPONSE TO THIS SCREENING QUESTION WAS BASED ON THE RESPONDENT'S AGE AT THE TIME OF THE ROUND 5 INTERVIEW. THE RESPONSE SHOWN HERE HAS NOT BEEN EDITED TO BE CONSISTENT WITH THE 'AGE ON JANUARY 1, 1980' (P54I85) OR THE 'FUNCTIONAL LIMITATIONS SCALE SCORE' (P592I640) WHICH HAS BEEN EDITED FOR CONSISTENCY WITH AGE.	
				1 = DECEASED . . . . .	39
				2 = UNDER 17 . . . . .	4510
				3 = RU IN FL SAMPLE(17 AND ABOVE) . . . . .	618
				4 = RU NOT IN FL SAMPLE(17 AND ABOVE) . . . . .	11357
				8 = UNKNOWN . . . . .	599
P577	0577	0577	1	LIMITS VIGOROUS ACTIVITIES PERSON CAN DO INDICATES IF HEALTH LIMITS THE KIND OF VIGOROUS ACTIVITIES THE PARTICIPANT CAN DO, AS RECODED FROM RD55, FL1.	
				1 = YES . . . . .	2646
				2 = NO . . . . .	8689
				8 = UNKNOWN . . . . .	621
				9 = NOT APPLICABLE . . . . .	5167
P578	0578	0578	1	LIMITS PERSON IN ANY WAY INDICATES IF HEALTH LIMITS PARTICIPANT IN ANY WAY IN DOING ANYTHING HE/SHE WANTS TO DO, AS RECODED FROM RD55, FL2.	
				1 = YES . . . . .	141
				2 = NO . . . . .	8472
				8 = UNKNOWN . . . . .	697
				9 = NOT APPLICABLE . . . . .	7813
P579	0579	0579	1	LIMITS VIGOROUS ACTIVITIES PERSON CAN DO INDICATES IF HEALTH LIMITS THE KIND OF VIGOROUS ACTIVITIES THE PARTICIPANT CAN DO, AS RECODED FROM RD55, FL3.	
				1 = YES . . . . .	296
				2 = NO . . . . .	452
				8 = UNKNOWN . . . . .	9349
				9 = NOT APPLICABLE . . . . .	7026
P580	0580	0580	1	DOES HEALTH KEEP PERSON FROM DRIVING CAR? INDICATES IF HEALTH KEEPS PARTICIPANT FROM DRIVING A CAR, AS RECODED FROM RD55, FL4.	
				1 = YES . . . . .	423
				2 = NO . . . . .	10964
				3 = NEVER DROVE A CAR . . . . .	420
				8 = UNKNOWN . . . . .	764
				9 = NOT APPLICABLE . . . . .	4552

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P581	0581	0581	1	LIMITS TRAVEL AROUND COMMUNITY UNLESS ASSISTED INDICATES IF PARTICIPANT NEEDS ASSISTANCE BECAUSE OF HIS/HER HEALTH WHEN TRAVELING AROUND THE COMMUNITY, AS RECODED FROM RD5S, FL5.	
				1 = YES . . . . .	453
				2 = NO . . . . .	11356
				8 = UNKNOWN . . . . .	924
				9 = NOT APPLICABLE . . . . .	4390
P582	0582	0582	1	DOES PERSON HAVE TO STAY INDOORS MOST OF DAY? INDICATES IF PARTICIPANT HAS TO STAY INDOORS ALL OR MOST OF THE DAY BECAUSE OF HEALTH, AS RECODED FROM RD5S, FL6.	
				1 = YES . . . . .	420
				2 = NO . . . . .	11401
				8 = UNKNOWN . . . . .	767
				9 = NOT APPLICABLE . . . . .	4535
P583	0583	0583	1	IS PERSON IN BED/CHAIR FOR MOST OF DAY? INDICATES IF PARTICIPANT IS IN BED OR IN A CHAIR ALL OR MOST OF THE DAY BECAUSE OF HEALTH, AS RECODED FROM RD5S, FL7.	
				1 = YES . . . . .	337
				2 = NO . . . . .	11482
				8 = UNKNOWN . . . . .	769
				9 = NOT APPLICABLE . . . . .	4535
P584	0584	0584	1	DOES PERSON HAVE TROUBLE BENDING/LIFTING/STOOPING? INDICATES IF PARTICIPANT HAS TROUBLE BENDING, LIFTING, OR STOOPING BECAUSE OF HEALTH, AS RECODED FROM RD5S FL8.	
				1 = YES . . . . .	1703
				2 = NO . . . . .	10116
				8 = UNKNOWN . . . . .	769
				9 = NOT APPLICABLE . . . . .	4535
P585	0585	0585	1	HAS TROUBLE WALKING ONE BLK/CLIMBING ONE FLIGHT INDICATES IF PARTICIPANT HAS ANY TROUBLE EITHER WALKING ONE BLOCK OR CLIMBING ONE FLIGHT OF STAIRS BECAUSE OF HEALTH, AS RECODED FROM RD5S, FL9.	
				1 = YES . . . . .	1001
				2 = NO . . . . .	10815
				8 = UNKNOWN . . . . .	772
				9 = NOT APPLICABLE . . . . .	4535
P586	0586	0586	1	LIMITS WALKING SEVERAL BLKS/CLIMBING FEW FLIGHTS INDICATES IF PARTICIPANT HAS ANY TROUBLE EITHER WALKING SEVERAL BLOCKS OR CLIMBING A FEW FLIGHTS OF STAIRS BECAUSE OF HEALTH, AS RECODED FROM RD5S, FL10.	
				1 = YES . . . . .	1545
				2 = NO . . . . .	10267
				8 = UNKNOWN . . . . .	772

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
			9	= NOT APPLICABLE . . . . .	4539
P587	0587	0587	1	LIMITS WALKING UNLESS ASSISTED INDICATES IF PARTICIPANT IS UNABLE TO WALK UNLESS ASSISTED BY ANOTHER PERSON OR BY A CANE, CRUTCHES, ARTIFICIAL LIMBS, OR BRACES, AS RECODED FROM RD55, FL11.	
			1	= YES . . . . .	298
			2	= NO . . . . .	11520
			8	= UNKNOWN . . . . .	770
			9	= NOT APPLICABLE . . . . .	4535
P588	0588	0588	1	LIMITS KINDS OR AMTS OF (WORK/HOUSEWORK/SCHOOLWORK) INDICATES IF PARTICIPANT IS UNABLE TO DO CERTAIN KINDS OR AMOUNTS OF WORK, HOUSEWORK, OR SCHOOLWORK BECAUSE OF HEALTH, AS RECODED FROM RD55, FL12.	
			1	= YES . . . . .	1606
			2	= NO . . . . .	10210
			8	= UNKNOWN . . . . .	772
			9	= NOT APPLICABLE . . . . .	4535
P589	0589	0589	1	LIMITED FROM (WORKING/HOUSEWORK/SCHOOLWORK)? INDICATES IF HEALTH KEEPS PARTICIPANT FROM WORKING AT A JOB, DOING WORK AROUND THE HOUSE, OR GOING TO SCHOOL, AS RECODED FROM RD55, FL13.	
			1	= YES . . . . .	1187
			2	= NO . . . . .	10627
			8	= UNKNOWN . . . . .	774
			9	= NOT APPLICABLE . . . . .	4535
P590	0590	0590	1	NEEDS HELP EATING, DRESSING, BATHING, USING TOILET INDICATES IF PARTICIPANT NEEDS HELP WITH EATING, DRESSING, BATHING, OR USING THE TOILET BECAUSE OF HEALTH, AS RECODED FROM RD55, FL14.	
			1	= YES . . . . .	187
			2	= NO . . . . .	11628
			8	= UNKNOWN . . . . .	773
			9	= NOT APPLICABLE . . . . .	4535
P591	0591	0591	1	LIMITED IN ANY (OTHER) WAY IN DOING ANYTHING WANTS TO INDICATES IF HEALTH LIMITS PARTICIPANT IN ANY (OTHER) WAY IN DOING ANYTHING HE/SHE WANTS TO DO, AS RECODED FROM RD55, FL15.	
			1	= YES . . . . .	64
			2	= NO . . . . .	524
			8	= UNKNOWN . . . . .	641
			9	= NOT APPLICABLE . . . . .	15894

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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P592I640	0592	0593	2	FUNCTIONAL LIMITATIONS SCALE SCORE THIS SCALE SCORE WAS DEVELOPED FROM A BATTERY OF QUESTIONS ASKED OF PERSONS 17 YEARS OR OLDER (BASED ON 'AGE ON JANUARY 1, 1980') TO ASSESS THEIR ABILITY TO PERFORM VARIOUS FUNCTIONS. THE ENTIRE FUNCTIONAL LIMITATIONS BATTERY (FL3-FL15 OF THE RD5S) WAS ADMINISTERED TO ALL PEOPLE IN A 5% RANDOM SAMPLE OF REPORTING UNITS, WHILE THE REMAINING 95% WERE ASKED TO COMPLETE THE BATTERY ONLY IF SOME LIMITATION WAS REPORTED IN FL1 OR FL2. THE SPECIFIC ITEMS IN THE BATTERY IDENTIFIED SEPARATE AREAS IN WHICH PEOPLE WERE LIMITED IN THEIR ABILITY TO FUNCTION (E.G. WALK, DRIVE A CAR, CLIMB STAIRS). THE APPROACH USED IS REFERRED TO AS GUTTMAN SCALING (1944). FINALLY, EDITING AND IMPUTATION WORK ON THIS VARIABLE WAS DONE TO MAKE IT CONSISTENT WITH THE CLEANED, IMPUTED 'AGE ON JANUARY 1, 1980' (P54I85). 01 = LEVEL 1- NO LIMITATION . . . . . 9046 02 = LEVEL 2-MINIMAL LIMITATION . . . . . 756 03 = LEVEL 3 . . . . . 517 04 = LEVEL 4 . . . . . 550 05 = LEVEL 5 . . . . . 500 06 = LEVEL 6 . . . . . 324 07 = LEVEL 7 . . . . . 137 08 = LEVEL 8-MOST SEVERE LIMITATION . . . . . 134 90 = DIED DURING SURVEY PERIOD . . . . . 112 93 = UNDER 17 YEARS OF AGE . . . . . 5047	
P594	0594	0594	1	# OF PERCEIVED ILLNESSES MEDIC UNATTEND NUMBER OF HEALTH PROBLEMS OR CONDITIONS ABOUT WHICH PARTICIPANT WOULD LIKED TO HAVE SEEN A DOCTOR OR OTHER MEDICAL PERSON BUT DID NOT, AS RECODED FROM RD5S, BTC1. 0 = NO ILLNESSES . . . . . 15449 1 = 1 ILLNESS . . . . . 747 2 = 2 OR MORE ILLNESSES . . . . . 131 7 = UNKNOWN # OF ILLNESSES . . . . . 28 8 = UNKNOWN IF ILLNESS/NOT INTVD RD 5 . . . . . 768	
P595	0595	0596	2	FIRST RECODE OF MEDICALLY UNATTENDED CONDS A 2 DIGIT RECODE ASSIGNED TO THE FIRST CONDITION ABOUT WHICH THE PARTICIPANT WOULD LIKED TO HAVE SEEN A DOCTOR OR OTHER MEDICAL PERSON BUT DID NOT, AS REPORTED IN RD5S, BTC1A. EACH UNIQUE ICD CONDITION CODE WAS RECODED BASED ON THE 'BASIC TABULATION LIST', PAGES 746-754 OF THE INTERNATIONAL CLASSIFICATION OF DISEASES, 1975 REVISION, VOLUME 1. 01 = INTESTINAL INFECTIOUS DISEASES . . . . . 3 02 = TUBERCULOSIS . . . . . 1 03 = OTHER BACTERIAL DISEASES . . . . . 2 04 = VIRAL DISEASES . . . . . 12 05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . . 0	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	5
				08 = MALIGNANT NEOPLA LIP, GRAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	0
				11 = MALIG NEOP BONE, CONNEC TISS SKIN & BREA . . . . .	0
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	0
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	1
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	0
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	2
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	24
				19 = NUTRITIONAL DEFICIENCIES . . . . .	1
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	3
				21 = MENTAL DISORDERS . . . . .	22
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	16
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	44
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	30
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	0
				26 = HYPERTENSIVE DISEASE . . . . .	24
				27 = ISCHAEMIC HEART DISEASE . . . . .	5
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	7
				29 = CEREBROVASCULAR DISEASE . . . . .	1
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	19
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	59
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	67
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	81
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	43
				35 = DISEASES OF URINARY SYSTEM . . . . .	5
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	4
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	24
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	0
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	1
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	32
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	182
				44 = CONGENITAL ANOMALIES . . . . .	6
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	103
				47 = FRACTURES . . . . .	0
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	13
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	2
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	4
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
				52 = BURNS . . . . .	0
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	1
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	4
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	7

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	5
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	1
				98 = UNKNOWN CONDITION . . . . .	0
				99 = NO CONDITION . . . . .	16257
P597	0597	0598	2	CONDITION NUMBER FOR FIRST COND MEDIC UNATTEND THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FIRST CONDITION ABOUT WHICH A PARTICIPANT WOULD LIKED TO HAVE SEEN A DOCTOR OR MEDICAL PERSON BUT DID NOT, AS REPORTED IN RD5S, BTC1A. THIS NUMBER MATCHES THE "CONDITION NUMBER" ON THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION. RANGE = 01-89 98 = UNKNOWN 99 = NOT APPLICABLE	
P599	0599	0600	2	MAIN REASON FIRST CONDITION MEDIC UNATTEND INDICATES (MAIN) REASON FOR PARTICIPANT NOT SEEING A DOCTOR OR OTHER MEDICAL PERSON FOR FIRST CONDITION, AS REPORTED IN RD5S, BTC1B/BTC1C. 01 = DIDN'T THINK PROBLEM WAS SERIOUS ENOUGH . . . . .	114
				02 = THOUGHT CARE WOULD COST TOO MUCH . . . . .	359
				03 = DIDN'T HAVE TIME . . . . .	54
				04 = COULDN'T GET AN APPOINTMENT . . . . .	22
				05 = DOCTOR NOT AVAILABLE . . . . .	15
				06 = NO WAY TO DOCTOR . . . . .	25
				07 = DIDN'T HAVE CHILD CARE . . . . .	4
				08 = DOCTOR WOULDN'T DO MUCH . . . . .	113
				09 = AFRAID OF FINDING WHAT WAS WRONG . . . . .	35
				10 = COULDN'T FIND DOC WHO ACCEPT MEDICAID PA . . . . .	3
				11 = DOC CHARGE MORE THAN MEDICAID PAYS . . . . .	2
				12 = OTHER SPECIFIED REASON . . . . .	100
				98 = UNKNOWN . . . . .	32
				99 = NOT APPLIC (NO OR UNKNOWN # OR ILLNESSES . . . . .	16245
P601	0601	0602	2	SECOND RECODE OF MEDICALLY UNATTENDED CONDS A 2 DIGIT RECODE ASSIGNED TO THE SECOND CONDITION ABOUT WHICH THE PARTICIPANT WOULD LIKED TO HAVE SEEN A DOCTOR OR OTHER MEDICAL PERSON BUT DID NOT, AS REPORTED IN RD5S, BTC1A. SEE COMMENTS ON "FIRST RECODE OF MEDICALLY UNATTENDED CONDS" FOR SOURCE OF RECODE. 01 = INTESTINAL INFECTIOUS DISEASES . . . . .	0
				02 = TUBERCULOSIS . . . . .	0
				03 = OTHER BACTERIAL DISEASES . . . . .	2
				04 = VIRAL DISEASES . . . . .	1
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	0
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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11				= MALIG NEOP BONE, CONNec TISS SKIN & BREA	0
12				= MALIGNANT NEOPLASM GENITOURINARY ORGANS	0
13				= MALIGNANT NEOPLASM OTH & UNSPECIF SITES	0
14				= MALIGN NEOPL LYMPHAT & HAEMQPOIETIC TISS	0
15				= BENIGN NEOPLASM	1
16				= CARCINOMA IN SITU	0
17				= OTHER AND UNSPECIFIED NEOPLASM	1
18				= ENDOC & METABOLIC DISEASES, IMMUN DISORD	5
19				= NUTRITIONAL DEFICIENCIES	1
20				= DISEASES OF BLOOD & BLOOD-FORMING ORGANS	0
21				= MENTAL DISORDERS	5
22				= DISEASES OF THE NERVOUS SYSTEM	1
23				= DISORDERS OF THE EYE AND ADNEXA	14
24				= DISEASES OF THE EAR AND MASTOID PROCESS	4
25				= RHEUMATIC FEVER & RHEUMATIC HEART DISEAS	1
26				= HYPERTENSIVE DISEASE	1
27				= ISCHAEMIC HEART DISEASE	1
28				= DISEASE PULMON CIRC & OTH FORM HEART DIS	0
29				= CEREBROVASCULAR DISEASE	0
30				= OTHER DISEASES OF THE CIRCULATORY SYSTEM	2
31				= DISEASES OF THE UPPER RESPIRATORY TRACT	5
32				= OTHER DISEASES OF THE RESPIRATORY SYSTEM	8
33				= DISEASE ORAL CAVITY, SALIV GLANDS & JAWS	14
34				= DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM	12
35				= DISEASES OF URINARY SYSTEM	2
36				= DISEASES OF MALE GENITAL ORGANS	0
37				= DISEASES OF FEMALE GENITAL ORGANS	1
38				= ABORTION	0
39				= DIRECT OBSTETRIC CAUSES	0
40				= INDIRECT OBSTETRIC CAUSES	0
41				= NORMAL PREGNANCY AND DELIVERY	0
42				= DISEASES OF SKIN AND SUBCUTANEOUS TISSUE	8
43				= DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS	25
44				= CONGENITAL ANOMALIES	0
45				= CERTAIN CONDITION ORIGINAT PERINAT PERIO	0
46				= SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS	17
47				= FRACTURES	0
48				= DISLOCATIONS, SPRAINS, AND STRAINS	0
49				= INTRACRANIAL & INTERN INJUR, INCLUD NERV	0
50				= OPEN WOUNDS AND INJURY TO BLOOD VESSELS	3
51				= EFFECT OF FOREIGN BODY ENTER THROU ORIFI	0
52				= BURNS	0
53				= POISONINGS AND TOXIC EFFECTS	0
54				= COMPLICATION OF MEDICAL & SURGICAL CARE	0
55				= OTHER INJUR, EARLY COMPLICATION OF TRAUM	0
56				= LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS	0
57				= PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR	0
98				= UNKNOWN CONDITION	3
99				= NO CONDITION	16985

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
P603	0603	0604	2	CONDITION NUMBER FOR SECOND COND MEDIC UNATTEND THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE SECOND CONDITION ABOUT WHICH A PARTICIPANT WOULD LIKED TO HAVE SEEN A DOCTOR OR MEDICAL PERSON BUT DID NOT, AS REPORTED IN RD55, BTC1A. THIS NUMBER MATCHES THE "CONDITION NUMBER" ON THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION. RANGE = 01-88 98 = UNKNOWN 99 = NOT APPLICABLE	
P605	0605	0606	2	MAIN REASON SECOND CONDITION MEDIC UNATTEND INDICATES (MAIN) REASON FOR PARTICIPANT NOT SEEING A DOCTOR OR OTHER MEDICAL PERSON FOR SECOND CONDITION, AS REPORTED IN RD55, BTC1B/BTC1C. 01 = DIDN'T THINK PROBLEM WAS SERIOUS ENOUGH . . . . . 12 02 = THOUGHT CARE WOULD COST TOO MUCH . . . . . 66 03 = DIDN'T HAVE TIME . . . . . 7 04 = COULDN'T GET AN APPOINTMENT . . . . . 4 05 = DOCTOR NOT AVAILABLE . . . . . 0 06 = NO WAY TO DOCTOR . . . . . 6 07 = DIDN'T HAVE CHILD CARE . . . . . 0 08 = DOCTOR WOULDN'T DO MUCH . . . . . 11 09 = AFRAID OF FINDING WHAT WAS WRONG . . . . . 7 10 = COULDN'T FIND DOC WHO ACCEPT MEDICAID PA . . . . . 1 11 = DOC CHARGE MORE THAN MEDICAID PAYS . . . . . 1 12 = OTHER SPECIFIED REASON . . . . . 14 98 = UNKNOWN . . . . . 2 99 = NOT APPLIC (NO OR UNKNOWN # OR ILLNESSES . . . . . 16992	
I607P99	0607	0607	1	IMPUTATION INDICATOR FOR ROUND 1 INTERVIEW DATE INDICATES IF THE DAY OF THE YEAR THE ROUND 1 INTERVIEW WAS COMPLETED IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 0 1 = REAL . . . . . 17123	
I608P104	0608	0608	1	IMPUTATION INDICATOR FOR ROUND 2 INTERVIEW DATE INDICATES IF THE DAY OF THE YEAR THE ROUND 2 INTERVIEW WAS COMPLETED IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 12 1 = REAL . . . . . 17111	
I609P109	0609	0609	1	IMPUTATION INDICATOR FOR ROUND 3 INTERVIEW DATE INDICATES IF THE DAY OF THE YEAR THE ROUND 3 INTERVIEW WAS COMPLETED IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 17 1 = REAL . . . . . 17106	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I610P114	0610	0610	1	IMPUTATION INDICATOR FOR ROUND 4 INTERVIEW DATE INDICATES IF THE DAY OF THE YEAR THE ROUND 4 INTERVIEW WAS COMPLETED IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	2 17121
I611P119	0611	0611	1	IMPUTATION INDICATOR FOR ROUND 5 INTERVIEW DATE INDICATES IF THE DAY OF THE YEAR THE ROUND 5 INTERVIEW WAS COMPLETED IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	3 17120
I612P125	0612	0612	1	IMPUTATION INDICATOR FOR BED DAYS INDICATES IF TOTAL NUMBER OF BED DAYS IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	1346 15777
I613P128	0613	0613	1	IMPUTATION INDICATOR FOR WORK LOSS DAYS INDICATES IF TOTAL NUMBER OF WORK LOSS DAYS IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	1532 15591
I614P131	0614	0614	1	IMPUTATION INDICATOR FOR WORK LOSS DAYS IN BED INDICATES IF TOTAL NUMBER OF WORK LOSS DAYS IN BED IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	2099 15024
I615P135	0615	0615	1	IMPUTATION INDICATOR FOR CUTDOWN DAYS INDICATES IF TOTAL NUMBER OF CUTDOWN DAYS IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	1399 15724
I616P138	0616	0616	1	IMPUTATION INDICATOR FOR RESTRICTED ACTIVITY DAYS INDICATES IF TOTAL NUMBER OF RESTRICTED ACTIVITY DAYS IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	3074 14049
I617P147	0617	0617	1	IMPUTATION INDICATOR FOR # OF DOCTOR PHONE CALLS INDICATES IF TOTAL NUMBER OF PHONE CALLS TO/FROM DOCTOR IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	1016 16107

