

02/28/98
 COST&USE
 1995

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

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Record Type: A

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$RICFMT		12,096		C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
							A	RIC A - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT		12,096		C	YY REFERENCE YEAR OF RECORD
							C5	1995 COST AND USE FILE
BASEID	4	8	\$BSIDFMT		12,096		C	UNIQUE IDENTIFICATION NUMBER
								BASEIDS
H_DOB	12	8	\$DTE8FMT		0		C	LEGAL DATE OF BIRTH
					12,096			MISSING DATE AS YYYYMMDD
H_DOD	20	8	\$DTE8FMT		11,409		C	DATE OF DEATH (LAST DAY OF DEATH MONTH)
					687			MISSING DATE AS YYYYMMDD
H_DODSRC	28	2	\$SRCFMT		11,409		C	SOURCE OF DEATH INFORMATION
					0			NO DATE OF DEATH
					0		01	FROM MEDICARE BILL
					0		03	CLERICAL ENTRY
					0		05	BILL AND CLERICAL
					359		10	PROVEN MBR
					24		11	PROVEN MBR AND BILL
					275		20	UNPROVEN MBR
					27		21	UNPROVEN MBR AND BILL
					1		23	UNPROVEN MBR AND CLERICAL
					1		25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	30	1	\$SEXFMT		0		C	SEX CODE
					5,337			UNKNOWN
					6,759		1	MALE
							2	FEMALE
H_RACE	31	1	\$RACEFMT		0		C	RACE CODE
					108			UNKNOWN
					10,212		0	UNKNOWN
					1,336		1	WHITE
					209		2	BLACK
					42		3	OTHER
					183		4	ASIAN
					6		5	HISPANIC
							6	N AMERICAN NATIVE
H_AGE	32	3	AGEFMT		0		N	AGE
					12,096		.	UNKNOWN
							0-999	AGE IN YEARS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_STRAT	35	1	\$AGEFMT				C	MCBS SAMPLE STRATUM
					0			UNKNOWN
					954		1	0-44
					1,143		2	45-64
					2,234		3	65-69
					1,870		4	70-74
					1,808		5	75-79
					1,935		6	80-84
					2,152		7	85 +
H_ENT01	36	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
					358		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,272		C	PART A AND B MEDICARE
					371		N	NO MEDICARE ENTITLEMENT
H_ENT02	37	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
					365		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,232		C	PART A AND B MEDICARE
					404		N	NO MEDICARE ENTITLEMENT
H_ENT03	38	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
					365		A	PART A MEDICARE ONLY
					94		B	PART B MEDICARE ONLY
					11,201		C	PART A AND B MEDICARE
					436		N	NO MEDICARE ENTITLEMENT
H_ENT04	39	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
					367		A	PART A MEDICARE ONLY
					93		B	PART B MEDICARE ONLY
					11,146		C	PART A AND B MEDICARE
					490		N	NO MEDICARE ENTITLEMENT
H_ENT05	40	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
					372		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,114		C	PART A AND B MEDICARE
					519		N	NO MEDICARE ENTITLEMENT
H_ENT06	41	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
					379		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,099		C	PART A AND B MEDICARE
					527		N	NO MEDICARE ENTITLEMENT
H_ENT07	42	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
					356		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,105		C	PART A AND B MEDICARE
					544		N	NO MEDICARE ENTITLEMENT

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_ENT08	43	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					351		A	PART A MEDICARE ONLY
					93		B	PART B MEDICARE ONLY
					11,091		C	PART A AND B MEDICARE
					561		N	NO MEDICARE ENTITLEMENT
H_ENT09	44	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					358		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,064		C	PART A AND B MEDICARE
					583		N	NO MEDICARE ENTITLEMENT
H_ENT10	45	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT
					359		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,037		C	PART A AND B MEDICARE
					609		N	NO MEDICARE ENTITLEMENT
H_ENT11	46	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					360		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,027		C	PART A AND B MEDICARE
					618		N	NO MEDICARE ENTITLEMENT
H_ENT12	47	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					364		A	PART A MEDICARE ONLY
					90		B	PART B MEDICARE ONLY
					10,997		C	PART A AND B MEDICARE
					645		N	NO MEDICARE ENTITLEMENT
H_DOE	48	6	\$DTE6FMT				C	ENTITLEMENT START DATE
					0			MISSING
					12,096	000000-999999		DATE AS YYMMDD
H_DOT	54	6	\$DTE6FMT				C	ENTITLEMENT END DATE
					12,045			MISSING
					51	000000-999999		DATE AS YYMMDD
H_MEDSTA	60	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					0			UNKNOWN
					9,964		10	AGED, NO ESRD
					36		11	AGED, ESRD
					2,024		20	DISABLED, NO ESRD
					40		21	DISABLED, ESRD
					32		31	ESRD ONLY

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_LAF	62	2	\$LAFFMT				C	STATUS OF SSA BENEFIT CHECK (LAF) DEC 31
					9			UNKNOWN
					0		AD	CUR PAY-ADJ FOR DUAL ENTITLEMENT
					0		AF	TRANSFER TO ANOTHER PC OR DIO
					0		A9	CUR PAY-MISCELLANEOUS ADJUSTMENT
					11,032		C	CURRENT PAYMENT STATUS
					0		DW	DEFERRED-WORKERS COMP
					18		D2	DEF-RETIREMENT TEST
					0		D3	DEF-D2 FOR PRIMARY
					2		D6	DEF-RECOVER OVERPAYMENT
					2		D9	DEF-MISCELLANEOUS REASON
					0		J	ADVANCE FILING-CURRENT PAY
					0		L2	ADVANCED FILING-WORKED INSIDE U S
					0		L3	ADVANCED FILING-INSURED WORKED IN U S
					0		N	NOT IN PAY STATUS
					0		RN	CUR PAY-PART B REINSTATED
					1		S	SUSP-DEFERRED RETIREMENT
					4		SD	SUSP-OTHER
					0		SF	SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
					20		SH	SUSP-GOVERNMENT PENSION
					1		SP	SUSP-PUBLIC ASSISTANCE
					1		S0	SUSP-CONTINUING DISABILITY INVESTIG
					39		S2	SUSP-FAILS RETIREMENT TEST
					3		S3	SUSP-PRIMARY ACCOUNT S2
					3		S6	SUSP-CHECK RETURNED FOR ADDRESS
					23		S7	SUSP-VOCATIONAL REHAB REFUSAL
					1		S8	SUSP-PAYEE NOT DETERMINED
					5		S9	SUSP-MISCELLANEOUS REASON
					0		TR	TERM-CLAIM WITHDRAWN
					0		T0	TERM-BENEFITS PAID BY ANOTHER AGENCY
					637		T1	TERM-DEATH OF BENEFICIARY
					0		T2	TERM-DEATH OF PRIMARY
					0		T3	TERM-DIVORCE, MARRIAGE, REMARRIAGE
					0		T5	TERM-ENTITLED ON ANOTHER ACCT
					5		T8	TERM-RECOVERY FROM DISABILITY
					0		T9	TERM-MISCELLANEOUS
					254		U	ACTIVE UNINSURED STATUS (NO SSA CHECK)
					0		XR	TERMINATED -
					21		X1	TERM-DEATH OF INSURED
					0		X5	TERM-ENTITLED TO ANOTHER BENEFIT
					15		X7	TERM OF UNINSURED
					0		X9	TERM MISCELLANEOUS
					0		ZZ	ERRONEOUS ENTITLEMENT
H_METRO	64	1	\$METFMT				C	METRO STATUS
					3,343		N	NON-METRO AREA
					6		U	UNKNOWN
					8,747		Y	METRO AREA
H_GHPSW	65	1	\$GHPSW				C	1= SOME GROUP HEALTH PARTICIPATION IN CY
					10,941		0	NO ENROLLMENT
					1,155		1	SOME ENROLLMENT

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLTP01	66	2	\$PLNFMT				C	GHP PLAN TYPE JAN
					11,168			NO ENROLLMENT FOR MONTH
					175		01	HCPP
					25		02	COST HMO
					728		06	RISK HMO
H_PLPY01	68	4					N	MEDICARE PERCAP PAYMENT JAN
H_PLTP02	72	2	\$PLNFMT				C	GHP PLAN TYPE FEB
					11,167			NO ENROLLMENT FOR MONTH
					173		01	HCPP
					24		02	COST HMO
					732		06	RISK HMO
H_PLPY02	74	4					N	MEDICARE PERCAP PAYMENT FEB
H_PLTP03	78	2	\$PLNFMT				C	GHP PLAN TYPE MAR
					11,155			NO ENROLLMENT FOR MONTH
					170		01	HCPP
					24		02	COST HMO
					747		06	RISK HMO
H_PLPY03	80	4					N	MEDICARE PERCAP PAYMENT MAR
H_PLTP04	84	2	\$PLNFMT				C	GHP PLAN TYPE APR
					11,131			NO ENROLLMENT FOR MONTH
					169		01	HCPP
					22		02	COST HMO
					774		06	RISK HMO
H_PLPY04	86	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	90	2	\$PLNFMT				C	GHP PLAN TYPE MAY
					11,123			NO ENROLLMENT FOR MONTH
					166		01	HCPP
					20		02	COST HMO
					787		06	RISK HMO
H_PLPY05	92	4					N	MEDICARE PERCAP PAYMENT MAY
H_PLTP06	96	2	\$PLNFMT				C	GHP PLAN TYPE JUN
					11,110			NO ENROLLMENT FOR MONTH
					166		01	HCPP
					20		02	COST HMO
					800		06	RISK HMO
H_PLPY06	98	4					N	MEDICARE PERCAP PAYMENT JUN
H_PLTP07	102	2	\$PLNFMT				C	GHP PLAN TYPE JUL
					11,091			NO ENROLLMENT FOR MONTH
					161		01	HCPP
					22		02	COST HMO
					822		06	RISK HMO

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLPY07	104	4					N	MEDICARE PERCAP PAYMENT JUL
H_PLTP08	108	2	\$PLNFMT				C	GHP PLAN TYPE AUG
					11,076			NO ENROLLMENT FOR MONTH
					160		01	HCPP
					22		02	COST HMO
					838		06	RISK HMO
H_PLPY08	110	4					N	MEDICARE PERCAP PAYMENT AUG
H_PLTP09	114	2	\$PLNFMT				C	GHP PLAN TYPE SEP
					11,068			NO ENROLLMENT FOR MONTH
					160		01	HCPP
					21		02	COST HMO
					847		06	RISK HMO
H_PLPY09	116	4					N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	120	2	\$PLNFMT				C	GHP PLAN TYPE OCT
					11,055			NO ENROLLMENT FOR MONTH
					158		01	HCPP
					20		02	COST HMO
					863		06	RISK HMO
H_PLPY10	122	4					N	MEDICARE PERCAP PAYMENT OCT
H_PLTP11	126	2	\$PLNFMT				C	GHP PLAN TYPE NOV
					11,043			NO ENROLLMENT FOR MONTH
					157		01	HCPP
					20		02	COST HMO
					876		06	RISK HMO
H_PLPY11	128	4					N	MEDICARE PERCAP PAYMENT NOV
H_PLTP12	132	2	\$PLNFMT				C	GHP PLAN TYPE DEC
					11,035			NO ENROLLMENT FOR MONTH
					154		01	HCPP
					19		02	COST HMO
					888		06	RISK HMO
H_PLPY12	134	4					N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	138	1	\$SWFMT				C	Y=SOME MEDICAID ELIGIBILITY FOR CY
					9,744		N	NO PARTICIPATION
					2,352		Y	SOME PARTICIPATION
H_MCDE01	139	1	\$MDCDFMT				C	MEDICAID ELIGIBILITY FOR JAN
					0		A	STATE PART A BUY-IN
					884		B	STATE PART B BUY-IN
					35		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,936		N	NO BUY-IN THIS MONTH