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PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
I618P347	0618	0618	1	IMPUTATION INDICATOR FOR WKS WORKED IN 1980 INDICATES IF TOTAL NUMBER OF WEEKS WORKED IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1206 1 = REAL . . . . . 15913 9 = NOT APPLICABLE . . . . . 4	
I619P349	0619	0619	1	IMPUTATION IND FOR HRS PER WK WORKED ON MAIN JOB INDICATES IF TOTAL HOURS WORKED PER WEEK ON MAIN JOB IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1296 1 = REAL . . . . . 15763 9 = NOT APPLICABLE . . . . . 64	
I620P351	0620	0620	1	IMPUTATION INDICATOR FOR WKS WORKED ON SECOND JOB INDICATES IF TOTAL WEEKS WORKED ON SECOND JOB IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 2147 1 = REAL . . . . . 14975 9 = NOT APPLICABLE . . . . . 1	
I621P353	0621	0621	1	IMPUTATION IND FOR HRS PER WK WORKED ON SECOND JOB INDICATES IF TOTAL HOURS WORKED PER WEEK ON SECOND JOB IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 2157 1 = REAL . . . . . 14715 9 = NOT APPLICABLE . . . . . 251	
I622P362	0622	0622	1	IMPUTATION INDICATOR FOR OCCUPATION GROUP INDICATES IF OCCUPATIONAL CLASSIFICATION OF PARTICIPANT'S EMPLOYER IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 915 1 = NOT IMPUTED . . . . . 16208	
I623P399	0623	0623	1	IMPUTATION INDICATOR FOR EMPLOYMENT INCOME INDICATES IF AMOUNT OF INCOME RECEIVED FROM WORKING IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 1293 1 = LOGICAL IMPUTATION . . . . . 366 2 = REAL DATA . . . . . 7250 8 = AGE LT 14 OR HOURS WORKED EQ 0 . . . . . 8214	
I624P405	0624	0624	1	IMPUTATION INDICATOR FOR VETERAN'S PAY INDICATES IF AMOUNT OF INCOME RECEIVED FROM VETERAN'S PAYMENTS IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 502 1 = REAL DATA . . . . . 16621	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
I625P409	0625	0625	1	IMPUTATION INDICATOR FOR UNEMPLOYMENT INS INDICATES IF AMOUNT OF INCOME RECEIVED FROM UNEMPLOYMENT INSURANCE IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 494 1 = REAL DATA . . . . . 16629	
I626P413	0626	0626	1	IMPUTATION INDICATOR FOR WORKER'S COMP INDICATES IF AMOUNT OF INCOME RECEIVED FROM WORKER'S COMPENSATION IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 485 1 = REAL DATA . . . . . 16638	
I627P417	0627	0627	1	IMPUTATION INDICATOR FOR SSI INDICATES IF AMOUNT OF SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 505 1 = REAL DATA . . . . . 16618	
I628P423	0628	0628	1	IMPUTATION INDICATOR FOR SOCIAL SECURITY INDICATES IF AMOUNT OF SOCIAL SECURITY INCOME RECEIVED IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 777 1 = REAL DATA . . . . . 16346	
I629P429	0629	0629	1	IMPUTATION INDICATOR FOR PUBLIC ASST INDICATES IF AMOUNT OF PUBLIC ASSISTANCE INCOME RECEIVED IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 509 1 = REAL DATA . . . . . 16614	
I630P434	0630	0630	1	IMPUTATION INDICATOR FOR PENSION INDICATES IF AMOUNT OF INCOME RECEIVED FROM PENSIONS, RETIREMENT, OR ANNUITY IN 1980 IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 596 1 = REAL DATA . . . . . 16527	
I631P440	0631	0631	1	IMPUTATION INDICATOR FOR CASH PAYMENTS INDICATES IF AMOUNT OF INCOME RECEIVED IN 1980 FROM CHILD SUPPORT, ALIMONY, OR REGULAR CASH PAYMENTS FROM PEOPLE NOT RESIDING IN THE HOUSEHOLD IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 562 1 = REAL DATA . . . . . 16561	
I632P445	0632	0632	1	IMPUTATION INDICATOR FOR INTEREST INDICATES IF AMOUNT OF INCOME RECEIVED IN 1980 FROM INTEREST ON SAVING ACCOUNTS OR BONDS IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 3702 1 = REAL DATA . . . . . 13421	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
I633P450	0633	0633	1	IMPUTATION INDICATOR FOR CAPITAL INVEST INDICATES IF AMOUNT OF INCOME RECEIVED IN 1980 FROM DIVIDENDS, TRUSTS, ROYALTIES, OR NET RENTAL INCOME IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 1097 1 = REAL DATA . . . . . 16026	
I634P456	0634	0634	1	IMPUTATION INDICATOR FOR OTHER INCOME INDICATES IF AMOUNT OF INCOME RECEIVED IN 1980 FROM ANY OTHER SOURCES, INCLUDING MONEY FROM INSURANCE SETTLEMENTS, EDUCATIONAL GRANTS OR LOANS, INHERITANCE AND GIFTS BUT EXCLUDING MONEY FROM SALE OF PROPERTY OR REAL ESTATE IS REAL OR IMPUTED DATA. 0 = IMPUTED DATA . . . . . 596 1 = REAL DATA . . . . . 16527	
I635P462	0635	0635	1	IMPUTATION INDICATOR FOR TOTAL PERSON INCOME INDICATES IF TOTAL INCOME RECEIVED IN 1980 IS REAL OR IMPUTED DATA. 0 = ALL COMPONENTS IMPUTED . . . . . 256 1 = SOME COMPONENTS IMPUTED . . . . . 4950 2 = REAL . . . . . 11917	
P636	0636	0636	1	IMPUTATION INDICATOR FOR TOT MISSING NONEMP INC DATA IMPUTATION INDICATOR FOR PERSONS WITH TOTALLY MISSING INCOME DATA. THE IMPUTATION PROCEDURE LINKED EACH PERSON WITH AN INDIVIDUAL WITH COMPLETE DATA USING A WEIGHTED SEQUENTIAL HOT DECK ALGORITHM. 0 = ENTIRE SET OF NONEMP ITEMS IMPUTED . . . . . 480 1 = DATA COMPLETE, BUT NOT USED IN IMPUTATIO . . . . . 8382 2 = DATA COMPLETE, USED ONCE . . . . . 954 9 = NOT INVOLVED IN IMPUTATION . . . . . 7307	
P637	0637	0637	1	IMPUTATION INDICATOR FOR PART MISSING NONEMP INC DATA IMPUTATION INDICATOR FOR PERSONS WITH PARTIALLY MISSING INCOME DATA. 0 = 1 OR MORE ITEMS IMPUTED . . . . . 1853 1 = REAL DATA BUT NOT USED IN IMPUTATION . . . . . 12671 2 = REAL DATA, USED ONCE IN IMPUTATION . . . . . 2119 9 = NOT INVOLVED IN THIS IMPUTATION . . . . . 480	
I638P470	0638	0638	1	IMPUTATION INDICATOR FOR DATE OF DEATH INDICATES IF DAY OF YEAR OF DEATH (IF PARTICIPANT DIED IN 1980) IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 7 1 = REAL . . . . . 114 9 = NOT APPLICABLE . . . . . 17002	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 PERSON FILE (RECORD COUNT=17123)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I639P473	0639	0639	1	IMPUTATION IND FOR DATE OF INSTITUTIONALIZATION INDICATES IF DAY OF YEAR OF INSTITUTIONALIZATION (IF PARTICIPANT WAS INSTITUTIONALIZED IN 1980) IS REAL OR IMPUTED DATA.	
				0 = IMPUTED . . . . .	10
				1 = REAL . . . . .	61
				9 = NOT APPLICABLE . . . . .	17052
I640P592	0640	0640	1	IMPUTATION INDICATOR FOR FUNC LIMIT SCORE INDICATES IF FUNCTIONAL LIMITATIONS SCALE SCORE IS IMPUTED OR NON-IMPUTED DATA.	
				0 = IMPUTED . . . . .	541
				1 = NOT IMPUTED . . . . .	16582

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

NOTE: REFER TO PERSON FILE FOR HEADER VARIABLES, FILE POSITION 1-98. THE PERSON FILE FREQUENCIES FOR THE HEADER VARIABLES DO NOT APPLY TO THIS FILE.

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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M99	0099	0104	6	UNIQUE VISIT RECORD NUMBER. A UNIQUE NUMBER ASSIGNED TO EACH RECORD, PROVIDING A LINK TO THE CORRESPONDING RECORD IN THE NMCUES ANALYTIC FILES. RANGE = 000006-091502	
M105I238	0105	0107	3	VISIT DATE THE DAY OF THE YEAR THE VISIT OCCURRED, AS IMPUTED FROM ER1, OPD1, OR MV1. RANGE = 001-366	
M108	0108	0108	1	FLAT FEE LETTER A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN ER10/10A, OPD9/9A, OR MV9/9A. A-S = FLAT FEE LETTER 0 = IMPUTED FF DONOR RECORD 1 = MEDICINE INC IN DOC CHARGE 2 = BABY'S HOSP INC IN MOTHER'S BILL 8 = UNKNOWN 9 = NOT APPLICABLE	
M109	0109	0114	6	FLAT FEE AMOUNT FLAT FEE CHARGE, AS REPORTED IN FF2 OR REVISED ON THE SUMMARY. RANGE = 000000-020000 999998 = UNKNOWN 999999 = NOT APPLICABLE	
M115	0115	0116	2	# OF VISITS BEFORE 1980 INCLUDED IN FLAT FEE NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE, AS REPORTED IN FF6A. RANGE = 00-50 98 = UNKNOWN 99 = NOT APPLICABLE	
M117I239	0117	0122	6	TOTAL CHARGE TOTAL CHARGE FOR THE VISIT, AS REPORTED IN ER10, OPD9, OR MV9; DISTRIBUTED FROM A FLAT FEE REPORTED IN ER10/10A, OPD9/9A, MV9/9A; REVISED ON THE SUMMARY; OR IMPUTED. RANGE = 000000-005273	
M123I240	0123	0124	2	FIRST SOURCE OF PAYMENT FIRST SOURCE OF PAYMENT FOR THE VISIT, AS REPORTED IN ER12A/13A, OPD11A/12A, OR MV11A/12A; REVISED ON THE SUMMARY; OR IMPUTED. 11 = MEDICARE . . . . . 2035 21 = MEDICAID . . . . . 7896	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				31 = MILITARY . . . . .	1223
				32 = VETERAN'S ADMINISTRATION . . . . .	510
				33 = CHAMPUS/CHAMPVA . . . . .	133
				41 = FEDERAL . . . . .	363
				42 = INDIAN HEALTH SERVICE . . . . .	14
				43 = STATE OR LOCAL GOVERNMENT . . . . .	1009
				44 = WORKER'S COMPENSATION . . . . .	936
				45 = PUBLIC ASSISTANCE . . . . .	403
				51 = COMMERCIAL INSURANCE PLANS . . . . .	4581
				52 = BLUE CROSS/BLUE SHIELD . . . . .	3775
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	634
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	278
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	321
				63 = OTHER PREPAID HEALTH PLANS . . . . .	1475
				71 = SELF OR FAMILY . . . . .	52288
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	195
				81 = COMPANY NAME . . . . .	957
				82 = EMPLOYER CLINIC . . . . .	64
				83 = UNION NAME . . . . .	305
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	770
				86 = SCHOOL CLINIC . . . . .	16
				87 = PHILANTHROPY . . . . .	78
				88 = OTHER SOURCES . . . . .	806
				89 = FREE FROM PROVIDER . . . . .	5152
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	201
				99 = NOT APPLICABLE . . . . .	176

M125I241 0125 0130 6 FIRST SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT, AS  
 REPORTED IN ER12B/13B, OPD11B/12B, OR MV11B/12B; REVISED ON  
 THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-001861  
 999999 = NOT APPLICABLE

M131I242 0131 0132 2 SECOND SOURCE OF PAYMENT  
 SECOND SOURCE OF PAYMENT FOR THE VISIT, AS REPORTED IN  
 ER12A/13A, OPD11A/12A, OR MV11A/12A; REVISED ON THE  
 SUMMARY; OR IMPUTED.

				11 = MEDICARE . . . . .	6006
				21 = MEDICAID . . . . .	251
				31 = MILITARY . . . . .	13
				32 = VETERAN'S ADMINISTRATION . . . . .	12
				33 = CHAMPUS/CHAMPVA . . . . .	221
				41 = FEDERAL . . . . .	80
				42 = INDIAN HEALTH SERVICE . . . . .	3
				43 = STATE OR LOCAL GOVERNMENT . . . . .	450
				44 = WORKER'S COMPENSATION . . . . .	15

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				45 = PUBLIC ASSISTANCE . . . . .	47
				51 = COMMERCIAL INSURANCE PLANS . . . . .	8778
				52 = BLUE CROSS/BLUE SHIELD . . . . .	5181
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	400
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	68
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	119
				63 = OTHER PREPAID HEALTH PLANS . . . . .	1214
				71 = SELF OR FAMILY . . . . .	20
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	88
				81 = COMPANY NAME . . . . .	470
				82 = EMPLOYER CLINIC . . . . .	1
				83 = UNION NAME . . . . .	615
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	131
				86 = SCHOOL CLINIC . . . . .	3
				87 = PHILANTHROPY . . . . .	19
				88 = OTHER SOURCES . . . . .	432
				89 = FREE FROM PROVIDER . . . . .	1
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	455
				99 = NOT APPLICABLE . . . . .	61501

M133I243 0133 0138 6 SECOND SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT, AS  
 REPORTED IN ER12B/13B, OPD11B/12B, OR MV11B/12B; REVISED ON  
 THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-004218  
 999999 = NOT APPLICABLE

M139I244 0139 0140 2 THIRD SOURCE OF PAYMENT  
 THIRD SOURCE OF PAYMENT FOR THE VISIT, AS REPORTED IN  
 ER12A/13A, OPD11A/12A, OR MV11A/12A; REVISED ON THE  
 SUMMARY; OR IMPUTED.

				11 = MEDICARE . . . . .	1626
				21 = MEDICAID . . . . .	9
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	3
				33 = CHAMPUS/CHAMPVA . . . . .	9
				41 = FEDERAL . . . . .	3
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	52
				44 = WORKER'S COMPENSATION . . . . .	1
				45 = PUBLIC ASSISTANCE . . . . .	32
				51 = COMMERCIAL INSURANCE PLANS . . . . .	221
				52 = BLUE CROSS/BLUE SHIELD . . . . .	196
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	43
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	14
				63 = OTHER PREPAID HEALTH PLANS . . . . .	138

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 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				71 = SELF OR FAMILY . . . . .	2
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	9
				81 = COMPANY NAME . . . . .	11
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	30
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	12
				88 = OTHER SOURCES . . . . .	69
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	168
				99 = NOT APPLICABLE . . . . .	83946

M141I245 0141 0146 6 THIRD SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT, AS  
 REPORTED IN ER12B/13B, OPD11B/12B, OR MV11B/12B; REVISED ON  
 THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-002519  
 999999 = NOT APPLICABLE

M147I246 0147 0148 2 FOURTH SOURCE OF PAYMENT  
 FOURTH SOURCE OF PAYMENT FOR THE VISIT, AS REPORTED IN  
 ER12A/13A, OPD11A/12A, OR MV11A/12A; REVISED ON THE  
 SUMMARY; OR IMPUTED.

				11 = MEDICARE . . . . .	76
				21 = MEDICAID . . . . .	0
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	3
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	1
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	1
				52 = BLUE CROSS/BLUE SHIELD . . . . .	17
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	0
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	0
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	3
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	15
				99 = NOT APPLICABLE . . . . .	86478

M149I247 0149 0154 6 FOURTH SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY FOURTH SOURCE OF PAYMENT, AS  
 REPORTED IN ER12B/13B, OPD11B/12B, OR MV11B/12B; REVISED ON  
 THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-000133  
 999999 = NOT APPLICABLE

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
M155	0155	0156	2	FIRST RECODE OF MEDICAL VISIT CONDS A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE VISIT, AS REPORTED IN ER3, OPDSB, OR MV5B. EACH UNIQUE ICD CONDITION CODE WAS RECODED BASED ON THE 'BASIC TABULATION LIST', PAGES 746-754 OF THE INTERNATIONAL CLASSIFICATION OF DISEASES, 1975 REVISION, VOLUME 1.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	221
				02 = TUBERCULOSIS . . . . .	71
				03 = OTHER BACTERIAL DISEASES . . . . .	568
				04 = VIRAL DISEASES . . . . .	1221
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	8
				06 = VENEREAL DISEASES . . . . .	18
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	480
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	28
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	150
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	236
				11 = MALIG NEOP BONE, CONNEX TISS SKIN & BREA . . . . .	463
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	275
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	316
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	103
				15 = BENIGN NEOPLASH . . . . .	364
				16 = CARCINOMA IN SITU . . . . .	13
				17 = OTHER AND UNSPECIFIED NEOPLASH . . . . .	324
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	2941
				19 = NUTRITIONAL DEFICIENCIES . . . . .	35
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	690
				21 = MENTAL DISORDERS . . . . .	4031
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	2070
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	2338
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	2181
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	87
				26 = HYPERTENSIVE DISEASE . . . . .	3579
				27 = ISCHAEMIC HEART DISEASE . . . . .	1076
				28 = DISEASE PULMON CIRC & DTH FORM HEART DIS . . . . .	1225

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				29 = CEREBROVASCULAR DISEASE . . . . .	653
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	1111
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	4822
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	5493
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	151
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	2165
				35 = DISEASES OF URINARY SYSTEM . . . . .	2023
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	257
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	1528
				38 = ABORTION . . . . .	89
				39 = DIRECT OBSTETRIC CAUSES . . . . .	113
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	8
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	2376
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	2941
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	10127
				44 = CONGENITAL ANOMALIES . . . . .	336
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	51
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	4040
				47 = FRACTURES . . . . .	1473
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	1725
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	387
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	1470
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	139
				52 = BURNS . . . . .	195
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	177
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	416
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	1972
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	665
				57 = PART IMPAIR SENS-OT IMPAIR ACC-INJUR . . . . .	95
				98 = UNKNOWN CONDITION . . . . .	297
				99 = NO CONDITION . . . . .	14187

M157 0157 0158 2 SECOND RECODE OF MEDICAL VISIT CONDS  
 A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE VISIT,  
 AS REPORTED IN ER3, OPD5B, OR MV5B. SEE COMMENTS ON THE  
 'FIRST RECODE OF MEDICAL VISIT CONDS' FOR SOURCE OF RECODE.

				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	16
				02 = TUBERCULOSIS . . . . .	4
				03 = OTHER BACTERIAL DISEASES . . . . .	44
				04 = VIRAL DISEASES . . . . .	52
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	70
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	2
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	20
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	3
				11 = MALIG NEOP BONE, CONNec TISS SKIN & BREA . . . . .	21
				12 = MALIGNANT NEOPLASH GENITOURINARY ORGANS . . . . .	6
				13 = MALIGNANT NEOPLASH OTH & UNSPECIF SITES . . . . .	12
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	2

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				15 = BENIGN NEOPLASM . . . . .	32
				16 = CARCINOMA IN SITU . . . . .	2
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	44
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	532
				19 = NUTRITIONAL DEFICIENCIES . . . . .	9
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	174
				21 = MENTAL DISORDERS . . . . .	158
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	502
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	104
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	277
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	7
				26 = HYPERTENSIVE DISEASE . . . . .	1084
				27 = ISCHAEMIC HEART DISEASE . . . . .	108
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	357
				29 = CEREBROVASCULAR DISEASE . . . . .	115
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	224
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	331
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	520
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	19
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	343
				35 = DISEASES OF URINARY SYSTEM . . . . .	213
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	25
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	230
				38 = ABORTION . . . . .	2
				39 = DIRECT OBSTETRIC CAUSES . . . . .	11
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	5
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	344
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	923
				44 = CONGENITAL ANOMALIES . . . . .	41
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	417
				47 = FRACTURES . . . . .	52
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	281
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	127
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	134
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	1
				52 = BURNS . . . . .	8
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	1
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	88
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	339
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	22
				57 = PART IMPAIR SENS-OT IMPAIR ACC-INJUR . . . . .	35
				98 = UNKNOWN CONDITION . . . . .	155
				99 = NO CONDITION . . . . .	77946

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
M159	0159	0160	2	THIRD RECODE OF MEDICAL VISIT CONDS A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE VISIT, AS REPORTED IN ER3, OPD5B, OR MV5B. SEE COMMENTS ON THE 'FIRST RECODE OF MEDICAL VISIT CONDS' FOR SOURCE OF RECODE.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	2
				02 = TUBERCULOSIS . . . . .	0
				03 = OTHER BACTERIAL DISEASES . . . . .	6
				04 = VIRAL DISEASES . . . . .	6
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	2
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	0
				11 = MALIG NEOP BONE, CONNEX TISS SKIN & BREA . . . . .	2
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	1
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	13
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	2
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	9
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	132
				19 = NUTRITIONAL DEFICIENCIES . . . . .	2
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	4
				21 = MENTAL DISORDERS . . . . .	45
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	220
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	20
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	12
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	4
				26 = HYPERTENSIVE DISEASE . . . . .	211
				27 = ISCHAEMIC HEART DISEASE . . . . .	25
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	276
				29 = CEREBROVASCULAR DISEASE . . . . .	16
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	50
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	69
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	117
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	1
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	77
				35 = DISEASES OF URINARY SYSTEM . . . . .	52
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	2
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	3
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	0
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	0
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	18
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	172
				44 = CONGENITAL ANOMALIES . . . . .	4
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	148
				47 = FRACTURES . . . . .	6
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	5
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	74
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	37
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
				52 = BURNS . . . . .	0
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	4
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	44
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	3
				57 = PART IMPAIR SENS-OT IMPAIR ACC-INJUR . . . . .	1
				98 = UNKNOWN CONDITION . . . . .	5
				99 = NO CONDITION . . . . .	84692

M161	0161	0162	2	FOURTH RECODE OF MEDICAL VISIT CONDS	
				A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE VISIT,	
				AS REPORTED IN ER3, OPDSB, OR MVSB. SEE COMMENTS ON THE	
				'FIRST RECODE OF MEDICAL VISIT CONDS' FOR SOURCE OF RECODE.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	0
				02 = TUBERCULOSIS . . . . .	0
				03 = OTHER BACTERIAL DISEASES . . . . .	0
				04 = VIRAL DISEASES . . . . .	1
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	0
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	2
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	0
				11 = MALIG NEOP BONE, CONNec TISS SKIN & BREA . . . . .	2
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	0
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	0
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	0
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	0
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	17
				19 = NUTRITIONAL DEFICIENCIES . . . . .	0
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	2
				21 = MENTAL DISORDERS . . . . .	8
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	14
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	0
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	1
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	0
				26 = HYPERTENSIVE DISEASE . . . . .	38
				27 = ISCHAEMIC HEART DISEASE . . . . .	2
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	5
				29 = CEREBROVASCULAR DISEASE . . . . .	3
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	2
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	1

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	4
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	2
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	11
				35 = DISEASES OF URINARY SYSTEM . . . . .	6
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	0
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	2
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	0
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	0
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	8
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	36
				44 = CONGENITAL ANOMALIES . . . . .	0
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIOD . . . . .	0
				46 = SIGNS, SYMPTOM, & ILL-DEFINED CONDITIONS . . . . .	16
				47 = FRACTURES . . . . .	0
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	1
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	4
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	1
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
				52 = BURNS . . . . .	0
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	23
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	63
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	0
				57 = PART IMPAIR SENS-OT IMPAIR ACC-INJUR . . . . .	0
				98 = UNKNOWN CONDITION . . . . .	26
				99 = NO CONDITION . . . . .	86293

M163 0163 0164 2 FIRST ENTRY CONDITION NUMBER  
 THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FIRST  
 CONDITION REPORTED IN ER3, OPD5B, OR MV5B. THIS NUMBER  
 MATCHES THE "CONDITION NUMBER" ON THE CONDITION FILE,  
 PROVIDING A LINK TO THE SAME CONDITION.  
 RANGE = 01-89  
 98 = UNKNOWN OR NON-RESPONDENT  
 99 = NOT APPLICABLE

M165 0165 0166 2 SECOND ENTRY CONDITION NUMBER  
 THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE SECOND  
 CONDITION REPORTED IN ER3, OPD5B, OR MV5B. THIS NUMBER  
 MATCHES THE "CONDITION NUMBER" ON THE CONDITION FILE,  
 PROVIDING A LINK TO THE SAME CONDITION.  
 RANGE = 01-89  
 98 = UNKNOWN OR NON-RESPONDENT  
 99 = NOT APPLICABLE