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,128		Q	STATE PART B QMB BUY-IN
					66		S	STATE PART B SLMB BUY-IN
H_MCDE02	140	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR FEB
					0		A	STATE PART A BUY-IN
					883		B	STATE PART B BUY-IN
					34		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,940		N	NO BUY-IN THIS MONTH
					1,126		Q	STATE PART B QMB BUY-IN
					66		S	STATE PART B SLMB BUY-IN
H_MCDE03	141	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAR
					0		A	STATE PART A BUY-IN
					883		B	STATE PART B BUY-IN
					33		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,947		N	NO BUY-IN THIS MONTH
					1,115		Q	STATE PART B QMB BUY-IN
					71		S	STATE PART B SLMB BUY-IN
H_MCDE04	142	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR APR
					0		A	STATE PART A BUY-IN
					880		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,955		N	NO BUY-IN THIS MONTH
					1,110		Q	STATE PART B QMB BUY-IN
					73		S	STATE PART B SLMB BUY-IN
H_MCDE05	143	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAY
					0		A	STATE PART A BUY-IN
					869		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,967		N	NO BUY-IN THIS MONTH
					1,105		Q	STATE PART B QMB BUY-IN
					77		S	STATE PART B SLMB BUY-IN
H_MCDE06	144	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUN
					0		A	STATE PART A BUY-IN
					868		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN

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					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,960		N	NO BUY-IN THIS MONTH
					1,109		Q	STATE PART B QMB BUY-IN
					81		S	STATE PART B SLMB BUY-IN
H_MCDE07	145	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JUL
					0		A	STATE PART A BUY-IN
					870		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,963		N	NO BUY-IN THIS MONTH
					1,102		Q	STATE PART B QMB BUY-IN
					83		S	STATE PART B SLMB BUY-IN
H_MCDE08	146	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR AUG
					0		A	STATE PART A BUY-IN
					871		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,964		N	NO BUY-IN THIS MONTH
					1,097		Q	STATE PART B QMB BUY-IN
					86		S	STATE PART B SLMB BUY-IN
H_MCDE09	147	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR SEP
					0		A	STATE PART A BUY-IN
					864		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,968		N	NO BUY-IN THIS MONTH
					1,096		Q	STATE PART B QMB BUY-IN
					90		S	STATE PART B SLMB BUY-IN
H_MCDE10	148	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR OCT
					0		A	STATE PART A BUY-IN
					863		B	STATE PART B BUY-IN
					32		C	STATE PART A AND B BUY-IN
					46		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,973		N	NO BUY-IN THIS MONTH
					1,090		Q	STATE PART B QMB BUY-IN
					92		S	STATE PART B SLMB BUY-IN
H_MCDE11	149	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR NOV
					0		A	STATE PART A BUY-IN

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					866		B	STATE PART B BUY-IN
					32		C	STATE PART A AND B BUY-IN
					46		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,977		N	NO BUY-IN THIS MONTH
					1,082		Q	STATE PART B QMB BUY-IN
					93		S	STATE PART B SLMB BUY-IN
H_MCDE12	150	1	\$MDCDFMT		0		C	MEDICAID ELIGIBILITY FOR DEC
					827		A	STATE PART A BUY-IN
					31		B	STATE PART B BUY-IN
					43		C	STATE PART A AND B BUY-IN
					0		D	STATE PART A AND B QMB BUY-IN
					10,048		E	STATE PART A AND B SLMB BUY-IN
					1,060		N	NO BUY-IN THIS MONTH
					87		Q	STATE PART B QMB BUY-IN
							S	STATE PART B SLMB BUY-IN
H_HOSSW	151	1	\$UTLFMT		12,001		C	1 = ONE OR MORE HOSPICE BILLS IN CY
					95		0	NO UTILIZATION THIS TYPE
							1	SOME UTILIZATION THIS TYPE
H_INPSW	152	1	\$UTLFMT		9,593		C	1 = ONE OR MORE INP DISCHARGES IN CY
					2,503		0	NO UTILIZATION THIS TYPE
							1	SOME UTILIZATION THIS TYPE
H_SNFSW	153	1	\$UTLFMT		11,661		C	1 = ONE OR MORE SNF ADMISSIONS IN CY
					435		0	NO UTILIZATION THIS TYPE
							1	SOME UTILIZATION THIS TYPE
H_HHASW	154	1	\$UTLFMT		10,883		C	1 = ONE OR MORE HHA VISITS IN CY
					1,213		0	NO UTILIZATION THIS TYPE
							1	SOME UTILIZATION THIS TYPE
H_OUTSW	155	1	\$UTLFMT		5,348		C	1 = ONE OR MORE OUTPT VISITS IN CY
					6,748		0	NO UTILIZATION THIS TYPE
							1	SOME UTILIZATION THIS TYPE
H_PBSW	156	1	\$UTLFMT		1,853		C	1 = ONE OR MORE PART B CLAIMS IN CY
					10,243		0	NO UTILIZATION THIS TYPE
							1	SOME UTILIZATION THIS TYPE
H_PTARMB	157	6					N	\$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	163	6					N	\$\$\$\$\$\$ TOTAL PART B REIMB CY

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H_LATDCH	169	6					C	DISCHARGE DATE OF LATEST INP STAY
H_LATDRG	175	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					9,676			UNKNOWN, OR NO DISCHARGE
					2,420		000-999	DRG
H_DISDES	178	2	\$DSTFMT				C	DISCHARGE DESTINATION FOR LAST STAY
					9,676			NO DISCHARGE
					1,413		01	DISCHARGE TO HOME
					20		02	TRANSFER-TO HOSP
					347		03	TRANSFER-TO SNF
					76		04	TRANSFER-TO ICF
					92		05	TRANSFER-OTHER
					223		06	TRANSFER TO HHA
					8		07	LEFT AGAINST MEDICAL ADVICE
					0		08	HOME IV DRUG
					0		09	ADMIT/READMIT
					0		10-19	TRANSFER-ST CODES
					241		20	EXPIRED
					0		21-29	EXPIRED-ST CODES
					0		30	STILL PATIENT
					0		31-39	STILL PATIENT, ST
					0		40	EXPIRED AT HOME
					0		41	DIED IN FACILITY
					0		42	DIED, PLACE UNK
					0		43-99	NOT USED
H_INPSTY	180	2					N	NO. OF INPAT STAYS FOR CY
H_INPDAY	182	3					N	NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	185	6					N	\$\$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	191	6					N	\$\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	197	6					N	\$\$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPCDY	203	2					N	INPAT COINSURANCE DAYS USED IN CY
H_INPCAM	205	5					N	\$\$\$\$\$ TOTAL INP COINS AMT CY
H_SNFSTY	210	2					N	TOTAL SNF STAYS IN CY
H_SNFDAY	212	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	215	6					N	\$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	221	6					N	\$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_SNFRMB	227	6					N	\$\$\$\$\$\$ TOTAL SNF REIMB IN CY
H_SNFCDY	233	3					N	TOTAL SNF COINS DAYS IN CY
H_SNFCAM	236	6					N	\$\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	242	4					N	TOTAL HHA VISITS IN CY
H_HHACCH	246	6					N	\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	252	6					N	\$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMB	258	6					N	\$\$\$\$\$\$ TOT HHA REIMB IN CY
H_HSDAYS	264	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	267	6					N	\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	273	6					N	\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	279	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	282	6					N	\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	288	6					N	\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	294	4					N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	298	4					N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	302	6					N	\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	308	6					N	\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	314	6					N	\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	320	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	323	6					N	TOTAL OFFICE VISIT CHARGES IN CY

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1	\$RICFMT		12,096	0	C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
							A	RIC A - HCFA RECORD SUMMARY
							N	RIC N - HCFA RECORD SUMMARY
FILEYR	2	2	\$YRFMT		12,096		C	YY REFERENCE YEAR OF RECORD
							C5	1995 COST AND USE FILE
BASEID	4	8	\$BSIDFMT		12,096		C	UNIQUE IDENTIFICATION NUMBER
								BASEIDS
H_DOB	12	8	\$DTE8FMT		0	12,096	C	LEGAL DATE OF BIRTH
								MISSING
								DATE AS YYYYMMDD
H_DOD	20	8	\$DTE8FMT		11,409	687	C	DATE OF DEATH (LAST DAY OF DEATH MONTH)
								MISSING
								DATE AS YYYYMMDD
H_DODSRC	28	2	\$SRCFMT		11,409	0	C	SOURCE OF DEATH INFORMATION
								NO DATE OF DEATH
							01	FROM MEDICARE BILL
							03	CLERICAL ENTRY
							05	BILL AND CLERICAL
						359	10	PROVEN MBR
						24	11	PROVEN MBR AND BILL
						275	20	UNPROVEN MBR
						27	21	UNPROVEN MBR AND BILL
						1	23	UNPROVEN MBR AND CLERICAL
						1	25	UNPROVEN MBR, BILL AND CLERICAL
H_SEX	30	1	\$SEXFMT		0	5,337	C	SEX CODE
						6,759		UNKNOWN
							1	MALE
							2	FEMALE
H_RACE	31	1	\$RACEFMT		0	108	C	RACE CODE
								UNKNOWN
						10,212	0	UNKNOWN
						1,336	1	WHITE
						209	2	BLACK
						42	3	OTHER
						183	4	ASIAN
						6	5	HISPANIC
							6	N AMERICAN NATIVE
H_AGE	32	3	AGEFMT		0	12,096	N	AGE
							.	UNKNOWN
							0-999	AGE IN YEARS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_STRAT	35	1	\$AGEFMT				C	MCBS SAMPLE STRATUM
					0			UNKNOWN
					954		1	0-44
					1,143		2	45-64
					2,234		3	65-69
					1,870		4	70-74
					1,808		5	75-79
					1,935		6	80-84
					2,152		7	85 +
H_ENT01	36	1	\$ENTFMT				C	JAN MEDICARE ENTITLEMENT
					358		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,272		C	PART A AND B MEDICARE
					371		N	NO MEDICARE ENTITLEMENT
H_ENT02	37	1	\$ENTFMT				C	FEB MEDICARE ENTITLEMENT
					365		A	PART A MEDICARE ONLY
					95		B	PART B MEDICARE ONLY
					11,232		C	PART A AND B MEDICARE
					404		N	NO MEDICARE ENTITLEMENT
H_ENT03	38	1	\$ENTFMT				C	MAR MEDICARE ENTITLEMENT
					365		A	PART A MEDICARE ONLY
					94		B	PART B MEDICARE ONLY
					11,201		C	PART A AND B MEDICARE
					436		N	NO MEDICARE ENTITLEMENT
H_ENT04	39	1	\$ENTFMT				C	APR MEDICARE ENTITLEMENT
					367		A	PART A MEDICARE ONLY
					93		B	PART B MEDICARE ONLY
					11,146		C	PART A AND B MEDICARE
					490		N	NO MEDICARE ENTITLEMENT
H_ENT05	40	1	\$ENTFMT				C	MAY MEDICARE ENTITLEMENT
					372		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,114		C	PART A AND B MEDICARE
					519		N	NO MEDICARE ENTITLEMENT
H_ENT06	41	1	\$ENTFMT				C	JUN MEDICARE ENTITLEMENT
					379		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,099		C	PART A AND B MEDICARE
					527		N	NO MEDICARE ENTITLEMENT
H_ENT07	42	1	\$ENTFMT				C	JUL MEDICARE ENTITLEMENT
					356		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,105		C	PART A AND B MEDICARE
					544		N	NO MEDICARE ENTITLEMENT

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_ENT08	43	1	\$ENTFMT				C	AUG MEDICARE ENTITLEMENT
					351		A	PART A MEDICARE ONLY
					93		B	PART B MEDICARE ONLY
					11,091		C	PART A AND B MEDICARE
					561		N	NO MEDICARE ENTITLEMENT
H_ENT09	44	1	\$ENTFMT				C	SEP MEDICARE ENTITLEMENT
					358		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,064		C	PART A AND B MEDICARE
					583		N	NO MEDICARE ENTITLEMENT
H_ENT10	45	1	\$ENTFMT				C	OCT MEDICARE ENTITLEMENT
					359		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,037		C	PART A AND B MEDICARE
					609		N	NO MEDICARE ENTITLEMENT
H_ENT11	46	1	\$ENTFMT				C	NOV MEDICARE ENTITLEMENT
					360		A	PART A MEDICARE ONLY
					91		B	PART B MEDICARE ONLY
					11,027		C	PART A AND B MEDICARE
					618		N	NO MEDICARE ENTITLEMENT
H_ENT12	47	1	\$ENTFMT				C	DEC MEDICARE ENTITLEMENT
					364		A	PART A MEDICARE ONLY
					90		B	PART B MEDICARE ONLY
					10,997		C	PART A AND B MEDICARE
					645		N	NO MEDICARE ENTITLEMENT
H_DOE	48	6	\$DTE6FMT				C	ENTITLEMENT START DATE
					0			MISSING
					12,096	000000-999999		DATE AS YYMMDD
H_DOT	54	6	\$DTE6FMT				C	ENTITLEMENT END DATE
					12,045			MISSING
					51	000000-999999		DATE AS YYMMDD
H_MEDSTA	60	2	\$MSCFMT				C	MEDICARE STATUS CODE AS OF DEC 31
					0			UNKNOWN
					9,964		10	AGED, NO ESRD
					36		11	AGED, ESRD
					2,024		20	DISABLED, NO ESRD
					40		21	DISABLED, ESRD
					32		31	ESRD ONLY

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_LAF	62	2		\$LAFFMT			C	STATUS OF SSA BENEFIT CHECK (LAF) DEC 31
					9			UNKNOWN
					0		AD	CUR PAY-ADJ FOR DUAL ENTITLEMENT
					0		AF	TRANSFER TO ANOTHER PC OR DIO
					0		A9	CUR PAY-MISCELLANEOUS ADJUSTMENT
					11,032		C	CURRENT PAYMENT STATUS
					0		DW	DEFERRED-WORKERS COMP
					18		D2	DEF-RETIREMENT TEST
					0		D3	DEF-D2 FOR PRIMARY
					2		D6	DEF-RECOVER OVERPAYMENT
					2		D9	DEF-MISCELLANEOUS REASON
					0		J	ADVANCED FILING-CURRENT PAY
					0		L2	ADVANCED FILING-WORKED INSIDE U S
					0		L3	ADVANCED FILING-INSURED WORKED IN U S
					0		N	NOT IN PAY STATUS
					0		RN	CUR PAY-PART B REINSTATED
					1		S	SUSP-DEFERRED RETIREMENT
					4		SD	SUSP-OTHER
					0		SF	SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
					20		SH	SUSP-GOVERNMENT PENSION
					1		SP	SUSP-PUBLIC ASSISTANCE
					1		S0	SUSP-CONTINUING DISABILITY INVESTIG
					39		S2	SUSP-FAILS RETIREMENT TEST
					3		S3	SUSP-PRIMARY ACCOUNT S2
					3		S6	SUSP-CHECK RETURNED FOR ADDRESS
					23		S7	SUSP-VOCATIONAL REHAB REFUSAL
					1		S8	SUSP-PAYEE NOT DETERMINED
					5		S9	SUSP-MISCELLANEOUS REASON
					0		TR	TERM-CLAIM WITHDRAWN
					0		T0	TERM-BENEFITS PAID BY ANOTHER AGENCY
					637		T1	TERM-DEATH OF BENEFICIARY
					0		T2	TERM-DEATH OF PRIMARY
					0		T3	TERM-DIVORCE, MARRIAGE, REMARRIAGE
					0		T5	TERM-ENTITLED ON ANOTHER ACCT
					5		T8	TERM-RECOVERY FROM DISABILITY
					0		T9	TERM-MISCELLANEOUS
					254		U	ACTIVE UNINSURED STATUS (NO SSA CHECK)
					0		XR	TERMINATED -
					21		X1	TERM-DEATH OF INSURED
					0		X5	TERM-ENTITLED TO ANOTHER BENEFIT
					15		X7	TERM OF UNINSURED
					0		X9	TERM MISCELLANEOUS
					0		ZZ	ERRONEOUS ENTITLEMENT

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

H_RESST 64 2 \$STFMT

C SSA STATE CODE OF RESIDENCE AS OF DEC 31

6	UNKNOWN
363	01 AL
0	02 AK
96	03 AZ
105	04 AR
1,055	05 CA
232	06 CO
83	07 CT
2	08 DE
57	09 DC
665	10 FL
577	11 GA
0	12 HI
87	13 ID
460	14 IL
291	15 IN
264	16 IA
160	17 KS
143	18 KY
117	19 LA
129	20 ME
152	21 MD
141	22 MA
390	23 MI
147	24 MN
104	25 MS
171	26 MO
0	27 MT
2	28 NE
116	29 NV
4	30 NH
586	31 NJ
88	32 NM
832	33 NY
11	34 NC
55	35 ND
495	36 OH
223	37 OK
10	38 OR
605	39 PA
265	40 PR
3	41 RI
451	42 SC
1	43 SD
67	44 TN
793	45 TX
2	46 UT
2	47 VT
0	48 VI
474	49 VA
407	50 WA

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					117		51	WV
					435		52	WI
					55		53	WY
					0		54-99	UNKNOWN
H_RESCTY	66	3	\$CTYFMT				C	SSA COUNTY CODE OF RES. AS OF DEC 31
					6			UNKNOWN
					12,090		000-999	COUNTY CODE
H_ZIP	69	5	\$ZIPFMT				C	POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31
					6			UNKNOWN
					12,090		00000-99999	ZIP CODE
H_CENSUS	74	2	\$CENFMT				C	CENSUS REGION OF RESIDENCE AS OF DEC 31
					6			UNKNOWN
					0		**	UNKNOWN
					362		01	NEW ENGLAND
					2,023		02	MIDDLE ATLANTIC
					2,071		03	EAST NORTH CENTRAL
					800		04	WEST NORTH CENTRAL
					2,506		05	SOUTH ATLANTIC
					677		06	EAST SOUTH CENTRAL
					1,238		07	WEST SOUTH CENTRAL
					676		08	MOUNTAIN
					1,472		09	PACIFIC
					265		10	PUERTO RICO
H_METRO	76	1	\$METFMT				C	METRO STATUS
					3,343		N	NON-METRO AREA
					6		U	UNKNOWN
					8,747		Y	METRO AREA
H_HSBEG1	77	6	\$DTE6FMT				C	BEGINNING DATE OF LATEST HOSPICE PERIOD
					11,887			MISSING
					209		000000-999999	DATE AS YYMMDD
H_HSEND1	83	6	\$DTE6FMT				C	ENDING DATE OF LATEST HOSPICE PERIOD
					11,887			MISSING
					209		000000-999999	DATE AS YYMMDD
H_HSBEG2	89	6	\$DTE6FMT				C	BEGINNING DATE OF 2ND HOSPICE PERIOD
					12,038			MISSING
					58		000000-999999	DATE AS YYMMDD
H_HSEND2	95	6	\$DTE6FMT				C	ENDING DATE OF 2ND HOSPICE PERIOD
					12,038			MISSING
					58		000000-999999	DATE AS YYMMDD
H_HSBEG3	101	6	\$DTE6FMT				C	BEGINNING DATE OF 3RD HOSPICE PERIOD
					12,065			MISSING
					31		000000-999999	DATE AS YYMMDD

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_HSEND3	107	6	\$DTE6FMT				C	ENDING DATE OF 3RD HOSPICE PERIOD
					12,065			MISSING
					31	000000-999999		DATE AS YYMMDD
H_HSBEG4	113	6	\$DTE6FMT				C	BEGINNING DATE OF 4TH HOSPICE PERIOD
					12,070			MISSING
					26	000000-999999		DATE AS YYMMDD
H_HSEND4	119	6	\$DTE6FMT				C	ENDING DATE OF 4TH HOSPICE PERIOD
					12,070			MISSING
					26	000000-999999		DATE AS YYMMDD
H_ESRBEG	125	6	\$DTE6FMT				C	BEGINNING DATE OF ESRD PERIOD
					11,979			MISSING
					117	000000-999999		DATE AS YYMMDD
H_ESREND	131	6	\$DTE6FMT				C	ENDING DATE OF ESRD PERIOD
					12,028			MISSING
					68	000000-999999		DATE AS YYMMDD
H_GHPSW	137	1	\$GHPSW				C	1= SOME GROUP HEALTH PARTICIPATION IN CY
					10,941		0	NO ENROLLMENT
					1,155		1	SOME ENROLLMENT
H_PLTP01	138	2	\$PLNFMT				C	GHP PLAN TYPE JAN
					11,168			NO ENROLLMENT FOR MONTH
					175		01	HCPP
					25		02	COST HMO
					728		06	RISK HMO
H_PLAN01	140	5	\$GHPFMT				C	GHP CONTRACT NUMBER JAN
					901	H0000-H9999		PLAN IDENTIFIER
					11,168		N	UNKNOWN, OR NO PLAN
					27	90091		PLAN IDENTIFIER
H_PLPY01	145	4					N	MEDICARE PERCAP PAYMENT JAN
H_PLTP02	149	2	\$PLNFMT				C	GHP PLAN TYPE FEB
					11,167			NO ENROLLMENT FOR MONTH
					173		01	HCPP
					24		02	COST HMO
					732		06	RISK HMO
H_PLAN02	151	5	\$GHPFMT				C	GHP CONTRACT NUMBER FEB
					902	H0000-H9999		PLAN IDENTIFIER
					11,167		N	UNKNOWN, OR NO PLAN
					27	90091		PLAN IDENTIFIER
H_PLPY02	156	4					N	MEDICARE PERCAP PAYMENT FEB