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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M167	0167	0168	2	THIRD ENTRY CONDITION NUMBER THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE THIRD CONDITION REPORTED IN ER3, OPD5B, OR MV5B. THIS NUMBER MATCHES THE 'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION. RANGE = 01-89 98 = UNKNOWN OR NON-RESPONDENT 99 = NOT APPLICABLE	
M169	0169	0170	2	FOURTH ENTRY CONDITION NUMBER THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FOURTH CONDITION REPORTED IN ER3, OPD5B, OR MV5B. THIS NUMBER MATCHES THE 'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION. RANGE = 01-18 98 = UNKNOWN 99 = NOT APPLICABLE	
M171	0171	0174	4	FIRST ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M175	0175	0178	4	FIRST ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M179	0179	0182	4	FIRST ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M183	0183	0186	4	SECOND ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M187	0187	0190	4	SECOND ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M191	0191	0194	4	SECOND ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M195	0195	0198	4	THIRD ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M199	0199	0202	4	THIRD ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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M203	0203	0206	4	THIRD ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M207	0207	0210	4	FOURTH ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE FOURTH CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M211	0211	0214	4	FOURTH ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE FOURTH CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M215	0215	0218	4	FOURTH ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE FOURTH CONDITION REPORTED IN ER3, OPD5B, OR MV5B.	
M219	0219	0219	1	TYPE OF VISIT TYPE OF MEDICAL VISIT CODE 1 INDICATES ER VISIT. CODES 2-6 ARE BASED ON RESPONSES TO OPD4 OR MV4, 4C, AND 4D WHICH HAVE BEEN RECODED FROM TYPE OF PHYSICIAN SEEN AND TYPE OF NON-PHYSICIAN SEEN.	
				1 = EMERGENCY ROOM . . . . .	4672
				2 = HOSPITAL OPD(DR. SEEN) . . . . .	6061
				3 = PHYSICIAN VISIT(DR. SEEN) . . . . .	47886
				4 = OTHER VISIT(NON-PHYSICIAN, INDEPENDENT PROVIDER SEEN) .	17688
				5 = HOSPITAL OPD(NON-PHYSICIAN SEEN) . . . . .	3468
				6 = PHYSICIAN VISIT(NON-PHYSICIAN SEEN) . . . . .	6819
M220	0220	0221	2	TYPE CLINIC TYPE OF CLINIC CODES 01-12 WERE ASSIGNED, BASED ON THE RESPONSE REPORTED IN OPD3. CODE 13 INDICATES AN ER VISIT AND CODES 93-96 ARE BASED ON RESPONSES TO MV4, 4C, AND 4D AND TYPE OF PHYSICIAN SEEN AND TYPE OF NON-PHYSICIAN SEEN.	
				01 = GENERAL MEDICINE . . . . .	759
				02 = SURGERY CLINICS . . . . .	196
				03 = ORTHOPEDIC . . . . .	258
				04 = OBSTETRICS-GYNECOLOGY . . . . .	401
				05 = PEDIATRIC . . . . .	416
				06 = EARS, NOSE, THROAT . . . . .	148
				07 = PSYCHIATRIC OR MENTAL . . . . .	159
				08 = EYE CLINICS . . . . .	114
				09 = X-RAYS, LABS, DIAGNOSTIC TESTS . . . . .	1768
				10 = ALLERGY . . . . .	163
				11 = OTHER SPECIFIED . . . . .	2558
				12 = OTHER NON-SPECIFIED . . . . .	2135
				13 = EMERGENCY ROOM . . . . .	4672
				93 = PHYSICIAN VISIT(DR SEEN) . . . . .	47886
				94 = OTHER(NON-PHYSICIAN SEEN) . . . . .	17688
				96 = PHYSICIAN VISIT(NON-PHYSICIAN SEEN) . . . . .	6819
				98 = UNKNOWN TYPE OF CLINIC . . . . .	454

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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M222	0222	0223	2	PLACE OF VISIT	
				PLACE OF VISIT CODES 01-08 AND 10 WERE REPORTED IN MV2. CODE 91 INDICATES AN ER VISIT AND CODES 92-95 ARE BASED ON RESPONSE TO OPD4.	
				01 = DOCTOR'S OFFICE OR GROUP PRACTICE . . . . .	52420
				02 = DOCTOR'S CLINIC . . . . .	4682
				03 = NEIGHBORHOOD/FAMILY HEALTH CENTER . . . . .	1832
				04 = COMPANY CLINIC . . . . .	794
				05 = SCHOOL CLINIC . . . . .	1462
				06 = OTHER CLINIC . . . . .	2762
				07 = HOME . . . . .	3400
				08 = LABORATORY . . . . .	1127
				10 = OTHER . . . . .	2726
				91 = EMERGENCY ROOM . . . . .	4672
				92 = HOSP OPD(DR SEEN) . . . . .	6061
				95 = HOSP OPD(NON-PHYSICIAN SEEN) . . . . .	3468
				98 = UNKNOWN PLACE . . . . .	1188
M224	0224	0225	2	TYPE OF PHYSICIAN SEEN	
				TYPE OF PHYSICIAN SEEN CODES 01-90 WERE ASSIGNED, BASED ON RESPONSES TO OPD4A AND OPD4B OR MV4A AND MV4B. CODE 91 INDICATES AN ER VISIT. CODES 94 AND 96 ARE BASED ON RECODES OF MV4, 4C, AND 4D; CODE 95 ON RECODE OF OPD4; AND CODE 97 ON RECODE OF OPD4A OR MV4A.	
				01 = GENERAL PRACTITIONER . . . . .	22318
				02 = ALLERGY . . . . .	758
				03 = DERMATOLOGY . . . . .	1284
				04 = INTERNAL MEDICINE, UNSPECIFIED . . . . .	2962
				05 = INTERNAL MEDICINE, SPEC CERTIFICATE . . . . .	2353
				06 = PEDIATRICS . . . . .	4910
				07 = GENERAL SURGERY . . . . .	1423
				08 = OBSTETRICS AND GYNECOLOGY . . . . .	4140
				09 = OPHTHAMOLOGY . . . . .	2841
				10 = ORTHOPEDIC SURGERY . . . . .	2210
				11 = OTOLARYNGOLOGY . . . . .	1157
				12 = UROLOGY . . . . .	701
				13 = OTHER SURGICAL SPECIALTIES . . . . .	498
				14 = NEUROLOGY . . . . .	299
				15 = PSYCHIATRY . . . . .	2027
				16 = RADIOLOGY . . . . .	469
				17 = OTHER SPECIALTY . . . . .	510
				18 = OSTEOPATHY . . . . .	239
				90 = UNKNOWN TYPE OF SPECIALTY(2-18) . . . . .	985
				91 = EMERGENCY ROOM . . . . .	4672
				94 = OTHER(NON-PHYSICIAN SEEN) . . . . .	17688
				95 = HOSPITAL OPD(NON-PHYSICIAN SEEN) . . . . .	3468
				96 = PHYSICIAN VISIT(NON-PHYSICIAN SEEN) . . . . .	6819
				97 = UNKNOWN GEN. PRACT. OR SPECIALIST SEEN . . . . .	1863

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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M226	0226	0227	2	TYPE OF NON-PHYSICIAN SEEN	
				TYPE OF NON-PHYSICIAN SEEN CODES 01-14 AND 97 WERE REPORTED IN OPD4C OR MV4C. CODE 91 INDICATES AN ER VISIT. CODES 92 AND 93 ARE BASED ON RECODE OF OPD4 AND MV4, RESPECTIVELY.	
				01 = CHIROPRACTOR . . . . .	5536
				02 = PODIATRIST . . . . .	1012
				03 = OPTOMETRIST . . . . .	2137
				04 = PSYCHOLOGIST . . . . .	2020
				05 = SOCIAL WORKER . . . . .	601
				06 = NURSE OR NURSE PRACTITIONER . . . . .	8314
				07 = PHYSICAL THERAPIST . . . . .	2265
				08 = LAB TECHNICIAN . . . . .	1889
				09 = AIDE . . . . .	544
				10 = X-RAY OR RADIOLOGY TECHNICIAN . . . . .	662
				11 = COUNSELOR . . . . .	267
				12 = PHYSICIAN'S ASSISTANT . . . . .	471
				13 = OTHER TECHNICIAN . . . . .	335
				14 = OTHER NON-PHYSICIAN MEDICAL PROVIDER . . . . .	1003
				91 = EMERGENCY ROOM . . . . .	4672
				92 = HOSP OPD(DR, SEEN) . . . . .	6061
				93 = PHYSICIAN VISIT(DR, SEEN) . . . . .	47886
				97 = UNKNOWN TYPE OF NON-PHYSICIAN SEEN . . . . .	919
M228	0228	0228	1	FIRST TYPE OF SERVICE	
				FIRST TYPE OF SERVICE CODES 1-8 ARE BASED ON RESPONSES TO OPD5 OR MV5, RECODES OF CONDITIONS REPORTED IN OPD5A AND OPD5B OR MV5B, AND SERVICES REVISED ON THE SUMMARY. CODE 9 INDICATES ER VISIT.	
				1 = DIAGNOSIS OR TREATMENT . . . . .	66208
				2 = GENERAL CHECK-UP . . . . .	5459
				3 = PRE- OR POST-NATAL CARE . . . . .	2534
				4 = IMMUNIZATION . . . . .	1497
				5 = EYE EXAM FOR GLASSES . . . . .	2714
				6 = FAMILY PLANNING . . . . .	597
				7 = OTHER . . . . .	2670
				8 = UNKNOWN . . . . .	243
				9 = N/A, EMERGENCY ROOM VISIT . . . . .	4672
M229	0229	0229	1	SECOND TYPE OF SERVICE	
				SECOND TYPE OF SERVICE CODES 2-7 ARE BASED ON RESPONSES TO OPD5 OR MV5, RECODES OF CONDITIONS REPORTED IN OPD5A AND OPD5B OR MV5B, AND SERVICES REVISED ON THE SUMMARY. CODE 9 INDICATES ER VISIT OR ONLY ONE TYPE OF SERVICE REPORTED IN OPD5 OR MV5.	
				2 = GENERAL CHECK-UP . . . . .	1142
				3 = PRE- OR POST-NATAL CARE . . . . .	264
				4 = IMMUNIZATION . . . . .	498
				5 = EYE EXAM FOR GLASSES . . . . .	163
				6 = FAMILY PLANNING . . . . .	60
				7 = OTHER . . . . .	6833

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				9 = N/A, ER VISIT, OR NO 2ND TYPE OF SERVICE . . . . .	77634
M230	0230	0230	1	THIRD TYPE OF SERVICE THIRD TYPE OF SERVICE CODES 3-7 ARE BASED ON RESPONSES TO OPD5 OR MV5, RECODES OF CONDITIONS REPORTED IN OPD5A AND OPD5B OR MV5B, AND SERVICES REVISED ON THE SUMMARY, CODE 9 INDICATES ER VISIT OR TWO OR FEWER TYPES OF SERVICE REPORTED IN OPD5 OR MV5. 3 = PRE- OR POST-NATAL CARE . . . . . 6 4 = IMMUNIZATION . . . . . 34 5 = EYE EXAM FOR GLASSES . . . . . 7 6 = FAMILY PLANNING . . . . . 5 7 = OTHER . . . . . 57 9 = N/A, ER VISIT, OR NO 3RD TYPE OF SERVICE . . . . . 86485	
M231	0231	0231	1	TYPE OF EMERGENCY CARE REQUIRED TYPE OF EMERGENCY CARE REQUIRED, AS REPORTED IN ER4. CODE 9 INDICATES OPD OR MV VISIT. 1 = EMERGENCY CARE NEEDED WITHIN AN HOUR . . . . . 649 2 = EMERGENCY CARE NEEDED WITHIN A FEW HOURS . . . . . 1970 3 = NON-EMERGENCY . . . . . 1971 8 = UNKNOWN . . . . . 82 9 = N/A, NOT ER VISIT . . . . . 81922	
M232	0232	0232	1	REASON WENT TO EMERGENCY ROOM REASON PARTICIPANT WENT TO EMERGENCY ROOM, AS REPORTED IN ER5. 1 = OTHER CARE NOT AVAIL AT THAT TIME . . . . . 1816 2 = BEST/RIGHT PLACE TO GO . . . . . 1243 3 = GOES FOR ALL OR MOST MED. CARE NEEDS . . . . . 230 4 = OTHER . . . . . 707 8 = UNKNOWN . . . . . 39 9 = NOT APPLICABLE . . . . . 82559	
M233	0233	0233	1	SURGERY INDICATES IF ER VISIT INCLUDED SURGERY, AS REPORTED IN ER6. 1 = YES . . . . . 710 2 = NO . . . . . 3925 8 = UNKNOWN . . . . . 37 9 = NOT APPLICABLE . . . . . 81922	
M234	0234	0234	1	X-RAYS INDICATES IF VISIT INCLUDED X-RAYS, AS REPORTED IN ER7, OPD6, OR MV6. 1 = YES . . . . . 7445 2 = NO . . . . . 78514 8 = UNKNOWN . . . . . 635	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
M235	0235	0235	1	LAB TESTS INDICATES IF VISIT INCLUDED LAB TESTS, AS REPORTED IN ER8, OPD7, OR MV7. 1 = YES . . . . . 2 = NO . . . . . 8 = UNKNOWN . . . . .	17566 68430 598
M236	0236	0236	1	DIAGNOSTIC PROCEDURES INDICATES IF VISIT INCLUDED DIAGNOSTIC PROCEDURES, AS REPORTED IN ER9, OPD8, OR MV8. 1 = YES . . . . . 2 = NO . . . . . 8 = UNKNOWN . . . . .	6595 79240 759
M237	0237	0237	1	ADMITTED TO THE HOSPITAL INDICATES IF ER VISIT RESULTED IN A HOSPITAL ADMISSION, AS REPORTED IN ER14. 1 = YES . . . . . 2 = NO . . . . . 8 = UNKNOWN . . . . . 9 = NOT APPLICABLE . . . . .	682 3861 129 81922
I238M105	0238	0238	1	VISIT DATE IMPUTATION INDICATOR INDICATES IF VISIT DATE IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL . . . . .	4089 82505
I239M117	0239	0239	1	TOTAL CHARGE IMPUTATION INDICATOR INDICATES IF TOTAL CHARGE FOR VISIT IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 1 = REAL, NOT DONOR . . . . . 2 = REAL, DONOR ONCE . . . . . 3 = REAL, DONOR TWICE . . . . . 4 = REAL, DONOR THREE TIMES . . . . . 5 = REAL, DONOR FOUR TIMES . . . . . 6 = REAL, DONOR FIVE TIMES . . . . .	22431 42986 19864 1104 167 36 6
I240M123	0240	0240	1	FIRST SOP IMPUTATION INDICATOR INDICATES IF FIRST SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 1 = IMPUTED FROM T.C. DONOR . . . . . 2 = LOGICAL IMPUTATION . . . . . 3 = REAL . . . . . 9 = NOT APPLICABLE . . . . .	186 528 804 84900 176

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
I241M125	0241	0241	1	FIRST SOURCE AMOUNT IMPUTATION IND. INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	186
				1 = IMPUTED FROM T.C. DONOR . . . . .	528
				2 = LOGICAL IMPUTATION . . . . .	9296
				3 = REAL . . . . .	76408
				9 = NOT APPLICABLE . . . . .	176
I242M131	0242	0242	1	SECOND SOP IMPUTATION INDICATOR INDICATES IF SECOND SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	186
				1 = IMPUTED FROM T.C. DONOR . . . . .	528
				2 = LOGICAL IMPUTATION . . . . .	448
				3 = REAL . . . . .	24394
				9 = NOT APPLICABLE . . . . .	61038
I243M133	0243	0243	1	SECOND SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	186
				1 = IMPUTED FROM T.C. DONOR . . . . .	528
				2 = LOGICAL IMPUTATION . . . . .	5359
				3 = REAL . . . . .	19483
				9 = NOT APPLICABLE . . . . .	61038
I244M139	0244	0244	1	THIRD SOP IMPUTATION INDICATOR INDICATES IF THIRD SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	186
				1 = IMPUTED FROM T.C. DONOR . . . . .	528
				2 = LOGICAL IMPUTATION . . . . .	164
				3 = REAL . . . . .	2462
				9 = NOT APPLICABLE . . . . .	83254
I245M141	0245	0245	1	THIRD SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	186
				1 = IMPUTED FROM T.C. DONOR . . . . .	528
				2 = LOGICAL IMPUTATION . . . . .	1096
				3 = REAL . . . . .	1530
				9 = NOT APPLICABLE . . . . .	83254

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 MEDICAL VISIT FILE (RECORD COUNT=86594)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I246M147	0246	0246	1	FOURTH SOP IMPUTATION INDICATOR	
				INDICATES IF FOURTH SOURCE OF PAYMENT (SOP) IS REAL OR	
				IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	186
				1 = IMPUTED FROM T.C. DONOR . . . . .	528
				2 = LOGICAL IMPUTATION . . . . .	15
				3 = REAL . . . . .	101
				9 = NOT APPLICABLE . . . . .	85764
I247M149	0247	0247	1	FOURTH SOURCE AMOUNT IMPUTATION IND	
				INDICATES IF AMOUNT PAID/TO BE PAID BY FOURTH SOURCE OF	
				PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF	
				IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	186
				1 = IMPUTED FROM T.C. DONOR . . . . .	528
				2 = LOGICAL IMPUTATION . . . . .	70
				3 = REAL . . . . .	46
				9 = NOT APPLICABLE . . . . .	85764

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 DENTAL VISIT FILE (RECORD COUNT=23113)

NOTE: REFER TO PERSON FILE FOR HEADER VARIABLES, FILE POSITION 1-98. THE PERSON FILE FREQUENCIES FOR THE HEADER VARIABLES DO NOT APPLY TO THIS FILE.

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
D99	0099	0104	6	UNIQUE VISIT RECORD NUMBER A UNIQUE NUMBER ASSIGNED TO EACH RECORD, PROVIDING A LINK TO THE CORRESPONDING RECORD IN THE NMCUES ANALYTIC FILES. RANGE = 000011-024647	
D105I158	0105	0107	3	VISIT DATE THE DAY OF THE YEAR THE VISIT OCCURRED, AS IMPUTED FROM DV1. RANGE = 001-366	
D108	0108	0108	1	FLAT FEE LETTER A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN DV5/5A. A-S = FLAT FEE LETTER 0 = IMPUTED FF DONOR RECORD 1 = MEDICINE INC IN DOC CHARGE 2 = BABY'S HOSP INC IN MOTHER'S BILL 8 = UNKNOWN 9 = NOT APPLICABLE	
D109	0109	0114	6	FLAT FEE AMOUNT FLAT FEE CHARGE, AS REPORTED IN FF2 OR REVISED ON THE SUMMARY. RANGE = 000002-015000 999998 = UNKNOWN 999999 = NOT APPLICABLE	
D115	0115	0116	2	# OF VISITS BEFORE 1980 INCLUDED IN FLAT FEE NUMBER OF DENTAL VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE, AS REPORTED IN FF6A. RANGE = 00-84 98 = UNKNOWN 99 = NOT APPLICABLE	
D117I159	0117	0122	6	TOTAL CHARGE TOTAL CHARGE FOR THE VISIT, AS REPORTED IN DV5; DISTRIBUTED FROM A FLAT FEE REPORTED IN DV5/5A; REVISED ON THE SUMMARY; OR IMPUTED. RANGE = 000000-002201	
D123I160	0123	0124	2	FIRST SOURCE OF PAYMENT FIRST SOURCE OF PAYMENT FOR THE VISIT, AS REPORTED IN DV7A/8A; REVISED ON THE SUMMARY; OR IMPUTED.	
				11 = MEDICARE . . . . .	16
				21 = MEDICAID . . . . .	946
				31 = MILITARY . . . . .	122
				32 = VETERAN'S ADMINISTRATION . . . . .	63
				33 = CHAMPUS/CHAMPVA . . . . .	11

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 DENTAL VISIT FILE (RECORD COUNT=23113)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				41 = FEDERAL . . . . .	27
				42 = INDIAN HEALTH SERVICE . . . . .	21
				43 = STATE OR LOCAL GOVERNMENT . . . . .	59
				44 = WORKER'S COMPENSATION . . . . .	7
				45 = PUBLIC ASSISTANCE . . . . .	30
				51 = COMMERCIAL INSURANCE PLANS . . . . .	1207
				52 = BLUE CROSS/BLUE SHIELD . . . . .	289
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	100
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	14
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	22
				63 = OTHER PREPAID HEALTH PLANS . . . . .	186
				71 = SELF OR FAMILY . . . . .	18634
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	164
				81 = COMPANY NAME . . . . .	116
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	119
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	15
				86 = SCHOOL CLINIC . . . . .	2
				87 = PHILANTHROPY . . . . .	1
				88 = OTHER SOURCES . . . . .	86
				89 = FREE FROM PROVIDER . . . . .	802
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	19
				99 = NOT APPLICABLE . . . . .	35

D125I161 0125 0130 6 FIRST SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT, AS  
 REPORTED IN DV7B/8B; REVISED ON THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-002201  
 999999 = NOT APPLICABLE

D131I162 0131 0132 2 SECOND SOURCE OF PAYMENT  
 SECOND SOURCE OF PAYMENT FOR THE VISIT, AS REPORTED IN  
 DV7A/8A; REVISED ON THE SUMMARY; OR IMPUTED.

				11 = MEDICARE . . . . .	24
				21 = MEDICAID . . . . .	24
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	9
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	39
				44 = WORKER'S COMPENSATION . . . . .	5
				45 = PUBLIC ASSISTANCE . . . . .	2
				51 = COMMERCIAL INSURANCE PLANS . . . . .	3355
				52 = BLUE CROSS/BLUE SHIELD . . . . .	707
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	203
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	3

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 DENTAL VISIT FILE (RECORD COUNT=23113)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	40
				63 = OTHER PREPAID HEALTH PLANS . . . . .	706
				71 = SELF OR FAMILY . . . . .	9
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	76
				81 = COMPANY NAME . . . . .	151
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	391
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	21
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	1
				88 = OTHER SOURCES . . . . .	178
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	129
				99 = NOT APPLICABLE . . . . .	17040

D133I163 0133 0138 6 SECOND SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT, AS  
 REPORTED IN DV7B/8B; REVISED ON THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-002700  
 999999 = NOT APPLICABLE

D139I164 0139 0140 2 THIRD SOURCE OF PAYMENT  
 THIRD SOURCE OF PAYMENT FOR THE VISIT, AS REPORTED IN  
 DV7A/8A; REVISED ON THE SUMMARY; OR IMPUTED.