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLTP03	160	2	\$PLNFMT				C	GHP PLAN TYPE MAR
					11,155			NO ENROLLMENT FOR MONTH
					170		01	HCPP
					24		02	COST HMO
					747		06	RISK HMO
H_PLAN03	162	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAR
					914		H0000-H9999	PLAN IDENTIFIER
					11,155		N	UNKNOWN, OR NO PLAN
					27		90091	PLAN IDENTIFIER
H_PLPY03	167	4					N	MEDICARE PERCAP PAYMENT MAR
H_PLTP04	171	2	\$PLNFMT				C	GHP PLAN TYPE APR
					11,131			NO ENROLLMENT FOR MONTH
					169		01	HCPP
					22		02	COST HMO
					774		06	RISK HMO
H_PLAN04	173	5	\$GHPFMT				C	GHP CONTRACT NUMBER APR
					939		H0000-H9999	PLAN IDENTIFIER
					11,131		N	UNKNOWN, OR NO PLAN
					26		90091	PLAN IDENTIFIER
H_PLPY04	178	4					N	MEDICARE PERCAP PAYMENT APR
H_PLTP05	182	2	\$PLNFMT				C	GHP PLAN TYPE MAY
					11,123			NO ENROLLMENT FOR MONTH
					166		01	HCPP
					20		02	COST HMO
					787		06	RISK HMO
H_PLAN05	184	5	\$GHPFMT				C	GHP CONTRACT NUMBER MAY
					947		H0000-H9999	PLAN IDENTIFIER
					11,123		N	UNKNOWN, OR NO PLAN
					26		90091	PLAN IDENTIFIER
H_PLPY05	189	4					N	MEDICARE PERCAP PAYMENT MAY
H_PLTP06	193	2	\$PLNFMT				C	GHP PLAN TYPE JUN
					11,110			NO ENROLLMENT FOR MONTH
					166		01	HCPP
					20		02	COST HMO
					800		06	RISK HMO
H_PLAN06	195	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUN
					960		H0000-H9999	PLAN IDENTIFIER
					11,110		N	UNKNOWN, OR NO PLAN
					26		90091	PLAN IDENTIFIER
H_PLPY06	200	4					N	MEDICARE PERCAP PAYMENT JUN

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLTP07	204	2	\$PLNFMT				C	GHP PLAN TYPE JUL
					11,091			NO ENROLLMENT FOR MONTH
					161		01	HCPP
					22		02	COST HMO
					822		06	RISK HMO
H_PLAN07	206	5	\$GHPFMT				C	GHP CONTRACT NUMBER JUL
					979		H0000-H9999	PLAN IDENTIFIER
					11,091		N	UNKNOWN, OR NO PLAN
					26		90091	PLAN IDENTIFIER
H_PLPY07	211	4					N	MEDICARE PERCAP PAYMENT JUL
H_PLTP08	215	2	\$PLNFMT				C	GHP PLAN TYPE AUG
					11,076			NO ENROLLMENT FOR MONTH
					160		01	HCPP
					22		02	COST HMO
					838		06	RISK HMO
H_PLAN08	217	5	\$GHPFMT				C	GHP CONTRACT NUMBER AUG
					994		H0000-H9999	PLAN IDENTIFIER
					11,076		N	UNKNOWN, OR NO PLAN
					26		90091	PLAN IDENTIFIER
H_PLPY08	222	4					N	MEDICARE PERCAP PAYMENT AUG
H_PLTP09	226	2	\$PLNFMT				C	GHP PLAN TYPE SEP
					11,068			NO ENROLLMENT FOR MONTH
					160		01	HCPP
					21		02	COST HMO
					847		06	RISK HMO
H_PLAN09	228	5	\$GHPFMT				C	GHP CONTRACT NUMBER SEP
					1,002		H0000-H9999	PLAN IDENTIFIER
					11,068		N	UNKNOWN, OR NO PLAN
					26		90091	PLAN IDENTIFIER
H_PLPY09	233	4					N	MEDICARE PERCAP PAYMENT SEP
H_PLTP10	237	2	\$PLNFMT				C	GHP PLAN TYPE OCT
					11,055			NO ENROLLMENT FOR MONTH
					158		01	HCPP
					20		02	COST HMO
					863		06	RISK HMO
H_PLAN10	239	5	\$GHPFMT				C	GHP CONTRACT NUMBER OCT
					1,015		H0000-H9999	PLAN IDENTIFIER
					11,055		N	UNKNOWN, OR NO PLAN
					26		90091	PLAN IDENTIFIER
H_PLPY10	244	4					N	MEDICARE PERCAP PAYMENT OCT

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_PLTP11	248	2	\$PLNFMT				C	GHP PLAN TYPE NOV
					11,043			NO ENROLLMENT FOR MONTH
					157		01	HCPP
					20		02	COST HMO
					876		06	RISK HMO
H_PLAN11	250	5	\$GHPFMT				C	GHP CONTRACT NUMBER NOV
					1,028		H0000-H9999	PLAN IDENTIFIER
					11,043		N	UNKNOWN, OR NO PLAN
					25		90091	PLAN IDENTIFIER
H_PLPY11	255	4					N	MEDICARE PERCAP PAYMENT NOV
H_PLTP12	259	2	\$PLNFMT				C	GHP PLAN TYPE DEC
					11,035			NO ENROLLMENT FOR MONTH
					154		01	HCPP
					19		02	COST HMO
					888		06	RISK HMO
H_PLAN12	261	5	\$GHPFMT				C	GHP CONTRACT NUMBER DEC
					1,036		H0000-H9999	PLAN IDENTIFIER
					11,035		N	UNKNOWN, OR NO PLAN
					25		90091	PLAN IDENTIFIER
H_PLPY12	266	4					N	MEDICARE PERCAP PAYMENT DEC
H_MCSW	270	1	\$SWFMT				C	Y=SOME MEDICAID ELIGIBILITY FOR CY
					9,744		N	NO PARTICIPATION
					2,352		Y	SOME PARTICIPATION
H_MCDE01	271	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR JAN
					0		A	STATE PART A BUY-IN
					884		B	STATE PART B BUY-IN
					35		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,936		N	NO BUY-IN THIS MONTH
					1,128		Q	STATE PART B QMB BUY-IN
					66		S	STATE PART B SLMB BUY-IN
H_MCDE02	272	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR FEB
					0		A	STATE PART A BUY-IN
					883		B	STATE PART B BUY-IN
					34		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,939		N	NO BUY-IN THIS MONTH
					1,127		Q	STATE PART B QMB BUY-IN
					66		S	STATE PART B SLMB BUY-IN
H_MCDE03	273	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR MAR

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		A	STATE PART A BUY-IN
					883		B	STATE PART B BUY-IN
					33		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,947		N	NO BUY-IN THIS MONTH
					1,115		Q	STATE PART B QMB BUY-IN
					71		S	STATE PART B SLMB BUY-IN
H_MCDE04	274	1	\$MDCDFMT				C	MEDICAID ELIGIBILITY FOR APR
					0		A	STATE PART A BUY-IN
					880		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,955		N	NO BUY-IN THIS MONTH
					1,110		Q	STATE PART B QMB BUY-IN
					73		S	STATE PART B SLMB BUY-IN
H_MCDE05	275	1	\$MDCDFMT				C	MEDICAID ELIGIBILITY FOR MAY
					0		A	STATE PART A BUY-IN
					869		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,967		N	NO BUY-IN THIS MONTH
					1,105		Q	STATE PART B QMB BUY-IN
					77		S	STATE PART B SLMB BUY-IN
H_MCDE06	276	1	\$MDCDFMT				C	MEDICAID ELIGIBILITY FOR JUN
					0		A	STATE PART A BUY-IN
					868		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,960		N	NO BUY-IN THIS MONTH
					1,109		Q	STATE PART B QMB BUY-IN
					81		S	STATE PART B SLMB BUY-IN
H_MCDE07	277	1	\$MDCDFMT				C	MEDICAID ELIGIBILITY FOR JUL
					0		A	STATE PART A BUY-IN
					870		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,963		N	NO BUY-IN THIS MONTH
					1,102		Q	STATE PART B QMB BUY-IN
					83		S	STATE PART B SLMB BUY-IN
H_MCDE08	278	1	\$MDCDFMT				C	MEDICAID ELIGIBILITY FOR AUG
					0		A	STATE PART A BUY-IN
					871		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,964		N	NO BUY-IN THIS MONTH

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,097		Q	STATE PART B QMB BUY-IN
					86		S	STATE PART B SLMB BUY-IN
H_MCDE09	279	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR SEP
					0		A	STATE PART A BUY-IN
					864		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					47		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,968		N	NO BUY-IN THIS MONTH
					1,096		Q	STATE PART B QMB BUY-IN
					90		S	STATE PART B SLMB BUY-IN
H_MCDE10	280	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR OCT
					0		A	STATE PART A BUY-IN
					863		B	STATE PART B BUY-IN
					32		C	STATE PART A AND B BUY-IN
					46		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,973		N	NO BUY-IN THIS MONTH
					1,090		Q	STATE PART B QMB BUY-IN
					92		S	STATE PART B SLMB BUY-IN
H_MCDE11	281	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR NOV
					0		A	STATE PART A BUY-IN
					866		B	STATE PART B BUY-IN
					32		C	STATE PART A AND B BUY-IN
					46		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					9,977		N	NO BUY-IN THIS MONTH
					1,082		Q	STATE PART B QMB BUY-IN
					93		S	STATE PART B SLMB BUY-IN
H_MCDE12	282	1	\$MCDCFMT				C	MEDICAID ELIGIBILITY FOR DEC
					0		A	STATE PART A BUY-IN
					827		B	STATE PART B BUY-IN
					31		C	STATE PART A AND B BUY-IN
					43		D	STATE PART A AND B QMB BUY-IN
					0		E	STATE PART A AND B SLMB BUY-IN
					10,048		N	NO BUY-IN THIS MONTH
					1,060		Q	STATE PART B QMB BUY-IN
					87		S	STATE PART B SLMB BUY-IN
H_MACY01	283	3	\$MACYFMT				C	BUY-IN AGENCY FOR JAN
					9,936		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,160		000-999	STATE AGENCY CODE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
H_MACY02	286	3	\$MACYFMT		9,939		C	BUY-IN AGENCY FOR FEB
					0		N	UNKNOWN, OR NO BUY-IN
					2,157		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY03	289	3	\$MACYFMT		9,946		C	BUY-IN AGENCY FOR MAR
					0		N	UNKNOWN, OR NO BUY-IN
					2,150		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY04	292	3	\$MACYFMT		9,955		C	BUY-IN AGENCY FOR APR
					0		N	UNKNOWN, OR NO BUY-IN
					2,141		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY05	295	3	\$MACYFMT		9,966		C	BUY-IN AGENCY FOR MAY
					0		N	UNKNOWN, OR NO BUY-IN
					2,130		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY06	298	3	\$MACYFMT		9,959		C	BUY-IN AGENCY FOR JUN
					0		N	UNKNOWN, OR NO BUY-IN
					2,137		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY07	301	3	\$MACYFMT		9,963		C	BUY-IN AGENCY FOR JUL
					0		N	UNKNOWN, OR NO BUY-IN
					2,133		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY08	304	3	\$MACYFMT		9,963		C	BUY-IN AGENCY FOR AUG
					0		N	UNKNOWN, OR NO BUY-IN
					2,133		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY09	307	3	\$MACYFMT		9,966		C	BUY-IN AGENCY FOR SEP
					0		N	UNKNOWN, OR NO BUY-IN
					2,130		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY10	310	3	\$MACYFMT		9,972		C	BUY-IN AGENCY FOR OCT
					0		N	UNKNOWN, OR NO BUY-IN
					2,124		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY11	313	3	\$MACYFMT		9,976		C	BUY-IN AGENCY FOR NOV
					0		N	UNKNOWN, OR NO BUY-IN
					2,120		S00-S99	STATE AGENCY CODE
							000-999	STATE AGENCY CODE
H_MACY12	316	3	\$MACYFMT				C	BUY-IN AGENCY FOR DEC

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					10,048		N	UNKNOWN, OR NO BUY-IN
					0		S00-S99	STATE AGENCY CODE
					2,048		000-999	STATE AGENCY CODE
H_HOSSW	319	1	\$UTLFMT				C	1 = ONE OR MORE HOSPICE BILLS IN CY
					12,001		0	NO UTILIZATION THIS TYPE
					95		1	SOME UTILIZATION THIS TYPE
H_INPSW	320	1	\$UTLFMT				C	1 = ONE OR MORE INP DISCHARGES IN CY
					9,593		0	NO UTILIZATION THIS TYPE
					2,503		1	SOME UTILIZATION THIS TYPE
H_SNFSW	321	1	\$UTLFMT				C	1 = ONE OR MORE SNF ADMISSIONS IN CY
					11,661		0	NO UTILIZATION THIS TYPE
					435		1	SOME UTILIZATION THIS TYPE
H_HHASW	322	1	\$UTLFMT				C	1 = ONE OR MORE HHA VISITS IN CY
					10,883		0	NO UTILIZATION THIS TYPE
					1,213		1	SOME UTILIZATION THIS TYPE
H_OUTSW	323	1	\$UTLFMT				C	1 = ONE OR MORE OUTPT VISITS IN CY
					5,348		0	NO UTILIZATION THIS TYPE
					6,748		1	SOME UTILIZATION THIS TYPE
H_PBSW	324	1	\$UTLFMT				C	1 = ONE OR MORE PART B CLAIMS IN CY
					1,853		0	NO UTILIZATION THIS TYPE
					10,243		1	SOME UTILIZATION THIS TYPE
H_PTARMB	325	6					N	\$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	331	6					N	\$\$\$\$\$\$ TOTAL PART B REIMB CY
H_PTAPRM	337	8					N	\$\$\$\$\$.CC TOTAL BENE PAID PART A IN CY
H_PTBRPM	345	8					N	\$\$\$\$\$.CC TOTAL BENE PAID PART B IN CY
H_LATDCH	353	6	\$DTE6FMT				C	DISCHARGE DATE OF LATEST INP STAY
					9,676			MISSING
					2,420		000000-999999	DATE AS YYMMDD
H_LATDRG	359	3	\$DRGFMT				C	DRG CODE FOR LATEST INP STAY
					9,676			UNKNOWN, OR NO DISCHARGE
					2,420		000-999	DRG
H_DISDES	362	2	\$DSTFMT				C	DISCHARGE DESTINATION FOR LAST STAY
					9,676			NO DISCHARGE
					1,413		01	DISCHARGE TO HOME
					20		02	TRANSFER-TO HOSP
					347		03	TRANSFER-TO SNF
					76		04	TRANSFER-TO ICF

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					92		05	TRANSFER-OTHER
					223		06	TRANSFER TO HHA
					8		07	LAMA
					0		08	HOME IV DRUG
					0		09	ADMIT/READMIT
					0		10-19	TRANSFER-ST CODES
					241		20	EXPIRED
					0		20-29	EXPIRED-ST CODES
					0		30	STILL PATIENT
					0		31-39	STILL PATIENT, ST
					0		40	EXPIRED AT HOME
					0		41	DIED IN FACILITY
					0		42	DIED, PLACE UNK
					0		43-99	NOT USED
H_INPSTY	364	2					N	NO. OF INPAT STAYS FOR CY
H_INPDAY	366	3					N	NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	369	6					N	\$\$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	375	6					N	\$\$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	381	6					N	\$\$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPCDY	387	2					N	INPAT COVRD DAYS USED IN CY
H_INPCAM	389	5					N	\$\$\$\$\$ TOTAL INP COINS AMT CY
H_SNFSTY	394	2					N	TOTAL SNF STAYS IN CY
H_SNFDAY	396	3					N	TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	399	6					N	\$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	405	6					N	\$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
H_SNFRMB	411	6					N	\$\$\$\$\$\$\$ TOTAL SNF REIMB IN CY
H_SNFCDY	417	3					N	TOTAL SNF COINS DAYS IN CY
H_SNFCAM	420	6					N	\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	426	4					N	TOTAL HHA VISITS IN CY
H_HHACCH	430	6					N	\$\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	436	6					N	\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMB	442	6					N	\$\$\$\$\$ TOT HHA REIMB IN CY
H_HSDAYS	448	3					N	TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	451	6					N	\$\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	457	6					N	\$\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	463	3					N	TOTAL OUTPT BILLS IN CY
H_OUTCHG	466	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	472	6					N	\$\$\$\$\$\$\$ TOTAL OUTPT REIMB CY

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<i>Variable</i>	<i>Col</i>	<i>Len</i>	<i>Fmt</i>	<i>Name</i>	<i>Frequency</i>	<i>Ques #</i>	<i>Ty</i>	<i>Label</i>
-----	-----	-----	-----	-----	-----	-----	-----	-----
H_PMTCLM	478	4					N	TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	482	4					N	TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	486	6					N	\$\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	492	6					N	\$\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	498	6					N	\$\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	504	3					N	TOTAL OFFICE VISITS IN CY
H_PMTCHO	507	6					N	TOTAL OFFICE VISIT CHARGES IN CY

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
D_DOB	12	6					C	
ROSTSEX	18	2	SEXFMT				N	SEX OF HOUSEHOLD MEMBER
					0		.	INAPPLICABLE
					5,325		1	MALE
					6,771		2	FEMALE
D_AFEVER	20	2	HELPMFT				N	SP EVER SERVE IN ARMED FORCES?
					2		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					66		-8	DONT KNOW
					0		-7	REFUSED
					2,670		1	YES
					9,358		2	NO
D_AFVIET	22	2	NECFMT				N	SP SERVED IN AF DURING VIETNAM ERA?
					9,426		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					15		-8	DONT KNOW
					2		-7	REFUSED
					234		1	INDICATED
					2,418		2	NOT INDICATED
D_AFKORE	24	2	NECFMT				N	SP SERVED IN AF DURING KOREAN CONFLICT?
					9,426		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					15		-8	DONT KNOW
					2		-7	REFUSED
					587		1	INDICATED
					2,065		2	NOT INDICATED
D_AFWWII	26	2	NECFMT				N	SP SERVED IN AF DURING WORLD WAR II?
					9,426		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					15		-8	DONT KNOW
					2		-7	REFUSED
					1,975		1	INDICATED
					677		2	NOT INDICATED
D_AFWWI	28	2	NECFMT				N	SP SERVED IN AF DURING WORLD WAR I?
					9,426		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					15		-8	DONT KNOW
					2		-7	REFUSED
					22		1	INDICATED
					2,630		2	NOT INDICATED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_AFPEAC	30	2	NECFMT				N	SP SERVED IN AF DURING PEACE TIME?
					9,426		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					15		-8	DONT KNOW
					2		-7	REFUSED
					242		1	INDICATED
					2,410		2	NOT INDICATED
D_NGEVER	32	2	HELPMFT				N	SP EVER ACTIVE NATL GUARD/RESERVE?
					2		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					88		-8	DONT KNOW
					2		-7	REFUSED
					625		1	YES
					11,373		2	NO
INAPPLICABLE WHEN SAMPLE PERSON IS UNDER 17 YEARS OF AGE								
D_NGALL	34	2	HELPMFT				N	ALL ACTIVE DUTY RELATED TO NATL GUARD?
					11,471		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					194		1	YES
					428		2	NO
D_NGDSBL	36	2	HELPMFT				N	SP HAVE ANY DISABILITY FROM AF SERVICE?
					9,346		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					14		-8	DONT KNOW
					2		-7	REFUSED
					378		1	YES
					2,355		2	NO
D_VARATE	38	3	VARFMT				N	CURRENT VA DISABILITY RATING OF SP
					11,718		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					60		-8	DONT KNOW
					5		-7	REFUSED
					312		0-100	DISABILITY RATING
D_RACE	41	2	HISFMT				N	RACE OF SP
					1		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					8		-8	DONT KNOW
					8		-7	REFUSED
					115		1	AMERICAN INDIAN
					143		2	ASIAN/PACIF ISL
					1,347		3	BLACK/AFRI AMER
					10,275		4	WHITE
					199		91	OTHER

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_ETHNIC	43	2	HELPFMT				N	SP OF HISPANIC ANCESTRY
					1		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					34		-8	DONT KNOW
					4		-7	REFUSED
					787		1	YES
					11,269		2	NO
SPCHNLNM	45	2	CHILFMT	IN14			N	# OF CHILDREN LIVING
					757		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					8		-8	DONT KNOW
					0		-7	REFUSED
					11,331		0-25	NUMBER OF CHILDS
SPHIGRAD	47	2	HIGHFMT	D13			N	HIGHEST SCHOOL GRADE COMPLETED
					1		.	INAPPLICABLE
					33		-9	NOT ASCERTAINED
					362		-8	DONT KNOW
					16		-7	REFUSED
					330		1	1ST GRADE OR LESS
					131		2	2ND GRADE
					205		3	3RD GRADE
					249		4	4TH GRADE
					225		5	5TH GRADE
					366		6	6TH GRADE
					433		7	7TH GRADE
					1,296		8	8TH GRADE
					612		9	1ST YR HIGH SCH
					733		10	2ND YR HIGH SCH
					623		11	3RD YR HIGH SCH
					3,644		12	4TH YR HIGH SCH
					520		13	1 YR COLLEGE
					777		14	2 YRS COLLEGE
					254		15	3 YRS COLLEGE
					697		16	4 YRS COLLEGE
					145		17	5 YRS COLLEGE
					444		18	6 OR MORE COLL
SPMARSTA	49	2	MARFMT	IN13			N	MARITAL STATUS OF SP
					2		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					13		-8	DONT KNOW
					1		-7	REFUSED
					5,847		1	MARRIED
					3,810		2	WIDOWED
					947		3	DIVORCED
					196		4	SEPARATED
					1,280		5	NEVER MARRIED