				11 = MEDICARE . . . . .	4
				21 = MEDICAID . . . . .	0
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	6
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	100
				52 = BLUE CROSS/BLUE SHIELD . . . . .	12
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	1
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	25
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	25
				81 = COMPANY NAME . . . . .	4
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	2
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	5

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 DENTAL VISIT FILE (RECORD COUNT=23113)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	21
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	120
				99 = NOT APPLICABLE . . . . .	22788
D141I165	0141	0146	6	THIRD SOURCE AMOUNT AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT, AS REPORTED IN DV7B/8B; REVISED ON THE SUMMARY; OR IMPUTED. RANGE = 000000-000585 999999 = NOT APPLICABLE	
D147	0147	0147	1	X-RAYS INDICATES IF VISIT INCLUDED X-RAYS, AS RECODED FROM DV3 AND DV4. 1 = X-RAYS . . . . . 2 = NO X-RAYS . . . . . 8 = UNKNOWN . . . . .	6176 15972 965
D148	0148	0148	1	TEETH CLEANED INDICATES IF VISIT INCLUDED TEETH CLEANING, AS RECODED FROM DV4. 1 = TEETH CLEANED . . . . . 2 = TEETH NOT CLEANED . . . . . 8 = UNKNOWN . . . . .	6259 16570 284
D149	0149	0149	1	EXAMINATION INDICATES IF VISIT INCLUDED AN EXAMINATION, AS RECODED FROM DV4. 1 = EXAMINATION . . . . . 2 = NO EXAMINATION . . . . . 8 = UNKNOWN . . . . .	5274 17555 284
D150	0150	0150	1	ORTHODONTIA INDICATES IF VISIT INCLUDED ORTHODONTIA, AS RECODED FROM DV4. 1 = ORTHODONTIA . . . . . 2 = NO ORTHODONTIA . . . . . 8 = UNKNOWN . . . . .	2766 20063 284
D151	0151	0151	1	NUMBER OF FILLINGS INDICATES IF VISIT INCLUDED FILLINGS, AND IF SO, THE NUMBER OF FILLINGS, AS RECODED FROM DV4. 0 = NO FILLINGS . . . . . 1 = 1 FILLING . . . . . 2 = 2 FILLINGS . . . . . 3 = 3 FILLINGS . . . . .	17574 2996 1415 406

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 DENTAL VISIT FILE (RECORD COUNT=23113)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				4 = 4 FILLINGS . . . . .	159
				5 = 5 FILLINGS . . . . .	56
				6 = 6 FILLINGS . . . . .	37
				7 = 7 OR MORE FILLINGS . . . . .	40
				8 = UNKNOWN NUMBER OF FILLINGS . . . . .	146
				9 = UNKNOWN IF FILLINGS . . . . .	284
D152	0152	0152	1	NUMBER OF EXTRACTIONS INDICATES IF VISIT INCLUDED EXTRACTIONS, AND IF SO, THE NUMBER OF EXTRACTIONS, AS RECODED FROM DV4.	
				0 = NO EXTRACTIONS . . . . .	21376
				1 = 1 EXTRACTION . . . . .	872
				2 = 2 EXTRACTIONS . . . . .	321
				3 = 3 EXTRACTIONS . . . . .	85
				4 = 4 EXTRACTIONS . . . . .	84
				5 = 5 EXTRACTIONS . . . . .	20
				6 = 6 EXTRACTIONS . . . . .	16
				7 = 7 OR MORE EXTRACTIONS . . . . .	32
				8 = UNKNOWN NUMBER OF EXTRACTIONS . . . . .	23
				9 = UNKNOWN IF EXTRACTIONS . . . . .	284
D153	0153	0153	1	NUMBER OF ROOT CANALS INDICATES IF VISIT INCLUDED ROOT CANALS, AND IF SO, THE NUMBER OF ROOT CANALS, AS RECODED FROM DV4.	
				0 = NO ROOT CANALS . . . . .	22071
				1 = 1 ROOT CANAL . . . . .	598
				2 = 2 ROOT CANALS . . . . .	65
				3 = 3 ROOT CANALS . . . . .	33
				4 = 4 ROOT CANALS . . . . .	14
				8 = UNKNOWN NUMBER OF ROOT CANALS . . . . .	48
				9 = UNKNOWN IF ROOT CANALS . . . . .	284
D154	0154	0154	1	NUMBER OF CROWNS INDICATES IF VISIT INCLUDED CROWNS, AND IF SO, THE NUMBER OF CROWNS, AS RECODED FROM DV4.	
				0 = NO CROWNS . . . . .	21928
				1 = 1 CROWN . . . . .	651
				2 = 2 CROWNS . . . . .	127
				3 = 3 CROWNS . . . . .	33
				4 = 4 CROWNS . . . . .	9
				5 = 5 CROWNS . . . . .	4
				6 = 6 CROWNS . . . . .	12
				7 = 7 OR MORE CROWNS . . . . .	4
				8 = UNKNOWN NUMBER OF CROWNS . . . . .	61
				9 = UNKNOWN IF CROWNS . . . . .	284

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 DENTAL VISIT FILE (RECORD COUNT=23113)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
D155	0155	0155	1	NUMBER OF BRIDGES INDICATES IF VISIT INCLUDED BRIDGES, AND IF SO, THE NUMBER OF BRIDGES, AS RECODED FROM DV4.	
				0 = NO BRIDGES . . . . .	22516
				1 = 1 BRIDGE . . . . .	242
				2 = 2 BRIDGES . . . . .	38
				3 = 3 BRIDGES . . . . .	10
				4 = 4 BRIDGES . . . . .	2
				5 = 5 BRIDGES . . . . .	1
				6 = 6 BRIDGES . . . . .	0
				7 = 7 OR MORE BRIDGES . . . . .	4
				8 = UNKNOWN NUMBER OF BRIDGES . . . . .	16
				9 = UNKNOWN IF BRIDGES . . . . .	284
D156	0156	0156	1	DENTURES INDICATES IF VISIT INCLUDED DENTURES, AND IF SO, THE TYPE OF DENTURES, AS RECODED FROM DV4.	
				1 = PARTIAL DENTURES . . . . .	534
				2 = FULL DENTURES . . . . .	330
				3 = NO DENTURES . . . . .	21965
				8 = UNKNOWN . . . . .	284
D157	0157	0157	1	OTHER SERVICES INDICATES IF VISIT INCLUDED OTHER SERVICES, AS RECODED FROM DV4.	
				1 = OTHER SERVICES . . . . .	3913
				2 = NO OTHER SERVICES . . . . .	18916
				8 = UNKNOWN . . . . .	284
I158D105	0158	0158	1	VISIT DATE IMPUTATION INDICATOR INDICATES IF VISIT DATE IS REAL OR IMPUTED DATA.	
				0 = IMPUTED . . . . .	1233
				1 = REAL . . . . .	21880
I159D117	0159	0159	1	TOTAL CHARGE IMPUTATION INDICATOR INDICATES IF TOTAL CHARGE FOR VISIT IS REAL OR IMPUTED DATA.	
				0 = IMPUTED . . . . .	3179
				1 = REAL, NOT DONOR . . . . .	16687
				2 = REAL, DONOR ONCE . . . . .	3247
I160D123	0160	0160	1	FIRST SOP IMPUTATION INDICATOR INDICATES IF FIRST SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	124
				1 = IMPUTED FROM T.C. DONOR . . . . .	369
				2 = LOGICAL IMPUTATION . . . . .	19
				3 = REAL . . . . .	22566
				9 = NOT APPLICABLE . . . . .	35

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 DENTAL VISIT FILE (RECORD COUNT=23113)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I161D125	0161	0161	1	FIRST SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	124
				1 = IMPUTED FROM T.C. DONOR . . . . .	369
				2 = LOGICAL IMPUTATION . . . . .	1097
				3 = REAL . . . . .	21488
				9 = NOT APPLICABLE . . . . .	35
I162D131	0162	0162	1	SECOND SOP IMPUTATION INDICATOR INDICATES IF SECOND SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA, IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	124
				1 = IMPUTED FROM T.C. DONOR . . . . .	369
				2 = LOGICAL IMPUTATION . . . . .	128
				3 = REAL . . . . .	5799
				9 = NOT APPLICABLE . . . . .	16693
I163D133	0163	0163	1	SECOND SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	124
				1 = IMPUTED FROM T.C. DONOR . . . . .	369
				2 = LOGICAL IMPUTATION . . . . .	709
				3 = REAL . . . . .	5218
				9 = NOT APPLICABLE . . . . .	16693
I164D139	0164	0164	1	THIRD SOP IMPUTATION INDICATOR INDICATES IF THIRD SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	124
				1 = IMPUTED FROM T.C. DONOR . . . . .	369
				2 = LOGICAL IMPUTATION . . . . .	119
				3 = REAL . . . . .	199
				9 = NOT APPLICABLE . . . . .	22302
I165D141	0165	0165	1	THIRD SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	124
				1 = IMPUTED FROM T.C. DONOR . . . . .	369
				2 = LOGICAL IMPUTATION . . . . .	179
				3 = REAL . . . . .	139
				9 = NOT APPLICABLE . . . . .	22302

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

NOTE: REFER TO PERSON FILE FOR HEADER VARIABLES, FILE POSITION 1-98. THE PERSON FILE FREQUENCIES FOR THE HEADER VARIABLES DO NOT APPLY TO THIS FILE.

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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H99	0099	0104	6	UNIQUE VISIT RECORD NUMBER A UNIQUE NUMBER ASSIGNED TO EACH RECORD, PROVIDING A LINK TO THE CORRESPONDING RECORD IN THE NMCUES ANALYTIC FILES. RANGE = 000001-003179	
H105I483	0105	0109	5	DATE OF ADMISSION THE DATE OF ADMISSION TO THE HOSPITAL, AS REPORTED IN HS1 OR IMPUTED. RANGE = 79318-80366	
H110I484	0110	0114	5	DATE OF DISCHARGE THE DATE OF DISCHARGE FROM THE HOSPITAL, AS REPORTED IN HS1, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 80001-80366	
H115	0115	0115	1	FLAT FEE LETTER A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN HS10/10A. A-S = FLAT FEE LETTER 0 = IMPUTED FF DONOR RECORD 1 = MEDICINE INC IN DOC CHARGE 2 = BABY'S HOSP INC IN MOTHER'S BILL 8 = UNKNOWN 9 = NOT APPLICABLE	
H116	0116	0121	6	FLAT FEE AMOUNT FLAT FEE CHARGE, AS REPORTED IN FF2 OR REVISED ON THE SUMMARY. RANGE = 000010-020000 999998 = UNKNOWN 999999 = NOT APPLICABLE	
H122	0122	0123	2	# OF VISITS BEFORE 1980 INCLUDED IN FLAT FEE NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE, AS REPORTED IN FF6A. RANGE = 00-14 98 = UNKNOWN 99 = NOT APPLICABLE	
H124I485	0124	0129	6	TOTAL CHARGE TOTAL CHARGE FOR THE HOSPITAL STAY, AS REPORTED IN HS10, DISTRIBUTED FROM A FLAT FEE REPORTED IN HS10/10A, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-117155	

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HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H130I486	0130	0131	2	FIRST SOURCE OF PAYMENT	
				FIRST SOURCE OF PAYMENT FOR THE HOSPITAL STAY, AS REPORTED IN HS12A/13A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	77
				21 = MEDICAID . . . . .	359
				31 = MILITARY . . . . .	18
				32 = VETERAN'S ADMINISTRATION . . . . .	40
				33 = CHAMPUS/CHAMPVA . . . . .	5
				41 = FEDERAL . . . . .	14
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	14
				44 = WORKER'S COMPENSATION . . . . .	19
				45 = PUBLIC ASSISTANCE . . . . .	19
				51 = COMMERCIAL INSURANCE PLANS . . . . .	386
				52 = BLUE CROSS/BLUE SHIELD . . . . .	510
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	30
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	23
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	14
				63 = OTHER PREPAID HEALTH PLANS . . . . .	30
				71 = SELF OR FAMILY . . . . .	1165
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	3
				81 = COMPANY NAME . . . . .	29
				82 = EMPLOYER CLINIC . . . . .	1
				83 = UNION NAME . . . . .	24
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	1
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	1
				88 = OTHER SOURCES . . . . .	25
				89 = FREE FROM PROVIDER . . . . .	24
				90 = WITH MOTHER'S BILL . . . . .	92
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	4
				99 = NOT APPLICABLE . . . . .	19
H132I487	0132	0137	6	FIRST SOURCE AMOUNT	
				AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT, AS REPORTED IN HS12B/13B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-045000 999999 = NOT APPLICABLE	
H138I488	0138	0139	2	SECOND SOURCE OF PAYMENT	
				SECOND SOURCE OF PAYMENT FOR THE HOSPITAL STAY, AS REPORTED IN HS12A/13A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	441
				21 = MEDICAID . . . . .	38
				31 = MILITARY . . . . .	19
				32 = VETERAN'S ADMINISTRATION . . . . .	1
				33 = CHAMPUS/CHAMPVA . . . . .	26
				41 = FEDERAL . . . . .	5

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HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	7
				44 = WORKER'S COMPENSATION . . . . .	1
				45 = PUBLIC ASSISTANCE . . . . .	4
				51 = COMMERCIAL INSURANCE PLANS . . . . .	434
				52 = BLUE CROSS/BLUE SHIELD . . . . .	312
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	19
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	6
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	2
				63 = OTHER PREPAID HEALTH PLANS . . . . .	25
				71 = SELF OR FAMILY . . . . .	1
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	5
				81 = COMPANY NAME . . . . .	24
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	26
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	4
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	2
				88 = OTHER SOURCES . . . . .	16
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	1
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	23
				99 = NOT APPLICABLE . . . . .	1504

H140I489 0140 0145 6 SECOND SOURCE AMOUNT  
AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT, AS  
REPORTED IN HS12B/13B, REVISED ON THE SUMMARY, OR IMPUTED.  
RANGE = 000000-116955  
999999 = NOT APPLICABLE

H146I490 0146 0147 2 THIRD SOURCE OF PAYMENT  
THIRD SOURCE OF PAYMENT FOR THE HOSPITAL STAY, AS REPORTED  
IN HS12A/13A, REVISED ON THE SUMMARY, OR IMPUTED.

				11 = MEDICARE . . . . .	150
				21 = MEDICAID . . . . .	3
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	1
				33 = CHAMPUS/CHAMPVA . . . . .	1
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	1
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	27
				52 = BLUE CROSS/BLUE SHIELD . . . . .	33
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	5
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	2

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				63 = OTHER PREPAID HEALTH PLANS . . . . .	6
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	1
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	1
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	1
				88 = OTHER SOURCES . . . . .	4
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	54
				99 = NOT APPLICABLE . . . . .	2656

H148I491 0148 0153 6 THIRD SOURCE AMOUNT  
AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT, AS  
REPORTED IN HS12B/13B, REVISED ON THE SUMMARY, OR IMPUTED.  
RANGE = 000000-081000  
999999 = NOT APPLICABLE

H154I492 0154 0155 2 FOURTH SOURCE OF PAYMENT  
FOURTH SOURCE OF PAYMENT FOR THE HOSPITAL STAY, AS REPORTED  
IN HS12A/13A, REVISED ON THE SUMMARY, OR IMPUTED.

				11 = MEDICARE . . . . .	24
				21 = MEDICAID . . . . .	0
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	3
				52 = BLUE CROSS/BLUE SHIELD . . . . .	0
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	1
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	1
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	5
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	7
				99 = NOT APPLICABLE . . . . .	2905

H156I493 0156 0161 6 FOURTH SOURCE AMOUNT  
AMOUNT PAID/TO BE PAID BY FOURTH SOURCE OF PAYMENT, AS  
REPORTED IN HS12B/13B, REVISED ON THE SUMMARY, OR IMPUTED.  
RANGE = 000000-004811  
999999 = NOT APPLICABLE

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H162	0162	0163	2	FIRST RECODE OF HOSPITAL STAY CONDS A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE HOSPITAL STAY, AS REPORTED IN HSS. EACH UNIQUE ICD CONDITION CODE WAS RECODED BASED ON THE "BASIC TABULATION LIST", PAGES 746-754 OF THE INTERNATIONAL CLASSIFICATION OF DISEASES, 1975 REVISION, VOLUME 1.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	20
				02 = TUBERCULOSIS . . . . .	4
				03 = OTHER BACTERIAL DISEASES . . . . .	5
				04 = VIRAL DISEASES . . . . .	21
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	3
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	3
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	27
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	19
				11 = MALIG NEOP BONE, CONNEX TISS SKIN & BREA . . . . .	15
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	22
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	28
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	8
				15 = BENIGN NEOPLASH . . . . .	33
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASH . . . . .	33
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	72
				19 = NUTRITIONAL DEFICIENCIES . . . . .	1
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	33
				21 = MENTAL DISORDERS . . . . .	53
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	55
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	71
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	22
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	12
				26 = HYPERTENSIVE DISEASE . . . . .	31
				27 = ISCHAEMIC HEART DISEASE . . . . .	103
				28 = DISEASE PULOM CIRC & OTH FORM HEART DIS . . . . .	99
				29 = CEREBROVASCULAR DISEASE . . . . .	54
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	74

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HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	66
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	192
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	17
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	241
				35 = DISEASES OF URINARY SYSTEM . . . . .	108
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	19
				37 = DISEASES OF FEMALE ORGANS . . . . .	126
				38 = ABORTION . . . . .	34
				39 = DIRECT OBSTETRIC CAUSES . . . . .	53
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	92
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	36
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	162
				44 = CONGENITAL ANOMALIES . . . . .	23
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIOD . . . . .	19
				46 = SIGNS, SYMPTOM & ILL-DEFINED CONDITIONS . . . . .	148
				47 = FRACTURES . . . . .	89
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	29
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	17
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	28
				51 = EFFECT OF FOREIGN BODY ENTER THROU DRIFI . . . . .	2
				52 = BURNS . . . . .	6
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	13
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	28
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	51
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	22
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	1
				98 = UNKNOWN CONDITION . . . . .	19
				99 = NO CONDITION . . . . .	384
H164	0164	0165	2	SECOND RECODE OF HOSPITAL STAY CONDS	
				A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE	
				HOSPITAL STAY, AS REPORTED IN HS5. SEE COMMENTS ON 'FIRST	
				RECODE OF HOSPITAL STAY CONDS' FOR SOURCE OF RECODE.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	1
				02 = TUBERCULOSIS . . . . .	1
				03 = OTHER BACTERIAL DISEASES . . . . .	3
				04 = VIRAL DISEASES . . . . .	4
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENEREAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	2
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	3
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	3
				11 = MALIG NEOP BONE, CONNEX TISS SKIN & BREA . . . . .	2
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	2
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	2
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASH . . . . .	3
				16 = CARCINOMA IN SITU . . . . .	0

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	2
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	19
				19 = NUTRITIONAL DEFICIENCIES . . . . .	0
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	9
				21 = MENTAL DISORDERS . . . . .	6
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	13
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	1
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	5
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	1
				26 = HYPERTENSIVE DISEASE . . . . .	22
				27 = ISCHAEMIC HEART DISEASE . . . . .	5
				28 = DISEASE PULOM CIRC & OTH FORM HEART DIS . . . . .	23
				29 = CEREBROVASCULAR DISEASE . . . . .	5
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	9
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	10
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	29
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	0
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	27
				35 = DISEASES OF URINARY SYSTEM . . . . .	10
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	6
				37 = DISEASES OF FEMALE ORGANS . . . . .	4
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTETRIC CAUSES . . . . .	11
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	4
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	10
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	19
				44 = CONGENITAL ANOMALIES . . . . .	2
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	1
				46 = SIGNS, SYMPTOM & ILL-DEFINED CONDITIONS . . . . .	28
				47 = FRACTURES . . . . .	2
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	3
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	10
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	8
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
				52 = BURNS . . . . .	0
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	6
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	22
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	2
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	1
				98 = UNKNOWN CONDITION . . . . .	5
				99 = NO CONDITION . . . . .	2580
H166	0166	0167	2	THIRD RECODE OF HOSPITAL STAY CONDS	
				A 2 DIGIT RECODE ASSIGNED TO A CONDITION CAUSING THE	
				HOSPITAL STAY, AS REPORTED IN H55. SEE COMMENTS ON 'FIRST	
				RECODE OF HOSPITAL STAY CONDS' FOR SOURCE OF RECODE.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	1
				02 = TUBERCULOSIS . . . . .	0

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HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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03	=			OTHER BACTERIAL DISEASES . . . . .	0
04	=			VIRAL DISEASES . . . . .	0
05	=			RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
06	=			VENEREAL DISEASES . . . . .	0
07	=			OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	0
08	=			MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
09	=			MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
10	=			MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	2
11	=			MALIG NEOP BONE, CONNec TISS SKIN & BREA . . . . .	0
12	=			MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	0
13	=			MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	0
14	=			MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
15	=			BENIGN NEOPLASM . . . . .	0
16	=			CARCINOMA IN SITU . . . . .	0
17	=			OTHER AND UNSPECIFIED NEOPLASM . . . . .	1
18	=			ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	3
19	=			NUTRITIONAL DEFICIENCIES . . . . .	1
20	=			DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	1
21	=			MENTAL DISORDERS . . . . .	1
22	=			DISEASES OF THE NERVOUS SYSTEM . . . . .	5
23	=			DISORDERS OF THE EYE AND ADNEXA . . . . .	0
24	=			DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	0
25	=			RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	0
26	=			HYPERTENSIVE DISEASE . . . . .	7
27	=			ISCHAEMIC HEART DISEASE . . . . .	1
28	=			DISEASE PULOM CIRC & OTH FORM HEART DIS . . . . .	3
29	=			CEREBROVASCULAR DISEASE . . . . .	2
30	=			OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	1
31	=			DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	4
32	=			OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	7
33	=			DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	1
34	=			DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	4
35	=			DISEASES OF URINARY SYSTEM . . . . .	1
36	=			DISEASES OF MALE GENITAL ORGANS . . . . .	0
37	=			DISEASES OF FEMALE ORGANS . . . . .	2
38	=			ABORTION . . . . .	0
39	=			DIRECT OBSTETRIC CAUSES . . . . .	0
40	=			INDIRECT OBSTETRIC CAUSES . . . . .	0
41	=			NORMAL PREGNANCY AND DELIVERY . . . . .	1
42	=			DISEASES OF SKIN AND SUBCUTANEDUS TISSUE . . . . .	0
43	=			DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	2
44	=			CONGENITAL ANOMALIES . . . . .	1
45	=			CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0
46	=			SIGNS, SYMPTOM & ILL-DEFINED CONDITIONS . . . . .	10
47	=			FRACTURES . . . . .	0
48	=			DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	1
49	=			INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	2
50	=			OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	5
51	=			EFFECT OF FOREIGN BODY ENTER THROU DRIFI . . . . .	0
52	=			BURNS . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	0
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	6
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	0
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	2
				98 = UNKNOWN CONDITION . . . . .	1
				99 = NO CONDITION . . . . .	2867

H168 0168 0169 2 FIRST ENTRY CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FIRST  
CONDITION REPORTED IN HSS. THIS NUMBER MATCHES THE  
'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK  
TO THE SAME CONDITION.  
RANGE = 01-89  
98 = UNKNOWN  
99 = NOT APPLICABLE

H170 0170 0171 2 SECOND ENTRY CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE SECOND  
CONDITION REPORTED IN HSS. THIS NUMBER MATCHES THE  
'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK  
TO THE SAME CONDITION.  
RANGE = 01-44  
98 = UNKNOWN  
99 = NOT APPLICABLE

H172 0172 0173 2 THIRD ENTRY CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE THIRD  
CONDITION REPORTED IN HSS. THIS NUMBER MATCHES THE  
'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK  
TO THE SAME CONDITION.  
RANGE = 01-45  
98 = UNKNOWN  
99 = NOT APPLICABLE

H174 0174 0175 2 FOURTH ENTRY CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FOURTH  
CONDITION REPORTED IN HSS. THIS NUMBER MATCHES THE  
'CONDITION NUMBER' ON THE CONDITION FILE, PROVIDING A LINK  
TO THE SAME CONDITION.  
RANGE = 01-08  
98 = UNKNOWN  
99 = NOT APPLICABLE

H176 0176 0177 2 FIRST ABNORMAL BIRTH CONDITION NUMBER  
THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FIRST  
ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS  
INDICATED IN HSSC.  
RANGE = 01-89  
98 = UNKNOWN

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				99 = NOT APPLICABLE	
H178	0178	0179	2	SECOND ABNORMAL BIRTH CONDITION NUMBER THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE SECOND ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS INDICATED IN HSSC. RANGE = 02-15 98 = UNKNOWN 99 = NOT APPLICABLE	
H180	0180	0183	4	FIRST ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN HSS.	
H184	0184	0187	4	FIRST ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN HSS.	
H188	0188	0191	4	FIRST ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN HSS.	
H192	0192	0195	4	SECOND ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN HSS.	
H196	0196	0199	4	SECOND ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN HSS.	
H200	0200	0203	4	SECOND ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN HSS.	
H204	0204	0207	4	THIRD ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN HSS.	
H208	0208	0211	4	THIRD ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN HSS.	
H212	0212	0215	4	THIRD ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN HSS.	
H216	0216	0219	4	FOURTH ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE FOURTH CONDITION REPORTED IN HSS.	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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H220	0220	0223	4	FOURTH ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE FOURTH CONDITION REPORTED IN HS5.	
H224	0224	0227	4	FOURTH ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE FOURTH CONDITION REPORTED IN HS5.	
H228	0228	0231	4	FIRST ABNORMAL BIRTH CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE FIRST ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS INDICATED IN HSSC.	
H232	0232	0235	4	FIRST ABNORMAL BIRTH CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE FIRST ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS INDICATED IN HSSC.	
H236	0236	0239	4	FIRST ABNORMAL BIRTH CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE FIRST ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS INDICATED IN HSSC.	
H240	0240	0243	4	SECOND ABNORMAL BIRTH CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE SECOND ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS INDICATED IN HSSC.	
H244	0244	0247	4	SECOND ABNORMAL BIRTH CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE SECOND ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS INDICATED IN HSSC.	
H248	0248	0251	4	SECOND ABNORMAL BIRTH CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE SECOND ABNORMAL BIRTH CONDITION REPORTED FOR A NEWBORN, AS INDICATED IN HSSC.	
H252I494	0252	0254	3	NIGHTS IN HOSPITAL NUMBER OF NIGHTS SPENT IN HOSPITAL, AS REPORTED IN HS2 OR IMPUTED FROM HS1 AND HS1A. IF NUMBER OF NIGHTS IN HOSPITAL = 000, ADMISSION AND DISCHARGE OCCURRED ON THE SAME DAY. RANGE = 000-307	
H255	0255	0255	1	NO CONDITION AT ADMISSION INDICATES THAT NO CONDITION WAS REPORTED AS CAUSING THE HOSPITAL STAY, AS INDICATED IN HS5. CODE 1 (DELIVERY) AND CODE 2 (NEWBORN BABY) ARE NOT DEFINED AS CONDITIONS.	
				1 = DELIVERY . . . . .	162
				2 = NEWBORN BABY . . . . .	217
				3 = OTHER . . . . .	8
				8 = UNKNOWN . . . . .	173
				9 = NOT APPLICABLE . . . . .	2386