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 SURVEY IDENTIFICATION RECORD

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

INCOME	51	3	INCFMT			N	INCOME RANGE OF SP
				0		.	NOT REPORTED
				0		-25	UNDER \$25,000
				0		-8	NOT REPORTED
				0		-7	NOT REPORTED
				714		1	\$5,000 OR LESS
				3,880		2	\$5,001-\$10,000
				2,191		3	\$10,001-\$15,000
				1,509		4	\$15,001-\$20,000
				1,189		5	\$20,001-\$25,000
				767		6	\$25,001-\$30,000
				446		7	\$30,001-\$35,000
				395		8	\$35,001-\$40,000
				215		9	\$40,001-\$45,000
				232		10	\$45,001-\$50,000
				558		11	\$50,001 OR MORE

INCOME_C	54	8				N	ACTUAL INCOME OF SP
D_DIVCUR	62	2	\$IVIFMT			C	CURRENT CENSUS DIVISION
				2		UN	UNKNOWN
				0		00	UNKNOWN
				359		01	NEW ENGLAND
				2,027		02	MIDDLE ATLANTIC
				2,078		03	EAST NORTH CENTRAL
				805		04	WEST NORTH CENTRAL
				2,502		05	SOUTH ATLANTIC
				679		06	EAST SOUTH CENTRAL
				1,235		07	WEST SOUTH CENTRAL
				674		08	MOUNTAIN
				1,468		09	PACIFIC
				267		10	PUERTO RICO

INAPPLICABLE ONLY TO ADDRESSES IN US OR PR

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 RECORD IDENTIFICATION CODE 2 -----
 HEALTH STATUS & FUNCTIONING RECORD

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 CODEBOOK Record Type: 2

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	SURVEY HEALTH STATUS & FUNC RECORD
FILEYR	2	2					C	YY REFERENCE YEAR OF RECORD
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
GENHELTH	13	2	GENHFMT			HS2	N	GENERAL HEALTH OF SP
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					17		-8	DONT KNOW
					0		-7	REFUSED
					1,695		1	EXCELLENT
					2,831		2	VERY GOOD
					3,573		3	GOOD
					2,679		4	FAIR
					1,299		5	POOR

THIS VARIABLE IS ALWAYS APPLICABLE

HELMTACT	15	2	HELLFMT			HS3	N	HEALTH LIMIT SOCIAL LIFE IN PAST MONTH?
					0		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					5		-8	DONT KNOW
					0		-7	REFUSED
					7,013		1	NONE OF THE TIME
					2,580		2	SOME OF THE TIME
					1,427		3	MOST OF THE TIME
					1,067		4	ALL OF THE TIME

THIS VARIABLE IS ALWAYS APPLICABLE

ECHHELP	17	2	BLNDFMT			S3	N	SP WEAR EYEGLASSES/CONTACT LENSES?
					0		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					10,096		1	YES
					1,866		2	NO
					126		3	BLIND

THIS VARIABLE IS ALWAYS APPLICABLE

ECTROUB	19	2	LOOKFMT			HS4	N	DESCRIPTION OF SP VISION
					129		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					62		-8	DONT KNOW
					0		-7	REFUSED
					6,613		1	NO TROUBLE
					3,950		2	LITTLE TROUBLE
					1,341		3	LOT OF TROUBLE

INAPPLICABLE WHEN SP VISUALLY IMPAIRED, OR ECHHELP NOT ANSWERED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ECCATOP	21	2	CNDITFMT	HS5			N	SP EVER HAD OPERATION FOR CATARACTS?
					74		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					33		-8	DONT KNOW
					0		-7	REFUSED
					2,123		1	YES
					9,863		2	NO
HCHELP	23	2	DEAFFMT	HS6			N	SP USE HEARING AID?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					5		-8	DONT KNOW
					0		-7	REFUSED
					1,253		1	YES
					10,794		2	NO
					42		3	DEAF
THIS VARIABLE IS ALWAYS APPLICABLE								
HCTROUB	25	2	LOOKFMT	HS7			N	DESCRIPTION OF SP HEARING
					45		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					25		-8	DONT KNOW
					0		-7	REFUSED
					6,933		1	NO TROUBLE
					4,040		2	LITTLE TROUBLE
					1,049		3	LOT OF TROUBLE
INAPPLICABLE WHEN SP CANNOT HEAR, OR HCHELP NOT ANSWERED								
DCTROUB	27	2	CNDITFMT	HS8			N	SP HAVE DIFFICULTY EATING SOLID FOODS?
					0		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					11		-8	DONT KNOW
					1		-7	REFUSED
					1,775		1	YES
					10,302		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
HEIGHTFT	29	2	HEITFMT	HS9			N	HEIGHT OF SP--FEET
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					40		-8	DONT KNOW
					0		-7	REFUSED
					12,055		3-7	HEIGHT IN FEET
THIS VARIABLE IS ALWAYS APPLICABLE								

Variable Co1 Len Fmt Name Frequency Ques # Ty Label

HEIGHTIN 31 2 INCHFMT HS9 N HEIGHT OF SP--INCHES
 0 . INAPPLICABLE
 3 -9 NOT ASCERTAINED
 73 -8 DONT KNOW
 0 -7 REFUSED
 12,020 0-11 INCH PORTION-HGHT

THIS VARIABLE IS ALWAYS APPLICABLE

WEIGHT 33 3 WEITFMT HS10 N WEIGHT OF SP--POUNDS
 0 . INAPPLICABLE
 1 -9 NOT ASCERTAINED
 67 -8 DONT KNOW
 14 -7 REFUSED
 3 0-50 0-50 POUNDS
 504 51-100 51-100 POUNDS
 5,183 101-150 101-150 POUNDS
 4,991 151-200 151-200 POUNDS
 1,130 201-250 201-250 POUNDS
 167 251-300 251-300 POUNDS
 23 301-350 301-350 POUNDS
 11 351-400 351-400 POUNDS
 1 401-450 401-450 POUNDS
 1 451-500 451-500 POUNDS
 0 501-999 OVER 500 POUNDS

THIS VARIABLE IS ALWAYS APPLICABLE

MAMMOGRM 36 2 CNDITFMT HS11 N SP HAD MAMMOGRAM IN LAST YEAR?
 5,325 . INAPPLICABLE
 1 -9 NOT ASCERTAINED
 106 -8 DONT KNOW
 1 -7 REFUSED
 2,098 1 YES
 4,565 2 NO

PAPSMEAR 38 2 CNDITFMT HS12 N SP HAD PAPSMEAR IN LAST YEAR?
 5,325 . INAPPLICABLE
 1 -9 NOT ASCERTAINED
 115 -8 DONT KNOW
 1 -7 REFUSED
 1,710 1 YES
 4,944 2 NO

INAPPLICABLE: MAMMOGRM= .

HYSTEREC 40 2 CNDITFMT HS13 N SP EVER HAD HYSTERECTOMY?
 7,480 . INAPPLICABLE
 1 -9 NOT ASCERTAINED
 58 -8 DONT KNOW
 1 -7 REFUSED
 1,631 1 YES

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					2,925		2	NO
FLUSHOT	42	2	CNDITFMT	HS14			N	SP HAVE FLU SHOT FOR LAST WINTER?
					0		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					254		-8	DONT KNOW
					1		-7	REFUSED
					6,830		1	YES
					5,008		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
PNEUSHOT	44	2	CNDITFMT	HS15			N	SP EVER HAVE SHOT FOR PNEUMONIA?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					118		-8	DONT KNOW
					0		-7	REFUSED
					3,847		1	YES
					8,129		2	NO
INAPPLICABLE TO CONTINUING SAMPLE								
EVERSMOK	46	2	CNDITFMT	HS16			N	SP EVER SMOKED CIGARETTES/CIGARS?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					61		-8	DONT KNOW
					0		-7	REFUSED
					6,967		1	YES
					5,067		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
SMOKNOW	48	2	CNDITFMT	HS17			N	SP SMOKE NOW?
					5,198		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					1		-7	REFUSED
					1,875		1	YES
					5,015		2	NO
DIFSTOOP	50	2	DIFYFMT	HS18			N	SP HAVE DIFFICULTY STOOPING/KNEELING?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					5		-8	DONT KNOW
					0		-7	REFUSED
					3,356		1	NO DIFFICULTY
					2,391		2	LITTLE DIFFCULTY
					1,960		3	SOME DIFFICULTY
					2,269		4	LOT OF DIFFCULTY
					2,113		5	UNABLE TO DO IT
THIS VARIABLE IS ALWAYS APPLICABLE								

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DIFLIFT	52	2	DIFYFMT	HS19			N	SP HAVE DIFFICULTY LIFTING 10 LBS?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					19		-8	DONT KNOW
					0		-7	REFUSED
					6,364		1	NO DIFFICULTY
					1,539		2	LITTLE DIFFCULTY
					1,115		3	SOME DIFFICULTY
					1,084		4	LOT OF DIFFCULTY
					1,973		5	UNABLE TO DO IT
THIS VARIABLE IS ALWAYS APPLICABLE								
DIFREACH	54	2	DIFYFMT	HS20			N	SP HAVE DIFFICULTY REACHING OVER HEAD?
					0		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					12		-8	DONT KNOW
					0		-7	REFUSED
					7,774		1	NO DIFFICULTY
					1,575		2	LITTLE DIFFCULTY
					1,170		3	SOME DIFFICULTY
					890		4	LOT OF DIFFCULTY
					672		5	UNABLE TO DO IT
THIS VARIABLE IS ALWAYS APPLICABLE								
DIFWRITE	56	2	DIFYFMT	HS21			N	SP HAVE DIFFICULTY WRITING?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					8		-8	DONT KNOW
					0		-7	REFUSED
					8,020		1	NO DIFFICULTY
					1,747		2	LITTLE DIFFCULTY
					1,143		3	SOME DIFFICULTY
					784		4	LOT OF DIFFCULTY
					392		5	UNABLE TO DO IT
THIS VARIABLE IS ALWAYS APPLICABLE								
DIFWALK	58	2	DIFYFMT	HS22			N	SP HAVE DIFFICULTY WALKING 2-3 BLOCKS?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					19		-8	DONT KNOW
					0		-7	REFUSED
					5,628		1	NO DIFFICULTY
					1,262		2	LITTLE DIFFCULTY
					1,120		3	SOME DIFFICULTY
					1,296		4	LOT OF DIFFCULTY
					2,769		5	UNABLE TO DO IT