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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H256	0256	0256	1	NORMAL DELIVERY OR BIRTH INDICATES IF HOSPITAL STAY WAS FOR NORMAL DELIVERY OR BIRTH, AS REPORTED IN HS5. 1 = YES . . . . . 141 2 = NO . . . . . 42 8 = UNKNOWN . . . . . 28 9 = NOT APPLICABLE . . . . . 2735	
H257	0257	0257	1	OPERATIONS PERFORMED INDICATES IF ANY OPERATIONS WERE PERFORMED DURING THE HOSPITAL STAY, AS REPORTED IN HS6. 1 = YES . . . . . 1129 2 = NO . . . . . 1786 8 = UNKNOWN . . . . . 31	
H258	0258	0259	2	FIRST OPERATION A 2 DIGIT HIS OR ICD SURGICAL PROCEDURES CODE ASSIGNED TO THE FIRST OPERATION REPORTED IN HS6A. RANGE = 00-86 98 = UNKNOWN 99 = NOT APPLICABLE	
H260	0260	0261	2	SECOND OPERATION A 2 DIGIT HIS OR ICD SURGICAL PROCEDURES CODE ASSIGNED TO THE SECOND OPERATION REPORTED IN HS6A. RANGE = 00-86 98 = UNKNOWN 99 = NOT APPLICABLE	
H262	0262	0263	2	THIRD OPERATION A 2 DIGIT HIS OR ICD SURGICAL PROCEDURES CODE ASSIGNED TO THE THIRD OPERATION REPORTED IN HS6A. RANGE = 21-86 98 = UNKNOWN 99 = NOT APPLICABLE	
H264	0264	0264	1	X-RAYS INDICATES IF HOSPITAL STAY INCLUDED X-RAYS, AS REPORTED IN HS7, 1 = YES . . . . . 1778 2 = NO . . . . . 1151 8 = UNKNOWN . . . . . 17	
H265	0265	0265	1	LABORATORY TESTS INDICATES IF HOSPITAL STAY INCLUDED LAB TESTS, AS REPORTED IN HS8. 1 = YES . . . . . 2607 2 = NO . . . . . 319 8 = UNKNOWN . . . . . 20	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H266	0266	0266	1	DIAGNOSTIC PROCEDURES INDICATES IF HOSPITAL STAY INCLUDED DIAGNOSTIC PROCEDURES, AS REPORTED IN HS9. 1 = YES . . . . . 2 = NO . . . . . B = UNKNOWN . . . . .	1476 1431 39
H267	0267	0271	5	PARTICIPANT SEQUENCE NUMBER FOR MOTHER OF NEWBORN THE UNIQUE NUMBER FOR THE MOTHER OF THE NEWBORN, AS RECODED FROM HS10/10A. RANGE = 00076-18299 99999 = NOT APPLICABLE	
H272	0272	0273	2	TYPE OF CONTROL A 2 DIGIT AHA CODE ASSIGNED TO THE HOSPITAL, INDICATING THE TYPE OF ORGANIZATION RESPONSIBLE FOR ESTABLISHING POLICY CONCERNING OVERALL OPERATION OF THE HOSPITAL. RANGE = 12-47 98 = UNKNOWN	
H274	0274	0275	2	TYPE OF SERVICE A 2 DIGIT AHA CODE ASSIGNED TO THE HOSPITAL, INDICATING THE PRIMARY TYPE OF SERVICE. RANGE = 10-57 98 = UNKNOWN	
H276	0276	0276	1	SHORT STAY - LONG STAY FACILITY A 2 DIGIT AHA CODE ASSIGNED TO THE HOSPITAL, INDICATING CLASSIFICATION OF HOSPITAL AS SHORT-TERM (CODE 1) OR LONG-TERM (CODE 2), HOSPITALS CLASSIFIED AS LONG-TERM ARE NOT INCLUDED IN THIS FILE. 1 = SHORT STAY . . . . . 2 = LONG STAY . . . . . 3 = NOT IN INDEX OR NO INDEX CODE . . . . . B = UNKNOWN . . . . .	2830 0 90 26
H277	0277	0277	1	NUMBER OF DOCTORS INDICATES THE NUMBER OF DOCTORS FOR WHICH THERE IS DATA IN THE HOSPITAL RECORD. 0 = NO DOCTORS . . . . . 1 = ONE DOCTOR . . . . . 2 = TWO DOCTORS . . . . . 3 = THREE DOCTORS . . . . . 4 = FOUR DOCTORS . . . . . 5 = FIVE DOCTORS . . . . .	969 1003 609 238 79 48

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H278	0278	0279	2	FIRST DOCTOR TYPE (DOCTOR A) PHYSICIAN'S SPECIALTY CODES 01-12 FOR DOCTOR A WERE REPORTED IN HS17. CODES 13-34 WERE ASSIGNED, BASED ON THE OTHER (SPECIFY) RESPONSE IN HS17. CODE 18 (OTHER SUBSPECIALTIES) INCLUDES CARDIOVASCULAR DISEASES, DIABETES, ENDOCRINOLOGY, GASTROENTEROLOGY, GERIATRICS, HEMATOLOGY, INFECTIOUS DISEASES, NEOPLASTIC DISEASES, PULMONARY DISEASES, AND RHEUMATOLOGY. CODE 20 (OTORHINOLARYNGOLOGY) INCLUDES OTOTOLOGY, RHINOLOGY, AND LARYNGOLOGY.	
				01 = GENERAL PRACTITIONER . . . . .	504
				02 = ANESTHESIOLOGIST . . . . .	95
				03 = CARDIOLOGIST . . . . .	85
				04 = INTERNIST . . . . .	132
				05 = OB/GYN . . . . .	216
				06 = OPHTHALMOLOGIST . . . . .	51
				07 = ORTHOPEDIST . . . . .	90
				08 = PATHOLOGIST . . . . .	7
				09 = PEDIATRICIAN . . . . .	117
				10 = PSYCHIATRIST . . . . .	16
				11 = RADIOLOGIST . . . . .	51
				12 = OTHER . . . . .	35
				13 = ALLERGY . . . . .	4
				15 = DERMATOLOGY . . . . .	2
				16 = GENERAL SURGERY . . . . .	214
				17 = SURGERY SUBSPECIALTIES . . . . .	58
				18 = OTHER SUBSPECIALTIES . . . . .	47
				19 = NEUROLOGY . . . . .	24
				20 = OTORHINOLARYNGOLOGY . . . . .	46
				21 = PHYSICAL MEDICINE AND REHABILITATION . . . . .	2
				23 = NEPHROLOGY . . . . .	3
				24 = PROCTOLOGY . . . . .	4
				25 = NUCLEAR MEDICINE . . . . .	3
				26 = UROLOGY . . . . .	65
				27 = ARTHRITIS AND MUSCLE DISEASES . . . . .	1
				28 = OSTEOPATHY . . . . .	3
				29 = ONCOLOGY . . . . .	17
				30 = EMERGENCY MEDICAL . . . . .	2
				31 = BARIATRICS . . . . .	0
				32 = NEONATOLOGY . . . . .	1
				33 = SPORTS MEDICINE . . . . .	0
				34 = OTHER MDS . . . . .	14
				98 = UNKNOWN . . . . .	68
				99 = LEGITIMATE SKIP . . . . .	969
H280	0280	0280	1	FLAT FEE LETTER (DOCTOR A) A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN HS18 FOR DOCTOR A. A-S = FLAT FEE LETTER	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				0 = IMPUTED FF DONOR RECORD	
				1 = MEDICINE INC IN DOC CHARGE	
				2 = BABY'S HOSP INC IN MOTHER'S BILL	
				8 = UNKNOWN	
				9 = NOT APPLICABLE	
H281	0281	0286	6	FLAT FEE AMOUNT (DOCTOR A) FLAT FEE CHARGE, AS REPORTED FOR DOCTOR A IN FF2 OR REVISED ON THE SUMMARY. RANGE = 000030-006500 999998 = UNKNOWN 999999 = NOT APPLICABLE	
H287	0287	0288	2	# OF VISITS BEFORE 1980 INCLUDED IN FF (DOCTOR A) NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE FOR DOCTOR A, AS REPORTED IN FF6A. RANGE = 00-15 98 = UNKNOWN 99 = NOT APPLICABLE	
H289I495	0289	0294	6	TOTAL CHARGE (DOCTOR A) TOTAL CHARGE FOR DOCTOR A, AS REPORTED IN HS18, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-006910 999999 = NOT APPLICABLE	
H295I496	0295	0296	2	FIRST SOURCE OF PAYMENT (DOCTOR A) FIRST SOURCE OF PAYMENT FOR DOCTOR A, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	45
				21 = MEDICAID . . . . .	148
				31 = MILITARY . . . . .	1
				32 = VETERAN'S ADMINISTRATION . . . . .	3
				33 = CHAMPUS/CHAMPVA . . . . .	9
				41 = FEDERAL . . . . .	3
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	3
				44 = WORKER'S COMPENSATION . . . . .	14
				45 = PUBLIC ASSISTANCE . . . . .	12
				51 = COMMERCIAL INSURANCE PLANS . . . . .	264
				52 = BLUE CROSS/BLUE SHIELD . . . . .	280
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	21
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	2
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	10
				63 = OTHER PREPAID HEALTH PLANS . . . . .	16
				71 = SELF OR FAMILY . . . . .	1088
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	2
				81 = COMPANY NAME . . . . .	24
				82 = EMPLOYER CLINIC . . . . .	1

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				83 = UNION NAME . . . . .	16
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	1
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	8
				89 = FREE FROM PROVIDER . . . . .	4
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	0
				99 = NOT APPLICABLE . . . . .	971

H297I497 0297 0302 6 FIRST SOURCE AMOUNT (DOCTOR A)  
AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR  
DOCTOR A, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY,  
OR IMPUTED.  
RANGE = 000000-006910  
999999 = NOT APPLICABLE

H303I498 0303 0304 2 SECOND SOURCE OF PAYMENT (DOCTOR A)  
SECOND SOURCE OF PAYMENT FOR DOCTOR A, AS REPORTED IN  
HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.

				11 = MEDICARE . . . . .	325
				21 = MEDICAID . . . . .	19
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	1
				33 = CHAMPUS/CHAMPVA . . . . .	12
				41 = FEDERAL . . . . .	3
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	2
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	1
				51 = COMMERCIAL INSURANCE PLANS . . . . .	376
				52 = BLUE CROSS/BLUE SHIELD . . . . .	277
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	17
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	1
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	2
				63 = OTHER PREPAID HEALTH PLANS . . . . .	30
				71 = SELF OR FAMILY . . . . .	1
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	3
				81 = COMPANY NAME . . . . .	20
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	20
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	2
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	2
				88 = OTHER SOURCES . . . . .	14
				89 = FREE FROM PROVIDER . . . . .	1
				90 = WITH MOTHER'S BILL . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	33
				99 = NOT APPLICABLE . . . . .	1784
H305I499	0305	0310	6	SECOND SOURCE AMOUNT (DOCTOR A) AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR A, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-004480 999999 = NOT APPLICABLE	
H311I500	0311	0312	2	THIRD SOURCE OF PAYMENT (DOCTOR A) THIRD SOURCE OF PAYMENT FOR DOCTOR A, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	145
				21 = MEDICAID . . . . .	2
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	1
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	1
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	26
				52 = BLUE CROSS/BLUE SHIELD . . . . .	16
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	1
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	3
				63 = OTHER PREPAID HEALTH PLANS . . . . .	7
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	5
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	32
				99 = NOT APPLICABLE . . . . .	2707

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H313I501	0313	0318	6	THIRD SOURCE AMOUNT (DOCTOR A) AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR A, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-002184 999999 = NOT APPLICABLE	
H319	0319	0320	2	SECOND DOCTOR TYPE (DOCTOR B) PHYSICIAN'S SPECIALTY CODES 01-12 FOR DOCTOR B WERE REPORTED IN HS17. CODES 13-34 WERE ASSIGNED, BASED ON THE OTHER (SPECIFY) RESPONSE IN HS17. SEE DOCTOR A FOR DESCRIPTION OF CODES 18 AND 20.	
				01 = GENERAL PRACTITIONER . . . . .	99
				02 = ANESTHESIOLOGIST . . . . .	300
				03 = CARDIOLOGIST . . . . .	43
				04 = INTERNIST . . . . .	73
				05 = OB/GYN . . . . .	55
				06 = OPHTHALMOLOGIST . . . . .	5
				07 = ORTHOPEDIST . . . . .	32
				08 = PATHOLOGIST . . . . .	16
				09 = PEDIATRICIAN . . . . .	16
				10 = PSYCHIATRIST . . . . .	9
				11 = RADIOLOGIST . . . . .	85
				12 = OTHER . . . . .	26
				13-34 = OTHER (SEE DOCTOR A) . . . . .	183
				98 = UNKNOWN . . . . .	32
				99 = LEGITIMATE SKIP . . . . .	1972
H321	0321	0321	1	FLAT FEE LETTER (DOCTOR B) A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN HS18 FOR DOCTOR B. A-S = FLAT FEE LETTER 0 = IMPUTED FF DONOR RECORD 1 = MEDICINE INC IN DOC CHARGE 2 = BABY'S HOSP INC IN MOTHER'S BILL 8 = UNKNOWN 9 = NOT APPLICABLE	
H322	0322	0327	6	FLAT FEE AMOUNT (DOCTOR B) FLAT FEE CHARGE, AS REPORTED FOR DOCTOR B IN FF2 OR REVISED ON THE SUMMARY. RANGE = 000027-016199 999998 = UNKNOWN 999999 = NOT APPLICABLE	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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H328	0328	0329	2	# OF VISITS BEFORE 1980 INCLUDED IN FF (DOCTOR B) NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE FOR DOCTOR B, AS REPORTED IN FF6A. RANGE = 00-04 98 = UNKNOWN 99 = NOT APPLICABLE	
H330I502	0330	0335	6	TOTAL CHARGE (DOCTOR B) TOTAL CHARGE FOR DOCTOR B, AS REPORTED IN HS18, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-004038 999999 = NOT APPLICABLE	
H336I503	0336	0337	2	FIRST SOURCE OF PAYMENT (DOCTOR B) FIRST SOURCE OF PAYMENT FOR DOCTOR B, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	26
				21 = MEDICAID . . . . .	55
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	1
				41 = FEDERAL . . . . .	2
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	2
				44 = WORKER'S COMPENSATION . . . . .	6
				45 = PUBLIC ASSISTANCE . . . . .	3
				51 = COMMERCIAL INSURANCE PLANS . . . . .	155
				52 = BLUE CROSS/BLUE SHIELD . . . . .	157
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	13
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	3
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	2
				63 = OTHER PREPAID HEALTH PLANS . . . . .	6
				71 = SELF OR FAMILY . . . . .	511
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	13
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	13
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	1
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	2
				89 = FREE FROM PROVIDER . . . . .	2
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	0
				99 = NOT APPLICABLE . . . . .	1973

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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H338I504	0338	0343	6	FIRST SOURCE AMOUNT (DOCTOR B) AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR DOCTOR B, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-003295 999999 = NOT APPLICABLE	
H344I505	0344	0345	2	SECOND SOURCE OF PAYMENT (DOCTOR B) SECOND SOURCE OF PAYMENT FOR DOCTOR B, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	196
				21 = MEDICAID . . . . .	9
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	1
				33 = CHAMPUS/CHAMPVA . . . . .	7
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	3
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	180
				52 = BLUE CROSS/BLUE SHIELD . . . . .	148
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	6
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	1
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	1
				63 = OTHER PREPAID HEALTH PLANS . . . . .	12
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	2
				81 = COMPANY NAME . . . . .	9
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	7
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	1
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	1
				88 = OTHER SOURCES . . . . .	7
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	19
				99 = NOT APPLICABLE . . . . .	2336
H346I506	0346	0351	6	SECOND SOURCE AMOUNT (DOCTOR B) AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR B, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-003230 999999 = NOT APPLICABLE	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H352I507	0352	0353	2	THIRD SOURCE OF PAYMENT (DOCTOR B)	
				THIRD SOURCE OF PAYMENT FOR DOCTOR B, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	68
				21 = MEDICAID . . . . .	2
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	3
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	1
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	8
				52 = BLUE CROSS/BLUE SHIELD . . . . .	11
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	1
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	1
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	2
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	20
				99 = NOT APPLICABLE . . . . .	2829
H354I508	0354	0359	6	THIRD SOURCE AMOUNT (DOCTOR B)	
				AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR B, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED.	
				RANGE = 000000-001300	
				999999 = NOT APPLICABLE	
H360	0360	0361	2	THIRD DOCTOR TYPE (DOCTOR C)	
				PHYSICIAN'S SPECIALTY CODES 01-12 FOR DOCTOR C WERE REPORTED IN HS17. CODES 13-34 WERE ASSIGNED, BASED ON THE OTHER (SPECIFY) RESPONSE IN HS17, SEE DOCTOR A FOR DESCRIPTION OF CODES 18 AND 20.	
				01 = GENERAL PRACTITIONER . . . . .	24
				02 = ANESTHESIOLOGIST . . . . .	90
				03 = CARDIOLOGIST . . . . .	18

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				04 = INTERNIST . . . . .	21
				05 = OB/GYN . . . . .	11
				06 = OPHTHALMOLOGIST . . . . .	2
				07 = ORTHOPEDIST . . . . .	11
				08 = PATHOLOGIST . . . . .	15
				09 = PEDIATRICIAN . . . . .	7
				10 = PSYCHIATRIST . . . . .	3
				11 = RADIOLOGIST . . . . .	59
				12 = OTHER . . . . .	14
				13-34 = OTHER (SEE DOCTOR A) . . . . .	81
				98 = UNKNOWN . . . . .	9
				99 = LEGITIMATE SKIP . . . . .	2581

H362 0362 0362 1 FLAT FEE LETTER (DOCTOR C)  
A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE  
REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN HS18 FOR  
DOCTOR C.  
A-S = FLAT FEE LETTER  
0 = IMPUTED FF DONOR RECORD  
1 = MEDICINE INC IN DOC CHARGE  
2 = BABY'S HOSP INC IN MOTHER'S BILL  
8 = UNKNOWN  
9 = NOT APPLICABLE

H363 0363 0368 6 FLAT FEE AMOUNT (DOCTOR C)  
FLAT FEE CHARGE, AS REPORTED FOR DOCTOR C IN FF2 OR REVISED  
ON THE SUMMARY.  
RANGE = 000140-001437  
999998 = UNKNOWN  
999999 = NOT APPLICABLE

H369 0369 0370 2 # OF VISITS BEFORE 1980 INCLUDED IN FF (DOCTOR C)  
NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND  
ARE INCLUDED IN THE FLAT FEE FOR DOCTOR C, AS REPORTED IN  
FF6A.  
RANGE = 00-00  
98 = UNKNOWN  
99 = NOT APPLICABLE

H371I509 0371 0376 6 TOTAL CHARGE (DOCTOR C)  
TOTAL CHARGE FOR DOCTOR C, AS REPORTED IN HS18, REVISED ON  
THE SUMMARY, OR IMPUTED.  
RANGE = 000000-003395  
999999 = NOT APPLICABLE

H377I510 0377 0378 2 FIRST SOURCE OF PAYMENT (DOCTOR C)  
FIRST SOURCE OF PAYMENT FOR DOCTOR C, AS REPORTED IN  
HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.  
11 = MEDICARE . . . . . 16  
21 = MEDICAID . . . . . 14

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	1
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	2
				44 = WORKER'S COMPENSATION . . . . .	3
				45 = PUBLIC ASSISTANCE . . . . .	1
				51 = COMMERCIAL INSURANCE PLANS . . . . .	56
				52 = BLUE CROSS/BLUE SHIELD . . . . .	68
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	2
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	2
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	2
				63 = OTHER PREPAID HEALTH PLANS . . . . .	1
				71 = SELF OR FAMILY . . . . .	188
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	4
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	4
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	1
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	0
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	0
				99 = NOT APPLICABLE . . . . .	2581

H379I511 0379 0384 6 FIRST SOURCE AMOUNT (DOCTOR C)  
AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR  
DOCTOR C, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY,  
OR IMPUTED.  
RANGE = 000000-002500  
999999 = NOT APPLICABLE

H385I512 0385 0386 2 SECOND SOURCE OF PAYMENT (DOCTOR C)  
SECOND SOURCE OF PAYMENT FOR DOCTOR C, AS REPORTED IN  
HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.

				11 = MEDICARE . . . . .	84
				21 = MEDICAID . . . . .	6
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	3
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	1
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				51 = COMMERCIAL INSURANCE PLANS . . . . .	55
				52 = BLUE CROSS/BLUE SHIELD . . . . .	56
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	3
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	9
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	1
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	3
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	9
				99 = NOT APPLICABLE . . . . .	2716

H387I513 0387 0392 6 SECOND SOURCE AMOUNT (DOCTOR C)  
AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR  
DOCTOR C, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY,  
OR IMPUTED.  
RANGE = 000000-002716  
999999 = NOT APPLICABLE

H393I514 0393 0394 2 THIRD SOURCE OF PAYMENT (DOCTOR C)				THIRD SOURCE OF PAYMENT FOR DOCTOR C, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	33
				21 = MEDICAID . . . . .	0
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	3
				52 = BLUE CROSS/BLUE SHIELD . . . . .	3
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	0
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	0
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	0
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	5
				99 = NOT APPLICABLE . . . . .	2902

H395I515 0395 0400 6 THIRD SOURCE AMOUNT (DOCTOR C)  
AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR  
DOCTOR C, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY,  
OR IMPUTED.  
RANGE = 000000-001106  
999999 = NOT APPLICABLE

H401	0401	0402	2	FOURTH DOCTOR TYPE (DOCTOR D) PHYSICIAN'S SPECIALTY CODES 01-12 FOR DOCTOR D WERE REPORTED IN HS17. CODES 13-34 WERE ASSIGNED, BASED ON THE OTHER (SPECIFY) RESPONSE IN HS17. SEE DOCTOR A FOR DESCRIPTION OF CODES 18 AND 20.	
				01 = GENERAL PRACTITIONER . . . . .	9
				02 = ANESTHESIOLOGIST . . . . .	21
				03 = CARDIOLOGIST . . . . .	8
				04 = INTERNIST . . . . .	5
				05 = OB/GYN . . . . .	2
				06 = OPHTHALMOLOGIST . . . . .	1
				07 = ORTHOPEDIST . . . . .	1
				08 = PATHOLOGIST . . . . .	8
				09 = PEDIATRICIAN . . . . .	0
				10 = PSYCHIATRIST . . . . .	2
				11 = RADIOLOGIST . . . . .	24
				12 = OTHER . . . . .	6
				13-34 = OTHER (SEE DOCTOR A) . . . . .	34
				98 = UNKNOWN . . . . .	6
				99 = LEGITIMATE SKIP . . . . .	2819

H403 0403 0403 1 FLAT FEE LETTER (DOCTOR D)  
A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE  
REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN HS18 FOR  
DOCTOR D.  
A-S = FLAT FEE LETTER  
0 = IMPUTED FF DONOR RECORD  
1 = MEDICINE INC IN DOC CHARGE  
2 = BABY'S HOSP INC IN MOTHER'S BILL

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				8 = UNKNOWN	
				9 = NOT APPLICABLE	
H404	0404	0409	6	FLAT FEE AMOUNT (DOCTOR D) FLAT FEE CHARGE, AS REPORTED FOR DOCTOR D IN FF2 OR REVISED ON THE SUMMARY. RANGE = 000550-004570 999998 = UNKNOWN 999999 = NOT APPLICABLE	
H410	0410	0411	2	# OF VISITS BEFORE 1980 INCLUDED IN FF (DOCTOR D) NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE FOR DOCTOR D, AS REPORTED IN FF6A. RANGE = 00-00 98 = UNKNOWN 99 = NOT APPLICABLE	
H412I516	0412	0417	6	TOTAL CHARGE (DOCTOR D) TOTAL CHARGE FOR DOCTOR D, AS REPORTED IN HS18, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-002285 999999 = NOT APPLICABLE	
H418I517	0418	0419	2	FIRST SOURCE OF PAYMENT (DOCTOR D) FIRST SOURCE OF PAYMENT FOR DOCTOR D, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	3
				21 = MEDICAID . . . . .	6
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	1
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	17
				52 = BLUE CROSS/BLUE SHIELD . . . . .	20
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	1
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	1
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	2
				63 = OTHER PREPAID HEALTH PLANS . . . . .	1
				71 = SELF OR FAMILY . . . . .	73
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	1
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	0
				89 = FREE FROM PROVIDER . . . . .	1
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	0
				99 = NOT APPLICABLE . . . . .	2819

H420I518 0420 0425 6 FIRST SOURCE AMOUNT (DOCTOR D)  
AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR  
DOCTOR D, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY,  
OR IMPUTED.  
RANGE = 000000-001750  
999999 = NOT APPLICABLE

H426I519 0426 0427 2 SECOND SOURCE OF PAYMENT (DOCTOR D)  
SECOND SOURCE OF PAYMENT FOR DOCTOR D, AS REPORTED IN  
HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.

11 = MEDICARE . . . . .	46
21 = MEDICAID . . . . .	1
31 = MILITARY . . . . .	0
32 = VETERAN'S ADMINISTRATION . . . . .	0
33 = CHAMPUS/CHAMPVA . . . . .	2
41 = FEDERAL . . . . .	0
42 = INDIAN HEALTH SERVICE . . . . .	0
43 = STATE OR LOCAL GOVERNMENT . . . . .	0
44 = WORKER'S COMPENSATION . . . . .	0
45 = PUBLIC ASSISTANCE . . . . .	0
51 = COMMERCIAL INSURANCE PLANS . . . . .	12
52 = BLUE CROSS/BLUE SHIELD . . . . .	20
53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	0
61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
63 = OTHER PREPAID HEALTH PLANS . . . . .	2
71 = SELF OR FAMILY . . . . .	0
72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
81 = COMPANY NAME . . . . .	0
82 = EMPLOYER CLINIC . . . . .	0
83 = UNION NAME . . . . .	0
84 = UNION CLINIC . . . . .	0
85 = SCHOOL NAME . . . . .	0
86 = SCHOOL CLINIC . . . . .	0
87 = PHILANTHROPY . . . . .	0
88 = OTHER SOURCES . . . . .	2
89 = FREE FROM PROVIDER . . . . .	0
90 = WITH MOTHER'S BILL . . . . .	0
91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	1
99 = NOT APPLICABLE . . . . .	2860

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H428I520	0428	0433	6	SECOND SOURCE AMOUNT (DOCTOR D) AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR D, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-002188 999999 = NOT APPLICABLE	
H434I521	0434	0435	2	THIRD SOURCE OF PAYMENT (DOCTOR D) THIRD SOURCE OF PAYMENT FOR DOCTOR D, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	13
				21 = MEDICAID . . . . .	0
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	1
				52 = BLUE CROSS/BLUE SHIELD . . . . .	2
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	0
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	0
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	0
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	4
				99 = NOT APPLICABLE . . . . .	2926
H436I522	0436	0441	6	THIRD SOURCE AMOUNT (DOCTOR D) AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR D, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-000509 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H442	0442	0443	2	FIFTH DOCTOR TYPE (DOCTOR E) PHYSICIAN'S SPECIALTY CODES 01-12 FOR DOCTOR E WERE REPORTED IN HS17. CODES 13-34 WERE ASSIGNED, BASED ON THE OTHER (SPECIFY) RESPONSE IN HS17. SEE DOCTOR A FOR DESCRIPTION OF CODES 18 AND 20. 01 = GENERAL PRACTITIONER 02 = ANESTHESIOLOGIST 03 = CARDIOLOGIST 04 = INTERNIST 05 = OB/GYN 06 = OPHTHALMOLOGIST 07 = ORTHOPEDIST 08 = PATHOLOGIST 09 = PEDIATRICIAN 10 = PSYCHIATRIST 11 = RADIOLOGIST 12 = OTHER 13-34 = OTHER (SEE DOCTOR A) 98 = UNKNOWN 99 = LEGITIMATE SKIP	4 4 3 2 0 0 2 4 0 1 8 2 17 1 2898
H444	0444	0444	1	FLAT FEE LETTER (DOCTOR E) A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN HS18 FOR DOCTOR E. A-S = FLAT FEE LETTER 0 = IMPUTED FF DONOR RECORD 1 = MEDICINE INC IN DOC CHARGE 2 = BABY'S HOSP INC IN MOTHER'S BILL 8 = UNKNOWN 9 = NOT APPLICABLE	
H445	0445	0450	6	FLAT FEE AMOUNT (DOCTOR E) FLAT FEE CHARGE, AS REPORTED FOR DOCTOR E IN FF2 OR REVISED ON THE SUMMARY. RANGE = 001075-004570 999998 = UNKNOWN 999999 = NOT APPLICABLE	
H451	0451	0452	2	# OF VISITS BEFORE 1980 INCLUDED IN FF (DOCTOR E) NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE FOR DOCTOR E, AS REPORTED IN FF6A. RANGE = 00-00 98 = UNKNOWN 99 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H453I523	0453	0458	6	TOTAL CHARGE (DOCTOR E) TOTAL CHARGE FOR DOCTOR E, AS REPORTED IN HS18, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000024-003100 999999 = NOT APPLICABLE	
H459I524	0459	0460	2	FIRST SOURCE OF PAYMENT (DOCTOR E) FIRST SOURCE OF PAYMENT FOR DOCTOR E, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	2
				21 = MEDICAID . . . . .	3
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	5
				52 = BLUE CROSS/BLUE SHIELD . . . . .	6
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	0
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	1
				63 = OTHER PREPAID HEALTH PLANS . . . . .	0
				71 = SELF OR FAMILY . . . . .	31
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	0
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	0
				99 = NOT APPLICABLE . . . . .	2898
H461I525	0461	0466	6	FIRST SOURCE AMOUNT (DOCTOR E) AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR DOCTOR E, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-002775 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
H467I526	0467	0468	2	SECOND SOURCE OF PAYMENT (DOCTOR E) SECOND SOURCE OF PAYMENT FOR DOCTOR E, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	20
				21 = MEDICAID . . . . .	1
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	0
				51 = COMMERCIAL INSURANCE PLANS . . . . .	6
				52 = BLUE CROSS/BLUE SHIELD . . . . .	8
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	0
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	0
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	0
				81 = COMPANY NAME . . . . .	0
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	0
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	0
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT . . . . .	0
				99 = NOT APPLICABLE . . . . .	2911
H469I527	0469	0474	6	SECOND SOURCE AMOUNT (DOCTOR E) AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR E, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY, OR IMPUTED. RANGE = 000000-002188 999999 = NOT APPLICABLE	
H475I528	0475	0476	2	THIRD SOURCE OF PAYMENT (DOCTOR E) THIRD SOURCE OF PAYMENT FOR DOCTOR E, AS REPORTED IN HS20A/21A, REVISED ON THE SUMMARY, OR IMPUTED.	
				11 = MEDICARE . . . . .	5
				21 = MEDICAID . . . . .	0
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				41 = FEDERAL	0
				42 = INDIAN HEALTH SERVICE	0
				43 = STATE OR LOCAL GOVERNMENT	0
				44 = WORKER'S COMPENSATION	0
				45 = PUBLIC ASSISTANCE	0
				51 = COMMERCIAL INSURANCE PLANS	0
				52 = BLUE CROSS/BLUE SHIELD	0
				53 = INSURANCE NOT OTHERWISE SPECIFIED	0
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN	0
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN	0
				63 = OTHER PREPAID HEALTH PLANS	0
				71 = SELF OR FAMILY	0
				72 = OTHER RELATIVES OR INDIVIDUALS	0
				81 = COMPANY NAME	0
				82 = EMPLOYER CLINIC	0
				83 = UNION NAME	0
				84 = UNION CLINIC	0
				85 = SCHOOL NAME	0
				86 = SCHOOL CLINIC	0
				87 = PHILANTHROPY	0
				88 = OTHER SOURCES	0
				89 = FREE FROM PROVIDER	0
				90 = WITH MOTHER'S BILL	0
				91 = INCLUDED IN DOCTOR'S CHARGE	0
				98 = UNKNOWN SOURCE OR UNPAID AMOUNT	1
				99 = NOT APPLICABLE	2940

H477I529 0477 0482 6 THIRD SOURCE AMOUNT (DOCTOR E)  
AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR  
DOCTOR E, AS REPORTED IN HS20B/21B, REVISED ON THE SUMMARY,  
OR IMPUTED.  
RANGE = 000000-000202  
999999 = NOT APPLICABLE

I483H105 0483 0483 1 ADMISSION DATE IMPUTATION INDICATOR  
INDICATES IF DATE OF ADMISSION IS REAL OR IMPUTED DATA.  
0 = IMPUTED . . . . . 112  
1 = REAL . . . . . 2834

I484H110 0484 0484 1 DISCHARGE DATE IMPUTATION INDICATOR  
INDICATES IF DATE OF DISCHARGE IS REAL OR IMPUTED DATA.  
0 = IMPUTED . . . . . 112  
1 = REAL . . . . . 2834

I485H124 0485 0485 1 TOTAL CHARGE IMPUTATION INDICATOR  
INDICATES IF TOTAL CHARGE FOR THE HOSPITAL STAY IS REAL OR  
IMPUTED DATA.  
0 = IMPUTED . . . . . 1068  
1 = REAL, NOT DONOR . . . . . 832  
2 = REAL, DONOR ONCE . . . . . 1010

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				3 = REAL, DONOR TWICE . . . . .	36
I486H130	0486	0486	1	FIRST SOP IMPUTATION INDICATOR INDICATES IF FIRST SOURCE OF PAYMENT (SOP) FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	4
				1 = IMPUTED FROM T.C. DONOR . . . . .	58
				2 = LOGICAL IMPUTATION . . . . .	3
				3 = REAL . . . . .	2862
				9 = NOT APPLICABLE . . . . .	19
I487H132	0487	0487	1	FIRST SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	4
				1 = IMPUTED FROM T.C. DONOR . . . . .	58
				2 = LOGICAL IMPUTATION . . . . .	457
				3 = REAL . . . . .	2408
				9 = NOT APPLICABLE . . . . .	19
I488H138	0488	0488	1	SECOND SOP IMPUTATION INDICATOR INDICATES IF SECOND SOURCE OF PAYMENT (SOP) FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	4
				1 = IMPUTED FROM T.C. DONOR . . . . .	58
				2 = LOGICAL IMPUTATION . . . . .	23
				3 = REAL . . . . .	1386
				9 = NOT APPLICABLE . . . . .	1475
I489H140	0489	0489	1	SECOND SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	4
				1 = IMPUTED FROM T.C. DONOR . . . . .	58
				2 = LOGICAL IMPUTATION . . . . .	416
				3 = REAL . . . . .	993
				9 = NOT APPLICABLE . . . . .	1475
I490H146	0490	0490	1	THIRD SOP IMPUTATION INDICATOR INDICATES IF THIRD SOURCE OF PAYMENT (SOP) FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	4
				1 = IMPUTED FROM T.C. DONOR . . . . .	58
				2 = LOGICAL IMPUTATION . . . . .	53
				3 = REAL . . . . .	226

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				9 = NOT APPLICABLE . . . . .	2605
I491H148	0491	0491	1	THIRD SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED, 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 4 1 = IMPUTED FROM T.C. DONOR . . . . . 58 2 = LOGICAL IMPUTATION . . . . . 156 3 = REAL . . . . . 123 9 = NOT APPLICABLE . . . . . 2605	
I492H154	0492	0492	1	FOURTH SOP IMPUTATION INDICATOR INDICATES IF FOURTH SOURCE OF PAYMENT (SOP) FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED, 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 4 1 = IMPUTED FROM T.C. DONOR . . . . . 58 2 = LOGICAL IMPUTATION . . . . . 7 3 = REAL . . . . . 32 9 = NOT APPLICABLE . . . . . 2845	
I493H156	0493	0493	1	FOURTH SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY FOURTH SOURCE OF PAYMENT FOR THE HOSPITAL STAY IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED, 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 4 1 = IMPUTED FROM T.C. DONOR . . . . . 58 2 = LOGICAL IMPUTATION . . . . . 25 3 = REAL . . . . . 14 9 = NOT APPLICABLE . . . . . 2845	
I494H252	0494	0494	1	NIGHTS IN HOSPITAL IMPUTATION INDICATOR INDICATES IF NIGHTS IN HOSPITAL IS REAL OR IMPUTED DATA, 0 = IMPUTED . . . . . 91 1 = REAL, NOT DONOR . . . . . 2731 2 = REAL, DONOR ONCE . . . . . 110 3 = REAL, DONOR TWICE . . . . . 11 4 = REAL, DONOR THREE TIMES . . . . . 3	
I495H289	0495	0495	1	TOTAL CHARGE IMPUTATION INDICATOR (DOCTOR A) INDICATES IF TOTAL CHARGE FOR DOCTOR A IS REAL OR IMPUTED DATA, 0 = IMPUTED . . . . . 456 1 = REAL, NOT DONOR . . . . . 1044 2 = REAL, DONOR ONCE . . . . . 477 9 = NOT APPLICABLE . . . . . 969	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I496H295	0496	0496	1	FIRST SOP IMPUTATION INDICATOR (DOCTOR A) INDICATES IF FIRST SOURCE OF PAYMENT (SOP) FOR DOCTOR A IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	7
				1 = IMPUTED FROM T.C. DONOR . . . . .	42
				2 = LOGICAL IMPUTATION . . . . .	0
				3 = REAL . . . . .	1926
				9 = NOT APPLICABLE . . . . .	971
I497H297	0497	0497	1	FIRST SOURCE AMOUNT IMPUTATION IND (DOCTOR A) INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR DOCTOR A IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	7
				1 = IMPUTED FROM T.C. DONOR . . . . .	42
				2 = LOGICAL IMPUTATION . . . . .	321
				3 = REAL . . . . .	1605
				9 = N/A . . . . .	971
I498H303	0498	0498	1	SECOND SOP IMPUTATION INDICATOR (DOCTOR A) INDICATES IF SECOND SOURCE OF PAYMENT (SOP) FOR DOCTOR A IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	7
				1 = IMPUTED FROM T.C. DONOR . . . . .	42
				2 = LOGICAL IMPUTATION . . . . .	33
				3 = REAL . . . . .	1094
				9 = NOT APPLICABLE . . . . .	1770
I499H305	0499	0499	1	SECOND SOURCE AMOUNT IMPUTATION IND (DOCTOR A) INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR A IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	7
				1 = IMPUTED FROM T.C. DONOR . . . . .	42
				2 = LOGICAL IMPUTATION . . . . .	271
				3 = REAL . . . . .	856
				9 = NOT APPLICABLE . . . . .	1770
I500H311	0500	0500	1	THIRD SOP IMPUTATION INDICATOR (DOCTOR A) INDICATES IF THIRD SOURCE OF PAYMENT (SOP) FOR DOCTOR A IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	7
				1 = IMPUTED FROM T.C. DONOR . . . . .	42
				2 = LOGICAL IMPUTATION . . . . .	32
				3 = REAL . . . . .	199
				9 = NOT APPLICABLE . . . . .	2666

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
I501H313	0501	0501	1	THIRD SOURCE AMOUNT IMPUTATION IND (DOCTOR A) INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR A IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE	7
				1 = IMPUTED FROM T.C. DONOR	42
				2 = LOGICAL IMPUTATION	112
				3 = REAL	119
				9 = NOT APPLICABLE	2666
I502H330	0502	0502	1	TOTAL CHARGE IMPUTATION INDICATOR (DOCTOR B) INDICATES IF TOTAL CHARGE FOR DOCTOR B IS REAL OR IMPUTED DATA.	
				0 = IMPUTED	208
				1 = REAL, NOT DONOR	550
				2 = REAL, DONOR ONCE	216
				9 = NOT APPLICABLE	1972
I503H336	0503	0503	1	FIRST SOP IMPUTATION INDICATOR (DOCTOR B) INDICATES IF FIRST SOURCE OF PAYMENT (SOP) FOR DOCTOR B IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE	10
				1 = IMPUTED FROM T.C. DONOR	9
				2 = LOGICAL IMPUTATION	0
				3 = REAL	954
				9 = NOT APPLICABLE	1973
I504H338	0504	0504	1	FIRST SOURCE AMOUNT IMPUTATION IND (DOCTOR B) INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR DOCTOR B IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE	10
				1 = IMPUTED FROM T.C. DONOR	9
				2 = LOGICAL IMPUTATION	177
				3 = REAL	777
				9 = NOT APPLICABLE	1973
I505H344	0505	0505	1	SECOND SOP IMPUTATION INDICATOR (DOCTOR B) INDICATES IF SECOND SOURCE OF PAYMENT (SOP) FOR DOCTOR B IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE	10
				1 = IMPUTED FROM T.C. DONOR	9
				2 = LOGICAL IMPUTATION	18
				3 = REAL	581
				9 = NOT APPLICABLE	2328

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
I506H346	0506	0506	1	SECOND SOURCE AMOUNT IMPUTATION IND (DOCTOR B) INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR B IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	10
				1 = IMPUTED FROM T.C. DONOR . . . . .	9
				2 = LOGICAL IMPUTATION . . . . .	155
				3 = REAL . . . . .	444
				9 = NOT APPLICABLE . . . . .	2328
I507H352	0507	0507	1	THIRD SOP IMPUTATION INDICATOR (DOCTOR B) INDICATES IF THIRD SOURCE OF PAYMENT (SOP) FOR DOCTOR B IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	10
				1 = IMPUTED FROM T.C. DONOR . . . . .	9
				2 = LOGICAL IMPUTATION . . . . .	20
				3 = REAL . . . . .	97
				9 = NOT APPLICABLE . . . . .	2810
I508H354	0508	0508	1	THIRD SOURCE AMOUNT IMPUTATION IND (DOCTOR B) INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR B IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	10
				1 = IMPUTED FROM T.C. DONOR . . . . .	9
				2 = LOGICAL IMPUTATION . . . . .	65
				3 = REAL . . . . .	52
				9 = NOT APPLICABLE . . . . .	2810
I509H371	0509	0509	1	TOTAL CHARGE IMPUTATION INDICATOR (DOCTOR C) INDICATES IF TOTAL CHARGE FOR DOCTOR C IS REAL OR IMPUTED DATA.	
				0 = IMPUTED . . . . .	73
				1 = REAL, NOT DONOR . . . . .	203
				2 = REAL, DONOR ONCE . . . . .	89
				9 = NOT APPLICABLE . . . . .	2581
I510H377	0510	0510	1	FIRST SOP IMPUTATION INDICATOR (DOCTOR C) INDICATES IF FIRST SOURCE OF PAYMENT (SOP) FOR DOCTOR C IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	2
				1 = IMPUTED FROM T.C. DONOR . . . . .	4
				2 = LOGICAL IMPUTATION . . . . .	0
				3 = REAL . . . . .	359
				9 = NOT APPLICABLE . . . . .	2581

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I511H379	0511	0511	1	FIRST SOURCE AMOUNT IMPUTATION IND (DOCTOR C) INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR DOCTOR C IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 2 1 = IMPUTED FROM T.C. DONOR . . . . . 4 2 = LOGICAL IMPUTATION . . . . . 92 3 = REAL . . . . . 267 9 = NOT APPLICABLE . . . . . 2581	
I512H385	0512	0512	1	SECOND SOP IMPUTATION INDICATOR (DOCTOR C) INDICATES IF SECOND SOURCE OF PAYMENT (SOP) FOR DOCTOR C IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 2 1 = IMPUTED FROM T.C. DONOR . . . . . 4 2 = LOGICAL IMPUTATION . . . . . 9 3 = REAL . . . . . 218 9 = NOT APPLICABLE . . . . . 2713	
I513H387	0513	0513	1	SECOND SOURCE AMOUNT IMPUTATION IND (DOCTOR C) INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR C IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 2 1 = IMPUTED FROM T.C. DONOR . . . . . 4 2 = LOGICAL IMPUTATION . . . . . 66 3 = REAL . . . . . 161 9 = N/A . . . . . 2713	
I514H393	0514	0514	1	THIRD SOP IMPUTATION INDICATOR (DOCTOR C) INDICATES IF THIRD SOURCE OF PAYMENT (SOP) FOR DOCTOR C IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 2 1 = IMPUTED FROM T.C. DONOR . . . . . 4 2 = LOGICAL IMPUTATION . . . . . 5 3 = REAL . . . . . 39 9 = NOT APPLICABLE . . . . . 2896	
I515H395	0515	0515	1	THIRD SOURCE AMOUNT IMPUTATION IND (DOCTOR C) INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR C IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 2 1 = IMPUTED FROM T.C. DONOR . . . . . 4 2 = LOGICAL IMPUTATION . . . . . 19 3 = REAL . . . . . 25 9 = NOT APPLICABLE . . . . . 2896	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I516H412	0516	0516	1	TOTAL CHARGE IMPUTATION INDICATOR (DOCTOR D) INDICATES IF TOTAL CHARGE FOR DOCTOR D IS REAL OR IMPUTED DATA.	
				0 = IMPUTED . . . . .	28
				1 = REAL, NOT DONOR . . . . .	66
				2 = REAL, DONOR ONCE . . . . .	33
				9 = NOT APPLICABLE . . . . .	2819
I517H418	0517	0517	1	FIRST SOP IMPUTATION INDICATOR (DOCTOR D) INDICATES IF FIRST SOURCE OF PAYMENT (SOP) FOR DOCTOR D IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	3
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	0
				3 = REAL . . . . .	123
				9 = NOT APPLICABLE . . . . .	2819
I518H420	0518	0518	1	FIRST SOURCE AMOUNT IMPUTATION IND (DOCTOR D) INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR DOCTOR D IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	3
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	37
				3 = REAL . . . . .	86
				9 = NOT APPLICABLE . . . . .	2819
I519H426	0519	0519	1	SECOND SOP IMPUTATION INDICATOR (DOCTOR D) INDICATES IF SECOND SOURCE OF PAYMENT (SOP) FOR DOCTOR D IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	3
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	1
				3 = REAL . . . . .	83
				9 = NOT APPLICABLE . . . . .	2858
I520H428	0520	0520	1	SECOND SOURCE AMOUNT IMPUTATION IND (DOCTOR D) INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR D IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	3
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	25
				3 = REAL . . . . .	59
				9 = NOT APPLICABLE . . . . .	2858

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I521H434	0521	0521	1	THIRD SOP IMPUTATION INDICATOR (DOCTOR D) INDICATES IF THIRD SOURCE OF PAYMENT (SOP) FOR DOCTOR D IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	3
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	4
				3 = REAL . . . . .	16
				9 = NOT APPLICABLE . . . . .	2922
I522H436	0522	0522	1	THIRD SOURCE AMOUNT IMPUTATION IND (DOCTOR D) INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR D IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	3
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	12
				3 = REAL . . . . .	8
				9 = NOT APPLICABLE . . . . .	2922
I523H453	0523	0523	1	TOTAL CHARGE IMPUTATION INDICATOR (DOCTOR E) INDICATES IF TOTAL CHARGE FOR DOCTOR E IS REAL OR IMPUTED DATA.	
				0 = IMPUTED . . . . .	12
				1 = REAL, NOT DONOR . . . . .	24
				2 = REAL, DONOR ONCE . . . . .	12
				9 = NOT APPLICABLE . . . . .	2898
I524H459	0524	0524	1	FIRST SOP IMPUTATION INDICATOR (DOCTOR E) INDICATES IF FIRST SOURCE OF PAYMENT (SOP) FOR DOCTOR E IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	0
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	0
				3 = REAL . . . . .	47
				9 = NOT APPLICABLE . . . . .	2898
I525H461	0525	0525	1	FIRST SOURCE AMOUNT IMPUTATION IND (DOCTOR E) INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR DOCTOR E IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	0
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	10
				3 = REAL . . . . .	37
				9 = NOT APPLICABLE . . . . .	2898

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
HOSPITAL STAY FILE (RECORD COUNT=2946)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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I526H467	0526	0526	1	SECOND SOP IMPUTATION INDICATOR (DOCTOR E) INDICATES IF SECOND SOURCE OF PAYMENT (SOP) FOR DOCTOR E IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	0
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	0
				3 = REAL . . . . .	34
				9 = NOT APPLICABLE . . . . .	2911
I527H469	0527	0527	1	SECOND SOURCE AMOUNT IMPUTATION IND (DOCTOR E) INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR DOCTOR E IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	0
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	6
				3 = REAL . . . . .	28
				9 = N/A . . . . .	2911
I528H475	0528	0528	1	THIRD SOP IMPUTATION INDICATOR (DOCTOR E) INDICATES IF THIRD SOURCE OF PAYMENT (SOP) FOR DOCTOR E IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	0
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	1
				3 = REAL . . . . .	5
				9 = NOT APPLICABLE . . . . .	2939
I529H477	0529	0529	1	THIRD SOURCE AMOUNT IMPUTATION IND (DOCTOR E) INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR DOCTOR E IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	0
				1 = IMPUTED FROM T.C. DONOR . . . . .	1
				2 = LOGICAL IMPUTATION . . . . .	2
				3 = REAL . . . . .	4
				9 = NOT APPLICABLE . . . . .	2939

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 PRESCRIBED MEDICINES AND OTHER EXPENSE FILE (RECORD COUNT=58544)

NOTE: REFER TO PERSON FILE FOR HEADER VARIABLES, FILE POSITION 1-98. THE  
 PERSON FILE FREQUENCIES FOR THE HEADER VARIABLES DO NOT APPLY TO THIS FILE.