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

THIS VARIABLE IS ALWAYS APPLICABLE

OCARTERY	60	2	CNDITFMT	HS23A	N	SP EVER TOLD HAD HARDENING OF ARTERIES?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				12	-8	DONT KNOW
				0	-7	REFUSED
				1,876	1	YES
				10,208	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCHBP	62	2	CNDITFMT	HS23B	N	SP EVER TOLD HAD HYPERTENSION?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				3	-8	DONT KNOW
				0	-7	REFUSED
				6,408	1	YES
				5,685	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCMYOCAR	64	2	CNDITFMT	HS23C	N	SP EVER TOLD HAD MYOCARDIAL INFARCTION?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				0	-7	REFUSED
				1,918	1	YES
				10,177	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCCHD	66	2	CNDITFMT	HS23D	N	SP EVER TOLD HAD ANGINA PECTORIS/CHD?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				13	-8	DONT KNOW
				0	-7	REFUSED
				2,099	1	YES
				9,984	2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCOTHART	68	2	CNDITFMT	HS23E	N	SP EVER TOLD HAD OTHER HEART CONDITIONS?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				8	-8	DONT KNOW
				0	-7	REFUSED
				3,756	1	YES

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8,332 2 NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCSTROKE 70 2 CNDITFMT HS23F N SP EVER TOLD HAD STROKE/BRAIN HEMORRHAGE
0 . INAPPLICABLE
0 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
1,713 1 YES
10,381 2 NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCCSKIN 72 2 CNDITFMT HS23G N SP EVER TOLD HAD SKIN CANCER?
0 . INAPPLICABLE
0 -9 NOT ASCERTAINED
0 -8 DONT KNOW
0 -7 REFUSED
1,894 1 YES
10,202 2 NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCCANCER 74 2 CNDITFMT HS23H N SP EVER TOLD HAD OTHER CANCER/TUMOR?
0 . INAPPLICABLE
1 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
2,255 1 YES
9,838 2 NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCCLUNG 76 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--LUNG
9,841 . INAPPLICABLE
2 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
97 1 YES
2,154 2 NO

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

OCCCOLON 78 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--COLON/BOWEL
9,841 . INAPPLICABLE
2 -9 NOT ASCERTAINED
2 -8 DONT KNOW

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0
303
1,948

-7 REFUSED
1 YES
2 NO

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

OCCBREST 80 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--BREAST

9,841 . INAPPLICABLE
2 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
503 1 YES
1,748 2 NO

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

OCCUTER 82 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--UTERUS

9,841 . INAPPLICABLE
2 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
240 1 YES
2,011 2 NO

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

OCCPROST 84 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--PROSTATE

9,841 . INAPPLICABLE
2 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
346 1 YES
1,905 2 NO

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

OCCBLAD 86 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--BLADDER

9,841 . INAPPLICABLE
2 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
104 1 YES
2,147 2 NO

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

OCCOVARY 88 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--OVARY

9,841 . INAPPLICABLE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					102		1	YES
					2,149		2	NO

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

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OCCSTOM	90	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--STOMACH
					9,841		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					98		1	YES
					2,153		2	NO

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

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OCCCERVX	92	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--CERVIX
					9,841		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					68		1	YES
					2,183		2	NO

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

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OCCOTHER	94	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--OTHER
					9,841		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					2		-8	DONT KNOW
					0		-7	REFUSED
					592		1	YES
					1,659		2	NO

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

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OCCKIDNY	96	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--KIDNEY
					9,841		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					46		1	YES
					2,205		2	NO

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

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OCCBRAIN	98	2	CNDITFMT	HS23I			N	PART OF BODY HAD CANCER--BRAIN

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

9,841	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
39	1	YES
2,213	2	NO

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

OCCTHROA 100 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--THROAT

9,841	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
49	1	YES
2,203	2	NO

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

OCCBACK 102 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--BACK

9,841	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
51	1	YES
2,201	2	NO

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

OCCHEAD 104 2 CNDITFMT HS23I N PART OF BODY HAD CANCER--HEAD

9,841	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
52	1	YES
2,200	2	NO

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

OCCFONEC 106 2 CNDITFMT HS23I N PART OF BODY HAD CANCER-FEMALE ORGANS

9,841	.	INAPPLICABLE
2	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
37	1	YES
2,215	2	NO

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

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OCDIABTS	108	2	CNDITFMT	HS23J			N	SP EVER TOLD HAD DIABETES?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					2,080		1	YES
					10,012		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCARTH	110	2	CNDITFMT	HS23K			N	SP EVER TOLD HAD RHEUMATOID ARTHRITIS?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					8		-8	DONT KNOW
					0		-7	REFUSED
					1,768		1	YES
					10,320		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCARTH	112	2	CNDITFMT	HS23L			N	SP EVER TOLD HAD ARTHRITIS?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					9		-8	DONT KNOW
					0		-7	REFUSED
					6,679		1	YES
					5,408		2	NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCAARM	114	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-ARMS/HANDS?
					5,417		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					6		-8	DONT KNOW
					0		-7	REFUSED
					3,868		1	YES
					2,802		2	NO

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

OCAFEET	116	2	CNDITFMT	HS23M			N	PART OF BODY HAD ARTHRITIS-KNEES/FEET?
					5,417		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					6		-8	DONT KNOW
					0		-7	REFUSED
					3,985		1	YES
					2,685		2	NO

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

OCABACK	118	2	CNDITFMT	HS23M	N	PART OF BODY HAD ARTHRITIS-BACK?
				5,417	.	INAPPLICABLE
				3	-9	NOT ASCERTAINED
				6	-8	DONT KNOW
				0	-7	REFUSED
				2,072	1	YES
				4,598	2	NO

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

OCA NECK	120	2	CNDITFMT	HS23M	N	PART OF BODY HAD ARTHRITIS-NECK?
				5,417	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				5	-8	DONT KNOW
				0	-7	REFUSED
				674	1	YES
				6,000	2	NO

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

OCAALOVR	122	2	CNDITFMT	HS23M	N	PART BODY HAD ARTHRITIS-ALL OVER/JOINT?
				5,417	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				5	-8	DONT KNOW
				0	-7	REFUSED
				884	1	YES
				5,790	2	NO

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

OCAOTHER	124	2	CNDITFMT	HS23M	N	PART OF BODY HAD ARTHRITIS-OTHER?
				5,417	.	INAPPLICABLE
				2	-9	NOT ASCERTAINED
				6	-8	DONT KNOW
				0	-7	REFUSED
				81	1	YES
				6,590	2	NO

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

OCAMENTAL	126	2	CNDITFMT	HS23N	N	SP EVER TOLD HAD MENTAL RETARDATION?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				9	-8	DONT KNOW
				2	-7	REFUSED

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					481		1	YES
					11,604		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
OCALZHR	128	2	CNDITFMT	HS230			N	SP EVER TOLD HAD ALZHEIMERS DISEASE?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					796		1	YES
					11,300		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
OCPSYCH	130	2	CNDITFMT	HS23P			N	SP EVER TOLD HAD MENTAL DISORDER?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					1,422		1	YES
					10,671		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
OCOSTEOP	132	2	CNDITFMT	HS23Q			N	SP EVER TOLD HAD OSTEOPOROSIS?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					1,395		1	YES
					10,698		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
OCBRKHIP	134	2	CNDITFMT	HS23R			N	SP EVER TOLD HAD BROKEN HIP?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					790		1	YES
					11,305		2	NO
THIS VARIABLE IS ALWAYS APPLICABLE								
OCPARKIN	136	2	CNDITFMT	HS23S			N	SP EVER TOLD HAD PARKINSONS DISEASE?
					0		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED

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0
0
209
11,885

-8 DONT KNOW
-7 REFUSED
1 YES
2 NO

THIS VARIABLE IS ALWAYS APPLICABLE

OCEMPHYS 138 2 CNDITFMT HS23T

N SP EVER TOLD HAD EMPHYSEMA, ASTHMA, COPD?

0
0
0
0
1,840
10,256

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

THIS VARIABLE IS ALWAYS APPLICABLE

OCPPARAL 140 2 CNDITFMT HS23U

N SP EVER TOLD HAD PARTIAL PARALYSIS?

0
0
1
0
1,067
11,028

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

THIS VARIABLE IS ALWAYS APPLICABLE

OCAMPUTE 142 2 CNDITFMT HS23V

N SP EVER TOLD HAD LOSS ARM OR LEG?

0
0
0
1
154
11,941

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

THIS VARIABLE IS ALWAYS APPLICABLE

EMCAUSC1 144 2 CAUSFMT HS25

N 1ST CAUSE OF MEDICARE ELIGIBILITY

10,025
0
11
1
155
57
15
44
35
40
19

. INAPPLICABLE
-9 NOT ASCERTAINED
-8 DONT KNOW
-7 REFUSED
1 BACK/SPINE/DISC
2 SEVERE EYESIGHT
3 SEVERE HEARING
4 KIDNEY/RENAL
5 SEIZURE DISORDER
6 CAR/BIKE/TRAIN ACC
7 MS

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					5		8	MD
					10		9	CEREBRAL PALSY
					11		10	BROKEN BONES
					24		11	HARDEN ARTERIES
					90		12	HIGH BLOOD PRESSURE
					68		13	MYCARDICAL INFARCTION
					36		14	ANGINA PECTORIS
					36		15	OTHER HEART CONDITION
					75		16	STROKE
					3		17	SKIN CANCER
					49		18	CANCER/TUMOR
					36		19	DIABETES
					65		20	RHEUMATOID ARTHRITIS
					78		21	ARTHRITIS
					306		22	MENTAL RETARDATION
					1		23	ALZHEIMERS DISEASE
					371		24	MENTAL DISORDER
					6		25	OSTEOPOROSIS
					14		26	BROKEN HIP
					3		27	PARKINSONS DISEASE
					35		28	EMPHYSEMA, ASTHMA
					74		29	PARTIAL PARALYSIS
					11		30	LOSS OF LIMB
					287		91	OTHER

EMCAUSC2	146	2	CAUSFMT	HS25	N	2ND CAUSE OF MEDICARE ELIGIBILITY
					11,749	. INAPPLICABLE
					0	-9 NOT ASCERTAINED
					0	-8 DONT KNOW
					0	-7 REFUSED
					13	1 BACK/SPINE/DISC
					1	2 SEVERE EYESIGHT
					4	3 SEVERE HEARING
					2	4 KIDNEY/RENAL
					0	5 SEIZURE DISORDER
					3	6 CAR/BIKE/TRAIN ACC
					0	7 MS
					0	8 MD
					1	9 CEREBRAL PALSY
					4	10 BROKEN BONES
					0	11 HARDEN ARTERIES
					12	12 HIGH BLOOD PRESSURE
					17	13 MYCARDICAL INFARCTION
					29	14 ANGINA PECTORIS
					29	15 OTHER HEART CONDITION
					14	16 STROKE
					3	17 SKIN CANCER
					8	18 CANCER/TUMOR
					18	19 DIABETES
					5	20 RHEUMATOID ARTHRITIS
					25	21 ARTHRITIS
					14	22 MENTAL RETARDATION
					1	23 ALZHEIMERS DISEASE
					70	24 MENTAL DISORDER
					6	25 OSTEOPOROSIS
					2	26 BROKEN HIP
					2	27 PARKINSONS DISEASE

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16 28 EMPHYSEMA,ASTHMA
 26 29 PARTIAL PARALYSIS
 3 30 LOSS OF LIMB
 19 91 OTHER