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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E99	0099	0104	6	UNIQUE VISIT RECORD NUMBER A UNIQUE NUMBER ASSIGNED TO EACH RECORD, PROVIDING A LINK TO THE CORRESPONDING RECORD IN THE NMCUES ANALYTIC FILES. RANGE = 000004-061304	
E105I201	0105	0107	3	DATE OF PURCHASE THE DAY OF THE YEAR THE PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE WAS OBTAINED, AS IMPUTED FROM PM TABLE M, COLUMN D OR OME TABLE O, COLUMN D, RESPECTIVELY. RANGE = 001-366	
E108	0108	0108	1	FLAT FEE LETTER A SEQUENTIAL LETTER ASSIGNED TO EACH UNIQUE FLAT FEE REPORTED FOR A SURVEY PARTICIPANT, AS INDICATED IN PM TABLE M, COLUMN F/G FOR A PRESCRIBED MEDICINE OR IN OME TABLE O, COLUMN E FOR AN OTHER MEDICAL EXPENSE. A-S = FLAT FEE LETTER 0 = IMPUTED FF DONOR RECORD 1 = MEDICINE INC IN DOC CHARGE 2 = BABY'S HOSP INC IN MOTHER'S BILL 8 = UNKNOWN 9 = NOT APPLICABLE	
E109	0109	0114	6	FLAT FEE AMOUNT FLAT FEE CHARGE, AS REPORTED IN FF2 OR REVISED ON THE SUMMARY. RANGE = 000000-013217 999998 = UNKNOWN 999999 = NOT APPLICABLE	
E115	0115	0116	2	# OF VISITS BEFORE 1980 INCLUDED IN FLAT FEE NUMBER OF VISITS THAT OCCURRED BEFORE JANUARY 1, 1980, AND ARE INCLUDED IN THE FLAT FEE, AS REPORTED IN FF6A. IF THE FLAT FEE WAS FOR PRESCRIBED MEDICINES OR OTHER MEDICAL EXPENSES ONLY, 99 (NOT APPLICABLE) WILL BE CODED. RANGE = 00-18 98 = UNKNOWN 99 = NOT APPLICABLE	
E117I202	0117	0122	6	TOTAL CHARGE TOTAL CHARGE FOR THE PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE, AS REPORTED IN PM TABLE M, COLUMN F OR OME TABLE O, COLUMN E, RESPECTIVELY; DISTRIBUTED FROM A FLAT FEE REPORTED IN PM TABLE M, COLUMN F/G OR OME, TABLE O, COLUMN E, RESPECTIVELY; REVISED ON THE SUMMARY; OR IMPUTED. RANGE = 000000-001550	

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 PRESCRIBED MEDICINES AND OTHER EXPENSE FILE (RECORD COUNT=58544)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
E123I203	0123	0124	2	FIRST SOURCE OF PAYMENT FIRST SOURCE OF PAYMENT FOR THE PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE, AS REPORTED IN PH TABLE M, COLUMN J/M OR OME TABLE O, COLUMN H/K, RESPECTIVELY; REVISED ON THE SUMMARY; OR IMPUTED.	
				11 = MEDICARE . . . . .	169
				21 = MEDICAID . . . . .	3868
				31 = MILITARY . . . . .	726
				32 = VETERAN'S ADMINISTRATION . . . . .	443
				33 = CHAMPUS/CHAMPVA . . . . .	49
				41 = FEDERAL . . . . .	203
				42 = INDIAN HEALTH SERVICE . . . . .	10
				43 = STATE OR LOCAL GOVERNMENT . . . . .	173
				44 = WORKER'S COMPENSATION . . . . .	79
				45 = PUBLIC ASSISTANCE . . . . .	198
				51 = COMMERCIAL INSURANCE PLANS . . . . .	706
				52 = BLUE CROSS/BLUE SHIELD . . . . .	495
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	89
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	24
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	36
				63 = OTHER PREPAID HEALTH PLANS . . . . .	404
				71 = SELF OR FAMILY . . . . .	48147
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	83
				81 = COMPANY NAME . . . . .	172
				82 = EMPLOYER CLINIC . . . . .	3
				83 = UNION NAME . . . . .	221
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	21
				86 = SCHOOL CLINIC . . . . .	1
				87 = PHILANTHROPY . . . . .	4
				88 = OTHER SOURCES . . . . .	160
				89 = FREE FROM PROVIDER . . . . .	1224
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	739
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	52
				99 = NOT APPLICABLE . . . . .	45

E125I204 0125 0130 6 FIRST SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT FOR THE  
 PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE, AS REPORTED  
 IN PH TABLE M, COLUMN K/N OR OME TABLE O, COLUMN I/L,  
 RESPECTIVELY; REVISED ON THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-001300  
 999999 = NOT APPLICABLE

E131I205 0131 0132 2 SECOND SOURCE OF PAYMENT  
 SECOND SOURCE OF PAYMENT FOR THE PRESCRIBED MEDICINE OR  
 OTHER MEDICAL EXPENSE, AS REPORTED IN PH TABLE M, COLUMN  
 J/M OR OME TABLE O, COLUMN H/K, RESPECTIVELY; REVISED ON  
 THE SUMMARY; OR IMPUTED.

NATIONAL MEDICAL CARE UTILIZATION AND EXPENDITURE SURVEY - 1980  
 PRESCRIBED MEDICINES AND OTHER EXPENSE FILE (RECORD COUNT=58544)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				11 = MEDICARE . . . . .	706
				21 = MEDICAID . . . . .	761
				31 = MILITARY . . . . .	1
				32 = VETERAN'S ADMINISTRATION . . . . .	10
				33 = CHAMPUS/CHAMPVA . . . . .	72
				41 = FEDERAL . . . . .	38
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	87
				44 = WORKER'S COMPENSATION . . . . .	15
				45 = PUBLIC ASSISTANCE . . . . .	26
				51 = COMMERCIAL INSURANCE PLANS . . . . .	4682
				52 = BLUE CROSS/BLUE SHIELD . . . . .	3086
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	268
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	24
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	121
				63 = OTHER PREPAID HEALTH PLANS . . . . .	856
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	24
				81 = COMPANY NAME . . . . .	193
				82 = EMPLOYER CLINIC . . . . .	1
				83 = UNION NAME . . . . .	614
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	3
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	5
				88 = OTHER SOURCES . . . . .	483
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	127
				99 = NOT APPLICABLE . . . . .	46341

E133I206 0133 0138 6 SECOND SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF PAYMENT FOR THE  
 PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE, AS REPORTED  
 IN PM TABLE M, COLUMN K/N OR OME TABLE O, COLUMN I/L,  
 RESPECTIVELY; REVISED ON THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-001400  
 999999 = NOT APPLICABLE

E139I207 0139 0140 2 THIRD SOURCE OF PAYMENT  
 THIRD SOURCE OF PAYMENT FOR THE PRESCRIBED MEDICINE OR  
 OTHER MEDICAL EXPENSE, AS REPORTED IN PM TABLE M, COLUMN  
 J/M, OR OME TABLE O, COLUMN H/K, RESPECTIVELY; REVISED ON  
 THE SUMMARY; OR IMPUTED.

				11 = MEDICARE . . . . .	169
				21 = MEDICAID . . . . .	1
				31 = MILITARY . . . . .	0
				32 = VETERAN'S ADMINISTRATION . . . . .	0
				33 = CHAMPUS/CHAMPVA . . . . .	0

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 PRESCRIBED MEDICINES AND OTHER EXPENSE FILE (RECORD COUNT=58544)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				41 = FEDERAL . . . . .	0
				42 = INDIAN HEALTH SERVICE . . . . .	0
				43 = STATE OR LOCAL GOVERNMENT . . . . .	0
				44 = WORKER'S COMPENSATION . . . . .	0
				45 = PUBLIC ASSISTANCE . . . . .	1
				51 = COMMERCIAL INSURANCE PLANS . . . . .	77
				52 = BLUE CROSS/BLUE SHIELD . . . . .	55
				53 = INSURANCE NOT OTHERWISE SPECIFIED . . . . .	7
				61 = QUALIFIED HEALTH MAINTENANCE ORGAN . . . . .	1
				62 = NOT QUALIFIED HLTH MAINTENANCE ORGAN . . . . .	0
				63 = OTHER PREPAID HEALTH PLANS . . . . .	17
				71 = SELF OR FAMILY . . . . .	0
				72 = OTHER RELATIVES OR INDIVIDUALS . . . . .	1
				81 = COMPANY NAME . . . . .	7
				82 = EMPLOYER CLINIC . . . . .	0
				83 = UNION NAME . . . . .	1
				84 = UNION CLINIC . . . . .	0
				85 = SCHOOL NAME . . . . .	0
				86 = SCHOOL CLINIC . . . . .	0
				87 = PHILANTHROPY . . . . .	0
				88 = OTHER SOURCES . . . . .	6
				89 = FREE FROM PROVIDER . . . . .	0
				90 = WITH MOTHER'S BILL . . . . .	0
				91 = INCLUDED IN DOCTOR'S CHARGE . . . . .	0
				98 = UNKNOWN SOURCE OR UNPAID AMT . . . . .	34
				99 = NOT APPLICABLE . . . . .	58167

E141I208 0141 0146 6 THIRD SOURCE AMOUNT  
 AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF PAYMENT FOR THE  
 PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE, AS REPORTED  
 IN PM TABLE M, COLUMN K/N OR OME TABLE O, COLUMN I/L,  
 RESPECTIVELY; REVISED ON THE SUMMARY; OR IMPUTED.  
 RANGE = 000000-000159  
 999999 = NOT APPLICABLE

E147 0147 0148 2 FIRST RECODE OF PM OR OME CONDITIONS  
 A 2 DIGIT RECODE ASSIGNED TO A CONDITION RESULTING IN THE  
 PURCHASE OF THE PRESCRIBED MEDICINE OR OTHER MEDICAL  
 EXPENSE, AS REPORTED IN PM TABLE M, COLUMN C OR OME TABLE  
 O, COLUMN C, RESPECTIVELY. EACH UNIQUE ICD CONDITION CODE  
 WAS RECODED BASED ON THE "BASIC TABULATION LIST", PAGES  
 746-754 OF THE INTERNATIONAL CLASSIFICATION OF DISEASES,  
 1975 REVISION, VOLUME 1.

				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	170
				02 = TUBERCULOSIS . . . . .	41
				03 = OTHER BACTERIAL DISEASES . . . . .	491
				04 = VIRAL DISEASES . . . . .	638
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	7
				06 = VENERAL DISEASES . . . . .	14
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	629

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 PRESCRIBED MEDICINES AND OTHER EXPENSE FILE (RECORD COUNT=58544)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	7
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	45
				10 = MALLIG NEOPL RESPIRAT & INTRATHORAC ORGA . . . . .	106
				11 = MALIG NEOP BONE, CONNec TISS SKIN & BREA . . . . .	106
				12 = MALIGNANT NEOPLASH GENITOURINARY ORGANS . . . . .	65
				13 = MALIGNANT NEOPLASH OTH & UNSPECIF SITES . . . . .	64
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	27
				15 = BENIGN NEOPLASH . . . . .	74
				16 = CARCINOMA IN SITU . . . . .	17
				17 = OTHER AND UNSPECIFIED NEOPLASH . . . . .	101
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	3215
				19 = NUTRITIONAL DEFICIENCIES . . . . .	41
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	312
				21 = MENTAL DISORDERS . . . . .	1527
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	1117
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	3670
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	2018
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	88
				26 = HYPERTENSIVE DISEASE . . . . .	6590
				27 = ISCHAEMIC HEART DISEASE . . . . .	1471
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	1905
				29 = CEREBROVASCULAR DISEASE . . . . .	264
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	992
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	5038
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	5128
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	802
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	1772
				35 = DISEASE OF URINARY SYSTEM . . . . .	1269
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	132
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	1112
				38 = ABORTION . . . . .	36
				39 = DIRECT OBSTRETRIC CAUSES . . . . .	80
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	13
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	452
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	2276
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	4047
				44 = CONGENITAL ANOMALIES . . . . .	107
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	14
				46 = SIGNS, SYMPTOM & ILL-DEFINED CONDITIONS . . . . .	3535
				47 = FRACTURES . . . . .	358
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	412
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	54
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	268
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	50
				52 = BURNS . . . . .	55
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	92
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	279
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	660
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	143
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	41

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
----	--	--	----	-----	----
				98 = UNKNOWN CONDITION . . . . .	198
				99 = NO CONDITION . . . . .	4289
E149	0149	0150	2	SECOND RECODE OF PM OR OME CONDITIONS	
				A 2 DIGIT RECODE ASSIGNED TO A CONDITION RESULTING IN THE	
				PURCHASE OF THE PRESCRIBED MEDICINE OR OTHER MEDICAL	
				EXPENSE, AS REPORTED IN PM TABLE M, COLUMN C OR OME TABLE	
				O, COLUMN C, RESPECTIVELY, SEE COMMENTS ON THE 'FIRST	
				RECODE OF PM OR OME CONDITIONS' FOR SOURCE OF RECODE.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	3
				02 = TUBERCULOSIS . . . . .	0
				03 = OTHER BACTERIAL DISEASES . . . . .	15
				04 = VIRAL DISEASES . . . . .	15
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENERAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	40
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	1
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	3
				10 = MALLIG NEOPL RESPIRAT & INTRATHORAC ORGA . . . . .	7
				11 = MALIG NEOP BONE, CONNec TISS SKIN & BREA . . . . .	7
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	0
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	12
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	1
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	12
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	165
				19 = NUTRITIONAL DEFICIENCIES . . . . .	4
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	7
				21 = MENTAL DISORDERS . . . . .	117
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	142
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	32
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	99
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	4
				26 = HYPERTENSIVE DISEASE . . . . .	121
				27 = ISCHAEMIC HEART DISEASE . . . . .	34
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	67
				29 = CEREBROVASCULAR DISEASE . . . . .	25
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	69
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	152
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	164
				33 = DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	19
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	35
				35 = DISEASE OF URINARY SYSTEM . . . . .	24
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	6
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	170
				38 = ABORTION . . . . .	0
				39 = DIRECT OBSTRETRIC CAUSES . . . . .	4
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	0
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	0

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 PRESCRIBED MEDICINES AND OTHER EXPENSE FILE (RECORD COUNT=58544)

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	73
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	158
				44 = CONGENITAL ANOMALIES . . . . .	27
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0
				46 = SIGNS, SYMPTOM & ILL-DEFINED CONDITIONS . . . . .	69
				47 = FRACTURES . . . . .	22
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	28
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	46
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	42
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	1
				52 = BURNS . . . . .	3
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	0
				54 = COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	35
				55 = OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	82
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	9
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	16
				98 = UNKNOWN CONDITION . . . . .	95
				99 = NO CONDITION . . . . .	56262

E151 0151 0152 2 THIRD RECODE OF PM OR OME CONDITIONS  
 A 2 DIGIT RECODE ASSIGNED TO A CONDITION RESULTING IN THE  
 PURCHASE OF THE PRESCRIBED MEDICINE OR OTHER MEDICAL  
 EXPENSE, AS REPORTED IN PM TABLE M, COLUMN C OR OME TABLE  
 O, COLUMN C, RESPECTIVELY. SEE COMMENTS ON THE "FIRST  
 RECODE OF PM OR OME CONDITIONS" FOR SOURCE OF RECODE.

				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	0
				02 = TUBERCULOSIS . . . . .	0
				03 = OTHER BACTERIAL DISEASES . . . . .	3
				04 = VIRAL DISEASES . . . . .	0
				05 = RICKETTSIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	0
				06 = VENERAL DISEASES . . . . .	0
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	0
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	0
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	0
				10 = MALLIG NEOPL RESPIRAT & INTRATHORAC ORGA . . . . .	0
				11 = MALIG NEOP BONE, CONNEC TISS SKIN & BREA . . . . .	0
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	0
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	0
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	0
				15 = BENIGN NEOPLASM . . . . .	0
				16 = CARCINOMA IN SITU . . . . .	0
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	0
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	19
				19 = NUTRITIONAL DEFICIENCIES . . . . .	0
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	0
				21 = MENTAL DISORDERS . . . . .	6
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	19
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	6
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	6
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	0

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
----	--	--	---	-----	----
			26	= HYPERTENSIVE DISEASE . . . . .	1
			27	= ISCHAEMIC HEART DISEASE . . . . .	1
			28	= DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	12
			29	= CEREBROVASCULAR DISEASE . . . . .	16
			30	= OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	1
			31	= DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	20
			32	= OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	5
			33	= DISEASE ORAL CAVITY, SALIV GLANDS & JAWS . . . . .	0
			34	= DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	5
			35	= DISEASE OF URINARY SYSTEM . . . . .	0
			36	= DISEASES OF MALE GENITAL ORGANS . . . . .	0
			37	= DISEASES OF FEMALE GENITAL ORGANS . . . . .	0
			38	= ABORTION . . . . .	0
			39	= DIRECT OBSTRETRIC CAUSES . . . . .	0
			40	= INDIRECT OBSTETRIC CAUSES . . . . .	0
			41	= NORMAL PREGNANCY AND DELIVERY . . . . .	0
			42	= DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	2
			43	= DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	17
			44	= CONGENITAL ANOMALIES . . . . .	0
			45	= CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	0
			46	= SIGNS, SYMPTOM & ILL-DEFINED CONDITIONS . . . . .	19
			47	= FRACTURES . . . . .	1
			48	= DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	6
			49	= INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	6
			50	= OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	9
			51	= EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	0
			52	= BURNS . . . . .	0
			53	= POISONINGS AND TOXIC EFFECTS . . . . .	0
			54	= COMPLICATION OF MEDICAL & SURGICAL CARE . . . . .	2
			55	= OTHER INJUR, EARLY COMPLICATION OF TRAUM . . . . .	18
			56	= LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	0
			57	= PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	0
			98	= UNKNOWN CONDITION . . . . .	3
			99	= NO CONDITION . . . . .	58341

E153 0153 0154 2 FIRST ENTRY CONDITION NUMBER  
 THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE FIRST  
 CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O,  
 COLUMN C. THIS NUMBER MATCHES THE "CONDITION NUMBER" ON  
 THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION.  
 RANGE = 01-89  
 98 = UNKNOWN OR NON-RESPONDENT

E155 0155 0156 2 SECOND ENTRY CONDITION NUMBER  
 THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE SECOND  
 CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O,  
 COLUMN C. THIS NUMBER MATCHES THE "CONDITION NUMBER" ON  
 THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION.  
 RANGE = 01-88  
 98 = UNKNOWN OR NON-RESPONDENT

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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E157	0157	0158	2	THIRD ENTRY CONDITION NUMBER THE 2 DIGIT SEQUENTIAL NUMBER ASSIGNED TO THE THIRD CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C. THIS NUMBER MATCHES THE "CONDITION NUMBER" ON THE CONDITION FILE, PROVIDING A LINK TO THE SAME CONDITION. RANGE = 01-14 98 = UNKNOWN OR NON-RESPONDENT	
E159	0159	0162	4	FIRST ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E163	0163	0166	4	FIRST ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E167	0167	0170	4	FIRST ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE FIRST CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E171	0171	0174	4	SECOND ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E175	0175	0178	4	SECOND ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E179	0179	0182	4	SECOND ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE SECOND CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E183	0183	0186	4	THIRD ENTRY CONDITION ICD THE FIRST ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E187	0187	0190	4	THIRD ENTRY CONDITION ICD THE SECOND ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E191	0191	0194	4	THIRD ENTRY CONDITION ICD THE THIRD ICD CODE ASSIGNED TO THE THIRD CONDITION REPORTED IN PM TABLE M, COLUMN C OR OME TABLE O, COLUMN C.	
E195	0195	0195	1	TYPE OF EXPENSE INDICATES IF EXPENSE IS PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE. IF OTHER MEDICAL EXPENSE, TYPE IS INDICATED. 1 = GLASSES . . . . . 3145 2 = ORTHOPEDIC ITEMS . . . . . 631	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				3 = HEARING AID . . . . .	255
				4 = DIABETIC ITEMS . . . . .	579
				5 = AMBULANCE . . . . .	436
				8 = UNKNOWN . . . . .	133
				9 = PRESCRIBED MEDICINES . . . . .	53365
E196	0196	0196	1	PREFIX FOR PRESCRIBED MEDICINE CODE	
				A 1 DIGIT CODE ASSIGNED TO EACH PRESCRIBED MEDICINE, USING THE INFORMATION REPORTED IN PM TABLE M, COLUMN A. THE CODE INDICATES IF THE PRESCRIBED MEDICINE IS GENERIC OR NON-GENERIC AND SINGLE OR MULTIPLE USE.	
				1 = GENERIC, SINGLE USE . . . . .	4075
				2 = NON-GENERIC, SINGLE USE . . . . .	31626
				3 = GENERIC, MULTIPLE USE . . . . .	5066
				4 = NON-GENERIC, MULTIPLE USE . . . . .	6509
				8 = UNKNOWN . . . . .	6089
				9 = NOT APPLICABLE . . . . .	5179
E197	0197	0198	2	PRESCRIBED MEDICINE CODE	
				A 2 DIGIT CODE ASSIGNED TO EACH PRESCRIBED MEDICINE, USING THE INFORMATION REPORTED IN PM TABLE M, COLUMN A. THE CODE INDICATES THE THERAPEUTIC FUNCTION OF THE PRESCRIBED MEDICINE.	
				01 = CARDIOVASCULAR-RENAL AGENTS . . . . .	10875
				02 = AGENTS AFFECTING BLOOD FORMATION . . . . .	580
				03 = HOMEOSTATIC AND NUTRIENT AGENTS . . . . .	2202
				04 = DRUGS USED IN ANESTHESIA . . . . .	87
				05 = DRUGS USED FOR RELIEF OF PAIN . . . . .	6212
				06 = DRUGS AFFECTING CENTRAL NERVOUS SYSTEM . . . . .	4186
				07 = HORMONES & AGEN AFFECTING HORMONAL MECH . . . . .	4441
				08 = DRUGS FOR RESPIR & ALLERGIC DISORDER . . . . .	7000
				09 = ANTIMICROBIAL AGENTS . . . . .	8880
				10 = PARASITICIDAL AGENTS . . . . .	203
				11 = AGENTS APPLIED LOCALLY . . . . .	1001
				12 = DRUGS USED IN OPHTHAMOLOGY . . . . .	1187
				13 = OTOLOGIC AGENTS . . . . .	385
				14 = DRUGS FOR NEUROMUSCULAR DISORDERS . . . . .	612
				15 = GASTROINTESTINAL AGENTS . . . . .	2848
				16 = ONCOLYTIC AGENTS . . . . .	145
				17 = IMMUNOLOGIC AGENTS . . . . .	7
				18 = ANTAGONISTS AND ANTIDOTES . . . . .	8
				19 = MISCELLANEOUS . . . . .	141
				21 = NON-MEDICINE NAMES . . . . .	848
				22 = MED NOT LISTED IN AMADE OR ADI . . . . .	563
				23 = MEDICINE CATEGORIES AND CHAPTER HEADINGS . . . . .	174
				24 = MEDICINES IN ADI BUT NOT IN AMADE . . . . .	32
				25 = MULTI-USE DRUG, CONDITION UNKNOWN . . . . .	195
				26 = MED DOESN'T APPLY TO REPORTED COND . . . . .	367
				98 = UNKNOWN . . . . .	186
				99 = NOT APPLICABLE . . . . .	5179

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
----	--	--	---	-----	----
E199	0199	0200	2	TIMES OBTAINED NUMBER OF TIMES THE PRESCRIBED MEDICINE WAS OBTAINED, AS REPORTED IN PH TABLE M, COLUMN E. RANGE = 01-90 99 = NOT APPLICABLE	
I201E105	0201	0201	1	PURCHASE DATE IMPUTATION INDICATOR INDICATES IF DATE OF PURCHASE OF PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 3490 1 = REAL . . . . . 55054	
I202E117	0202	0202	1	TOTAL CHARGE IMPUTATION INDICATOR INDICATES IF TOTAL CHARGE FOR PRESCRIBED MEDICINE OR OTHER MEDICAL EXPENSE IS REAL OR IMPUTED DATA. 0 = IMPUTED . . . . . 11353 1 = REAL, NOT DONOR . . . . . 35651 2 = REAL, DONOR ONCE . . . . . 11535 3 = REAL, DONOR TWICE . . . . . 5	
I203E123	0203	0203	1	FIRST SOP IMPUTATION INDICATOR INDICATES IF FIRST SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA, IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 271 1 = IMPUTED FROM T.C. DONOR . . . . . 392 2 = LOGICAL IMPUTATION . . . . . 990 3 = REAL . . . . . 56846 9 = NOT APPLICABLE . . . . . 45	
I204E125	0204	0204	1	FIRST SOURCE AMOUNT IMPUTATION IND INDICATES IF AMOUNT PAID/TO BE PAID BY FIRST SOURCE OF PAYMENT IS REAL OR IMPUTED DATA, IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 271 1 = IMPUTED FROM T.C. DONOR . . . . . 392 2 = LOGICAL IMPUTATION . . . . . 5210 3 = REAL . . . . . 52626 9 = NOT APPLICABLE . . . . . 45	
I205E131	0205	0205	1	SECOND SOP IMPUTATION INDICATOR INDICATES IF SECOND SOURCE OF PAYMENT (SOP) IS REAL OR IMPUTED DATA, IF IMPUTED, TYPE OF IMPUTATION IS INDICATED. 0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . . 271 1 = IMPUTED FROM T.C. DONOR . . . . . 392 2 = LOGICAL IMPUTATION . . . . . 125 3 = REAL . . . . . 11970 9 = NOT APPLICABLE . . . . . 45786	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
----	--	--	---	-----	----
I206E133	0206	0206	1	SECOND SOURCE AMOUNT IMPUTATION IND	
				INDICATES IF AMOUNT PAID/TO BE PAID BY SECOND SOURCE OF	
				PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF	
				IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	271
				1 = IMPUTED FROM T.C. DONOR . . . . .	392
				2 = LOGICAL IMPUTATION . . . . .	3334
				3 = REAL . . . . .	8761
				9 = NOT APPLICABLE . . . . .	45786
I207E139	0207	0207	1	THIRD SOP IMPUTATION INDICATOR	
				INDICATES IF THIRD SOURCE OF PAYMENT (SOP) IS REAL OR	
				IMPUTED DATA. IF IMPUTED, TYPE OF IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	271
				1 = IMPUTED FROM T.C. DONOR . . . . .	392
				2 = LOGICAL IMPUTATION . . . . .	34
				3 = REAL . . . . .	340
				9 = NOT APPLICABLE . . . . .	57507
I208E141	0208	0208	1	THIRD SOURCE AMOUNT IMPUTATION IND	
				INDICATES IF AMOUNT PAID/TO BE PAID BY THIRD SOURCE OF	
				PAYMENT IS REAL OR IMPUTED DATA. IF IMPUTED, TYPE OF	
				IMPUTATION IS INDICATED.	
				0 = IMPUTED FROM NEAREST NEIGHBOR W/RESPONSE . . . . .	271
				1 = IMPUTED FROM T.C. DONOR . . . . .	392
				2 = LOGICAL IMPUTATION . . . . .	160
				3 = REAL . . . . .	214
				9 = NOT APPLICABLE . . . . .	57507

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NOTE: REFER TO PERSON FILE FOR HEADER VARIABLES, FILE POSITION 1-98. THE PERSON FILE FREQUENCIES FOR THE HEADER VARIABLES DO NOT APPLY TO THIS FILE.

LABEL	BC	EC	LEN	DESCRIPTION	FREQ
C99	0099	0100	2	CONDITION NUMBER A SEQUENTIAL NUMBER ASSIGNED TO EACH UNIQUE CONDITION REPORTED FOR A SURVEY PARTICIPANT. RANGE = 01-89	
C101	0101	0101	1	ICD CODE NUMBER WITHIN CONDITION NUMBER A NUMBER WHICH IDENTIFIES EACH ICD CODE ASSIGNED TO THE CONDITION. A MAXIMUM OF 3 ICD CODES WERE ASSIGNED, HOWEVER, NO PRIORITY IS IMPLIED IN THE ASSIGNMENT OF THIS NUMBER. 1 = 1ST ICD CODE FOR THIS CONDITION NUMBER . . . . . 49559 2 = 2ND ICD CODE FOR THIS CONDITION NUMBER . . . . . 1709 3 = 3RD ICD CODE FOR THIS CONDITION NUMBER . . . . . 197	
C102	0102	0105	4	CONDITION ICD CODE A 4 CHARACTER CODE ASSIGNED TO EACH CONDITION, USING THE INFORMATION REPORTED IN C1-C10.	
C106	0106	0106	1	TYPE OF CONDITION A CODE, ASSIGNED TO THE CONDITION BY THE INTERVIEWER, WHICH DETERMINED THE SUBSET OF C1-C10 THAT WOULD BE ASKED. CARD K WAS A PREDETERMINED LIST OF CONDITIONS FOR WHICH C1-C5 WERE NOT NECESSARY FOR ASSIGNING AN ICD CODE. 1 = ACCIDENT OR INJURY . . . . . 5281 2 = ON CARD K . . . . . 9510 3 = NEITHER . . . . . 34998 8 = UNKNOWN . . . . . 1676	
C107	0107	0108	2	MONTH CONDITION FIRST NOTICED THE MONTH THE CONDITION WAS FIRST NOTICED, AS REPORTED IN C6. RANGE = 01-12 98 = UNKNOWN 99 = NOT APPLICABLE	
C109	0109	0109	1	YEAR CONDITION FIRST NOTICED THE YEAR THE CONDITION WAS FIRST NOTICED, AS REPORTED IN C6. 1 = 1979 . . . . . 1698 2 = 1980 . . . . . 27993 3 = OVER A YR AGO . . . . . 143 8 = UNKNOWN . . . . . 16148 9 = NOT APPLICABLE . . . . . 5483	
C110	0110	0111	2	MONTH ACCIDENT OCCURRED THE MONTH THE ACCIDENT (CONDITION) OCCURRED, AS REPORTED IN C9. RANGE = 01-12 98 = UNKNOWN	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				99 = NOT APPLICABLE	
C112	0112	0112	1	YEAR ACCIDENT OCCURRED THE YEAR THE ACCIDENT (CONDITION) OCCURRED, AS REPORTED IN C9.	
				1 = 1979 . . . . .	263
				2 = 1980 . . . . .	4236
				3 = OVER A YEAR AGO . . . . .	994
				8 = UNKNOWN . . . . .	1257
				9 = NOT APPLICABLE . . . . .	44715
C113	0113	0114	2	CONDITION RECODE A 2 DIGIT RECODE ASSIGNED TO EACH CONDITION, BASED ON THE "BASIC TABULATION LIST", PAGES 746-754 OF THE INTERNATIONAL CLASSIFICATION OF DISEASES, 1975 REVISION, VOLUME 1.	
				01 = INTESTINAL INFECTIOUS DISEASES . . . . .	437
				02 = TUBERCULOSIS . . . . .	32
				03 = OTHER BACTERIAL DISEASES . . . . .	528
				04 = VIRAL DISEASES . . . . .	1401
				05 = RICKETTISIOSIS & OTH ARTHROPOD-BORNE DIS . . . . .	14
				06 = VENERAL DISEASES . . . . .	12
				07 = OTH INFECT & PARAS DIS & LT EFF INF-PARA . . . . .	501
				08 = MALIGNANT NEOPLA LIP, ORAL CAVI & PHARYN . . . . .	9
				09 = MALIGN NEOPL DIGESTIVE ORGANS & PERITONE . . . . .	36
				10 = MALIG NEOPL RESPIRAT & INTRATHORAC ORGAN . . . . .	32
				11 = MALIG NEOPL BONE, CONNec TISS SKIN & BREA . . . . .	128
				12 = MALIGNANT NEOPLASM GENITOURINARY ORGANS . . . . .	58
				13 = MALIGNANT NEOPLASM OTH & UNSPECIF SITES . . . . .	49
				14 = MALIGN NEOPL LYMPHAT & HAEMOPOIETIC TISS . . . . .	17
				15 = BENIGN NEOPLASM . . . . .	199
				16 = CARCINOMA IN SITU . . . . .	3
				17 = OTHER AND UNSPECIFIED NEOPLASM . . . . .	157
				18 = ENDOC & METABOLIC DISEASES, IMMUN DISORD . . . . .	1336
				19 = NUTRITIONAL DEFICIENCIES . . . . .	39
				20 = DISEASES OF BLOOD & BLOOD-FORMING ORGANS . . . . .	271
				21 = MENTAL DISORDERS . . . . .	1089
				22 = DISEASES OF THE NERVOUS SYSTEM . . . . .	696
				23 = DISORDERS OF THE EYE AND ADNEXA . . . . .	3566
				24 = DISEASES OF THE EAR AND MASTOID PROCESS . . . . .	1771
				25 = RHEUMATIC FEVER & RHEUMATIC HEART DISEAS . . . . .	30
				26 = HYPERTENSIVE DISEASE . . . . .	1784
				27 = ISCHAEMIC HEART DISEASE . . . . .	330
				28 = DISEASE PULMON CIRC & OTH FORM HEART DIS . . . . .	539
				29 = CEREBROVASCULAR DISEASE . . . . .	220
				30 = OTHER DISEASES OF THE CIRCULATORY SYSTEM . . . . .	695
				31 = DISEASES OF THE UPPER RESPIRATORY TRACT . . . . .	7044
				32 = OTHER DISEASES OF THE RESPIRATORY SYSTEM . . . . .	7373
				33 = DISEASE ORAL CAVITY, SALIV GLANDS, & JAWS . . . . .	881
				34 = DISEASE OF OTH PARTS OF DIGESTIVE SYSTEM . . . . .	1964
				35 = DISEASE OF URINARY SYSTEM . . . . .	916

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				36 = DISEASES OF MALE GENITAL ORGANS . . . . .	136
				37 = DISEASES OF FEMALE GENITAL ORGANS . . . . .	1304
				38 = ABORTION . . . . .	60
				39 = DIRECT OBSTETRIC CAUSES . . . . .	155
				40 = INDIRECT OBSTETRIC CAUSES . . . . .	13
				41 = NORMAL PREGNANCY AND DELIVERY . . . . .	425
				42 = DISEASES OF SKIN AND SUBCUTANEOUS TISSUE . . . . .	1857
				43 = DISEASE MUSCULOSKEL SYSTEM & CONNECT TIS . . . . .	4476
				44 = CONGENITAL ANOMALIES . . . . .	187
				45 = CERTAIN CONDITION ORIGINAT PERINAT PERIO . . . . .	37
				46 = SIGNS, SYMPTOM & ILL-DEFINED CONDITION . . . . .	3164
				47 = FRACTURES . . . . .	499
				48 = DISLOCATIONS, SPRAINS, AND STRAINS . . . . .	976
				49 = INTRACRANIAL & INTERN INJUR, INCLUD NERV . . . . .	185
				50 = OPEN WOUNDS AND INJURY TO BLOOD VESSELS . . . . .	961
				51 = EFFECT OF FOREIGN BODY ENTER THROU ORIFI . . . . .	109
				52 = BURNS . . . . .	97
				53 = POISONINGS AND TOXIC EFFECTS . . . . .	131
				54 = COMPLICATION OF MEDICAL AND SURGICAL CARE . . . . .	322
				55 = OTHER INJUR, EARLY COMPLICATION OR TRAUM . . . . .	1342
				56 = LATE EFFEC/INJUR-POIS-TOX EFFEC-EXT CAUS . . . . .	387
				57 = PART IMPAIR SENS-OT SPEC IMPAI ACC-INJUR . . . . .	75
				98 = UNKNOWN . . . . .	247
				99 = MISSING . . . . .	163
C115	0115	0115	1	CONDITION CAUSED LIMITATION OF ACTIVITY CONDITIONS REPORTED IN S#1, L10 HAVE BEEN RECODED AS MAIN, SECOND, OR THIRD CONDITION, BASED ON THE ORDER OF RESPONDENT REPORTING.	
				0 = DOES NOT CAUSE LIMITATION . . . . .	47813
				1 = MAIN CONDITION CAUSING LIMITATION . . . . .	3051
				2 = SECOND CONDITION CAUSING LIMITATION . . . . .	486
				3 = THIRD CONDITION CAUSING LIMITATION . . . . .	105
				8 = UNKNOWN . . . . .	10
C116	0116	0116	1	CONDITION IS MILITARY SERV DISABILITY CONDITIONS REPORTED IN S#1, BI4G HAVE BEEN RECODED AS MAIN, SECOND, OR THIRD CONDITION, BASED ON THE ORDER OF RESPONDENT REPORTING.	
				0 = DOES NOT CAUSE DISABILITY . . . . .	51165
				1 = MAIN CONDITION CAUSING DISABILITY . . . . .	258
				2 = SECOND CONDITION CAUSING DISABILITY . . . . .	26
				3 = THIRD CONDITION CAUSING DISABILITY . . . . .	6
				8 = UNKNOWN . . . . .	10
C117	0117	0119	3	NUMBER OF BED DISABILITY DAYS SUMS BED DISABILITY DAYS FOR THIS CONDITION NUMBER, AS REPORTED IN DD1A-DD1D, RANGE = 000-366 998 = UNKNOWN	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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C120	0120	0122	3	NUMBER OF WORK LOSS DAYS SUMS WORK LOSS DAYS FOR THIS CONDITION NUMBER, AS REPORTED IN DD2D. RANGE = 000-366 998 = UNKNOWN 999 = UNDER 14 YEARS OLD	
C123	0123	0125	3	NUMBER OF RESTRICTED ACTIVITY DAYS SUM OF BED DISABILITY DAYS (DD1A-DD1D), WORK LOSS DAYS (DD2D), AND CUT DOWN DAYS (DD3) MINUS WORK LOSS DAYS SPENT IN BED (DD2E), FOR THIS CONDITION NUMBER. RANGE = 000-366 998 = UNKNOWN	
C126	0126	0128	3	NUMBER OF EMERGENCY ROOM VISITS SUMS EMERGENCY ROOM VISITS FOR THIS CONDITION NUMBER, AS REPORTED IN ER3. RANGE = 000-028	
C129	0129	0131	3	NUMBER OF OUTPATIENT DEPARTMENT VISITS(DR.SEEN) SUMS OUTPATIENT DEPARTMENT VISITS (DR. SEEN) FOR THIS CONDITION NUMBER, AS REPORTED IN OPD5B-OPD5D. RANGE = 000-151	
C132	0132	0134	3	NUMBER OF PHYSICIAN VISITS(DR.SEEN) SUMS PHYSICIAN VISITS (DR. SEEN) FOR THIS CONDITION NUMBER, AS REPORTED IN MV5B-MV5D. RANGE = 000-105	
C135	0135	0137	3	NUMBER OF OTHER VISITS (NON-PHYSICIAN SEEN) SUMS OTHER VISITS (NON-PHYSICIAN) FOR THIS CONDITION NUMBER, AS REPORTED IN MV5B-MV5D. RANGE = 000-226	
C138	0138	0140	3	NUMBER OF HOSP OPD VISITS (NON-PHYSICIAN SEEN) SUMS OUTPATIENT DEPARTMENT VISITS (NON-PHYSICIAN) FOR THIS CONDITION NUMBER, AS REPORTED IN OPD5B-OPD5D. RANGE = 000-070	
C141	0141	0143	3	NUMBER OF PHYSICIAN VISITS (NON-PHYSICIAN SEEN) SUMS PHYSICIAN VISITS (NON-PHYSICIAN) FOR THIS CONDITION NUMBER, AS REPORTED IN MV5B-MV5D. RANGE = 000-117	
C144	0144	0145	2	NUMBER OF HOSPITAL DISCHARGES SUMS HOSPITAL DISCHARGES FOR THIS CONDITION NUMBER, AS REPORTED IN H55 AND H55C. RANGE = 00-09	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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C146	0146	0148	3	NUMBER OF NIGHTS IN HOSPITAL SUMS NIGHTS IN HOSPITAL FOR THIS CONDITION NUMBER, AS REPORTED IN H55 AND HC5C. RANGE = 000-307 999 = NOT APPLICABLE	
C149	0149	0151	3	NUMBER OF PRESCRIBED MEDICINES SUMS PRESCRIBED MEDICINES FOR THIS CONDITION NUMBER, AS REPORTED IN PM TABLE M, COLUMN C. RANGE = 000-141	
C152	0152	0154	3	NUMBER OF OTHER MEDICAL EXPENSES SUMS OTHER MEDICAL EXPENSES FOR THIS CONDITION NUMBER, AS REPORTED IN OME, TABLE O. RANGE = 000-018	
C155	0155	0160	6	TOTAL CHARGES FOR EMERGENCY ROOM VISITS SUMS CHARGES FOR EMERGENCY ROOM VISITS FOR THIS CONDITION NUMBER, AS REPORTED IN ER3 AND ER10. RANGE = 000000-005273 999999 = NOT APPLICABLE	
C161	0161	0166	6	TOTAL CHARGES FOR HOSP OPD VISITS (DR. SEEN) SUMS CHARGES FOR HOSPITAL OUTPATIENT DEPARTMENT VISITS (DR. SEEN) FOR THIS CONDITION NUMBER, AS REPORTED IN OPD5B-OPD5D AND OPD9. RANGE = 000000-017871 999999 = NOT APPLICABLE	
C167	0167	0172	6	TOTAL CHARGES FOR PHYSICIAN VISITS (DR. SEEN) SUMS CHARGES FOR PHYSICIAN VISITS (DR. SEEN) FOR THIS CONDITION NUMBER, AS REPORTED IN MV5B-MV5D AND MV9. RANGE = 000000-003275 999999 = NOT APPLICABLE	
C173	0173	0178	6	TOTAL CHARGES FOR OTHER VISITS (NON-PHY SEEN) SUMS CHARGES FOR OTHER VISITS (NON-PHYSICIAN) FOR THIS CONDITION NUMBER, AS REPORTED IN MV5B-MV5D AND MV9. RANGE = 000000-010767 999999 = NOT APPLICABLE	
C179	0179	0184	6	TOTAL CHARGES FOR HOSP OPD VISITS (NON-PHY SEEN) SUMS CHARGES FOR OUTPATIENT DEPARTMENT VISITS (NON-PHYSICIAN) FOR THIS CONDITION NUMBER, AS REPORTED IN OPD5B-OPD5D AND OPD9. RANGE = 000000-002927 999999 = NOT APPLICABLE	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
C185	0185	0190	6	TOTAL CHARGES FOR PHYSICIAN VISITS (NON-PHY SEEN) SUMS CHARGES FOR PHYSICIAN VISITS (NON-PHYSICIAN) FOR THIS CONDITION NUMBER, AS REPORTED IN MV5B-MV5D AND MV9. RANGE = 000000-011047 999999 = NOT APPLICABLE	
C191	0191	0196	6	TOTAL CHARGES FOR HOSPITAL STAYS SUMS CHARGES FOR HOSPITAL STAYS FOR THIS CONDITION NUMBER, AS REPORTED IN HS5, HS5C, AND HS10. RANGE = 000000-119483 999999 = NOT APPLICABLE	
C197	0197	0202	6	TOTAL CHARGES FOR PRESCRIBED MEDICINES SUMS CHARGES FOR PRESCRIBED MEDICINES FOR THIS CONDITION NUMBER, AS REPORTED IN PM TABLE M, COLUMN C. RANGE = 000000-001296 999999 = NOT APPLICABLE	
C203	0203	0208	6	TOTAL CHARGES FOR OTHER MEDICAL EXPENSES SUMS CHARGES FOR OTHER MEDICAL EXPENSES FOR THIS CONDITION NUMBER, AS REPORTED IN OME TABLE O, COLUMN C. RANGE = 000000-001550 999999 = NOT APPLICABLE	
C209	0209	0209	1	DIDN'T SEE DOC B/C PROBLEM NOT SERIOUS INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD5S, BTC1B (REASON 1 ON HAND CARD I). 1 = YES . . . . . 209 2 = NO . . . . . 800 8 = UNKNOWN . . . . . 58 9 = NOT APPLICABLE . . . . . 50398	
C210	0210	0210	1	DIDN'T SEE DOCTOR B/C IT COST TOO MUCH INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD5S, BTC1B (REASON 2 ON HAND CARD I). 1 = YES . . . . . 519 2 = NO . . . . . 490 8 = UNKNOWN . . . . . 58 9 = NOT APPLICABLE . . . . . 50398	
C211	0211	0211	1	DIDN'T SEE DOCTOR B/C DIDN'T HAVE TIME INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD5S, BTC1B (REASON 3 ON HAND CARD I). 1 = YES . . . . . 129 2 = NO . . . . . 880 8 = UNKNOWN . . . . . 58 9 = NOT APPLICABLE . . . . . 50398	

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
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C212	0212	0212	1	DIDN'T SEE DOCTOR B/C COULDN'T GET APPOINT INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 4 ON HAND CARD I).	
				1 = YES . . . . .	33
				2 = NO . . . . .	976
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C213	0213	0213	1	DIDN'T SEE DOCTOR B/C NOT AVAILABLE INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 5 ON HAND CARD I).	
				1 = YES . . . . .	23
				2 = NO . . . . .	986
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C214	0214	0214	1	DIDN'T SEE DOCTOR B/C DIDN'T HAVE TRANSPORT INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 6 ON HAND CARD I).	
				1 = YES . . . . .	49
				2 = NO . . . . .	960
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C215	0215	0215	1	DIDN'T SEE DOCTOR B/C NO ONE TO CARE FOR KIDS INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 7 ON HAND CARD I).	
				1 = YES . . . . .	18
				2 = NO . . . . .	991
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C216	0216	0216	1	DIDN'T SEE DOCTOR B/C HE COULDN'T DO MUCH INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 8 ON HAND CARD I).	
				1 = YES . . . . .	186
				2 = NO . . . . .	823
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C217	0217	0217	1	DIDN'T SEE DOCTOR B/C AFRAID OF FINDING OUT INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 9 ON HAND CARD I).	
				1 = YES . . . . .	86

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LABEL	BC	EC	LEN	DESCRIPTION	FREQ
				2 = NO . . . . .	923
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C218	0218	0218	1	DIDN'T SEE DOCTOR B/C HE WOULDN'T ACCEPT MEDICAID INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 10 ON HAND CARD I).	
				1 = YES . . . . .	7
				2 = NO . . . . .	1002
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C219	0219	0219	1	DIDN'T SEE DOCTOR B/C COST MORE THAN MEDICARE PAYS INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 11 ON HAND CARD I).	
				1 = YES . . . . .	8
				2 = NO . . . . .	1001
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C220	0220	0220	1	DIDN'T SEE DOCTOR B/C OF OTHER REASONS INDICATES IF THIS WAS REPORTED AS A REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1B (REASON 12 ON HAND CARD I).	
				1 = YES . . . . .	143
				2 = NO . . . . .	866
				8 = UNKNOWN . . . . .	58
				9 = NOT APPLICABLE . . . . .	50398
C221	0221	0222	2	MAIN REASON FOR NOT SEEING DOCTOR PRIMARY REASON FOR THE PARTICIPANT NOT SEEING A DOCTOR FOR THE CONDITION, AS REPORTED IN RD55, BTC1C.	
				01 = DIDN'T THINK PROBLEM WAS SERIOUS ENOUGH . . . . .	121
				02 = THOUGHT IT WOULD COST TOO MUCH . . . . .	439
				03 = DIDN'T HAVE TIME . . . . .	68
				04 = COULDN'T GET AN APPOINTMENT . . . . .	26
				05 = NO DOCTOR WAS AVAILABLE . . . . .	15
				06 = DIDN'T HAVE ANY WAY TO GET TO DOC . . . . .	34
				07 = NO ONE TO CARE FOR CHILDREN . . . . .	5
				08 = FELT DOC COULDN'T DO MUCH . . . . .	245
				09 = WAS AFRAID OF FINDING OUT ABOUT PROBLEM . . . . .	51
				10 = COULDN'T FIND A DOC TO TAKE MEDICAID PAT . . . . .	5
				11 = DOCTOR CHARGES MORE THAN MEDICARE PAYS . . . . .	5
				12 = OTHER REASON . . . . .	43
				98 = UNKNOWN . . . . .	10
				99 = NOT APPLICABLE . . . . .	50398