PRBTELE 148 2 MUSTFMT HS27A N ANY DIFFICULTY USING PHONE?
 0 . INAPPLICABLE
 3 -9 NOT ASCERTAINED
 3 -8 DONT KNOW
 0 -7 REFUSED
 1,187 1 YES
 10,122 2 NO
 781 3 DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

PRBLHWK 150 2 MUSTFMT HS27B N ANY DIFFICULTY DOING LIGHT HOUSEWORK?
 1,145 . INAPPLICABLE
 2 -9 NOT ASCERTAINED
 1 -8 DONT KNOW
 0 -7 REFUSED
 1,090 1 YES
 8,635 2 NO
 1,223 3 DOESNT DO

INAPPLICABLE: IADLRESP>01

PRBHHWK 152 2 MUSTFMT HS27C N ANY DIFFICULTY DOING HEAVY HOUSEWORK?
 1,145 . INAPPLICABLE
 2 -9 NOT ASCERTAINED
 2 -8 DONT KNOW
 0 -7 REFUSED
 2,504 1 YES
 5,762 2 NO
 2,681 3 DOESNT DO

INAPPLICABLE: IADLRESP>01

PRBMEAL 154 2 MUSTFMT HS27D N ANY DIFFICULTY MAKING MEALS?
 1,145 . INAPPLICABLE
 2 -9 NOT ASCERTAINED
 2 -8 DONT KNOW
 0 -7 REFUSED
 895 1 YES
 8,649 2 NO
 1,403 3 DOESNT DO

INAPPLICABLE: IADLRESP>01

PRBSHOP 156 2 MUSTFMT HS27E N ANY DIFFICULTY SHOPPING?
 0 . INAPPLICABLE
 3 -9 NOT ASCERTAINED
 0 -8 DONT KNOW
 0 -7 REFUSED
 1,870 1 YES

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

8,520
1,703

2 NO
3 DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

PRBBILS 158 2 MUSTFMT HS27F N ANY DIFFICULTY MANAGING MONEY?
0 . INAPPLICABLE
3 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
1,173 1 YES
9,344 2 NO
1,574 3 DOESNT DO

THIS VARIABLE IS ALWAYS APPLICABLE

DONTTELE 160 2 CNDITFMT HS28A N HEALTH REASON DONT USE PHONE?
11,315 . INAPPLICABLE
0 -9 NOT ASCERTAINED
0 -8 DONT KNOW
0 -7 REFUSED
601 1 YES
180 2 NO

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

DONTLHWK 162 2 CNDITFMT HS28B N HEALTH REASON DONT DO LIGHT HOUSEWORK?
10,873 . INAPPLICABLE
0 -9 NOT ASCERTAINED
1 -8 DONT KNOW
0 -7 REFUSED
747 1 YES
475 2 NO

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

DONTHHWK 164 2 CNDITFMT HS28C N HEALTH REASON DONT DO HEAVY HOUSEWORK?
9,415 . INAPPLICABLE
0 -9 NOT ASCERTAINED
2 -8 DONT KNOW
0 -7 REFUSED
1,745 1 YES
934 2 NO

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

DONTMEAL 166 2 CNDITFMT HS28D N HEALTH REASON DONT MAKE MEALS?
10,693 . INAPPLICABLE
0 -9 NOT ASCERTAINED
0 -8 DONT KNOW
0 -7 REFUSED
668 1 YES

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					735		2	NO
INAPPLICABLE: PRBMEAL= .,1,2,-7,-8,-9								
DONTSHOP	168	2	CNDITFMT	HS28E			N	HEALTH REASON DONT DO SHOPPING?
					10,393		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,460		1	YES
					243		2	NO
INAPPLICABLE: PRBSHOP=1,2,-7,-8,-9								
DONTBILS	170	2	CNDITFMT	HS28F			N	HEALTH REASON DONT MANAGE MONEY?
					10,522		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,241		1	YES
					333		2	NO
INAPPLICABLE: PRBBILS=1,2,-7,-8,-9								
HELPTLE	172	2	CNDITFMT	HS29A			N	RECEIVE HELP WITH PHONE?
					10,308		.	INAPPLICABLE
					15		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					1,020		1	YES
					752		2	NO
INAPP: NO PROBLEM TELPHONING, OR PROBLEM NOT HEALTH-RELATED								
HELPLHWK	174	2	CNDITFMT	HS29B			N	RECEIVE HELP WITH LIGHT HOUSEWORK?
					10,259		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,540		1	YES
					297		2	NO
INAPP: NO PROBLEM WITH LIGHT HSWRK, OR PROB NOT HEALTH-RELATED								
HELPHHWK	176	2	CNDITFMT	HS29C			N	RECEIVE HELP WITH HEAVY HOUSEWORK?
					7,847		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					2		-8	DONT KNOW

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0 -7 REFUSED
 3,334 1 YES
 913 2 NO

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

HELPMEAL 178 2 CNDITFMT HS29D N RECEIVE HELP MAKING MEALS?

10,533 . INAPPLICABLE
 0 -9 NOT ASCERTAINED
 0 -8 DONT KNOW
 0 -7 REFUSED
 1,325 1 YES
 238 2 NO

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

HELPSHOP 180 2 CNDITFMT HS29E N RECEIVE HELP WITH SHOPPING?

8,766 . INAPPLICABLE
 19 -9 NOT ASCERTAINED
 0 -8 DONT KNOW
 0 -7 REFUSED
 3,046 1 YES
 265 2 NO

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

HELPBILS 182 2 CNDITFMT HS29F N RECEIVE HELP MANAGING MONEY?

9,682 . INAPPLICABLE
 17 -9 NOT ASCERTAINED
 2 -8 DONT KNOW
 0 -7 REFUSED
 2,263 1 YES
 132 2 NO

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

HPPDBATH 184 2 BEDAFMT HS31A N ANY DIFFICULTY BATHING/SHOWERING?

0 . INAPPLICABLE
 2 -9 NOT ASCERTAINED
 1 -8 DONT KNOW
 0 -7 REFUSED
 2,499 1 YES
 9,384 2 NO
 210 3 BEDRIDDEN, ETC

THIS VARIABLE IS ALWAYS APPLICABLE

HPPDDRES 186 2 BEDAFMT HS31B N ANY DIFFICULTY DRESSING?

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					0		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,835		1	YES
					10,089		2	NO
					169		3	BEDRIDDEN, ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

HPPDEAT	188	2	BEDAFMT	HS31C	N	ANY DIFFICULTY EATING?
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					1	YES
					2	NO
					3	BEDRIDDEN, ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

HPPDCHAR	190	2	BEDAFMT	HS31D	N	ANY DIFFICULTY GETTING IN/OUT OF CHAIRS?
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					1	YES
					2	NO
					3	BEDRIDDEN, ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

HPPDWALK	192	2	BEDAFMT	HS31E	N	ANY DIFFICULTY WALKING?
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					1	YES
					2	NO
					3	BEDRIDDEN, ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

HPPDTOIL	194	2	BEDAFMT	HS31F	N	ANY DIFFICULTY USING THE TOILET?
					.	INAPPLICABLE
					-9	NOT ASCERTAINED
					-8	DONT KNOW
					-7	REFUSED
					1	YES
					2	NO
					3	BEDRIDDEN, ETC

THIS VARIABLE IS ALWAYS APPLICABLE.

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DONTBATH	196	2	CNDITFMT	HS32A			N	B/C HEALTH PROBLEM - SP DOESNT BATHE
					11,886		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					205		1	YES
					4		2	NO
INAPPLICABLE: HPPDBATH=1,2,-7,-8,-9								
DONTDRES	198	2	CNDITFMT	HS32B			N	B/C HEALTH PROBLEM - SP DOESNT DRESS
					11,927		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					167		1	YES
					1		2	NO
INAPPLICABLE: HPPDDRES=1,2,-7,-8,-9								
DONTEAT	200	2	CNDITFMT	HS32C			N	B/C HEALTH PROBLEM - SP DOESNT EAT
					12,007		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					88		1	YES
					0		2	NO
INAPPLICABLE: HPPDEAT=1,2,-7,-8,-9								
DONTCHAR	202	2	CNDITFMT	HS32D			N	B/C HLTH PROB - SP DOESNT GET OUT OF BED
					11,918		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					175		1	YES
					2		2	NO
INAPPLICABLE: HPPDCHAR=1,2,-7,-8,-9								
DONTWALK	204	2	CNDITFMT	HS32E			N	B/C HEALTH PROBLEM - SP DOESNT WALK
					11,627		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					461		1	YES
					5		2	NO
INAPPLICABLE: HPPDWALK=1,2,-7,-8,-9								

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
DONTOIL	206	2	CNDITFMT	HS32F			N	B/C HLTH PROBLEM - SP DOESNT USE TOILET?
					11,890		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					202		1	YES
					2		2	NO

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

HELPBATH	208	2	CNDITFMT	HS32A			N	RECEIVE HELP BATHING/SHOWERING?
					9,392		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					1,990		1	YES
					710		2	NO

INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED

HELPDRES	210	2	CNDITFMT	HS32B			N	RECEIVE HELP DRESSING?
					10,094		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,625		1	YES
					373		2	NO

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

HELPEAT	212	2	CNDITFMT	HS32C			N	RECEIVE HELP EATING?
					11,181		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					657		1	YES
					254		2	NO

INAPPLICABLE: NO PROBLEM EATING OR PROBLEM NOT HEALTH-RELATED

HELPCAR	214	2	CNDITFMT	HS32D			N	RECEIVE HELP GETTING IN/OUT OF CHAIRS?
					9,489		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,241		1	YES
					1,364		2	NO

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					66		1	YES
					188		2	NO
INAPPLICABLE: HELPEAT= .,1								
PCHKCHAR	226	2	CNDITFMT	HS33D			N	PERSON NEARBY WHILE GETS IN/OUT CHAIRS?
					10,730		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					177		1	YES
					1,185		2	NO
INAPPLICABLE: HELPCHAR= .,1								
PCHKWALK	228	2	CNDITFMT	HS33E			N	PERSON NEARBY WHILE WALKING?
					9,335		.	INAPPLICABLE
					35		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					331		1	YES
					2,394		2	NO
INAPPLICABLE: HELPWALK= .,1								
PCHKTOIL	230	2	CNDITFMT	HS33F			N	PERSON NEARBY WHILE USING TOILET?
					11,482		.	INAPPLICABLE
					22		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					101		1	YES
					491		2	NO
INAPPLICABLE: HELPTOIL= .,1								
EQIPBATH	232	2	CNDITFMT	HS34A			N	USE EQUIPMENT TO HELP BATH/SHOWER?
					9,392		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					0		-7	REFUSED
					1,424		1	YES
					1,273		2	NO
INAPPLICABLE: NO PROBLEM BATHING OR PROBLEM NOT HEALTH-RELATED								
EQIPDRES	234	2	CNDITFMT	HS34B			N	USE EQUIPMENT TO HELP DRESS?
					10,094		.	INAPPLICABLE
					8		-9	NOT ASCERTAINED

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

0 -8 DONT KNOW
 0 -7 REFUSED
 169 1 YES
 1,825 2 NO

INAPPLICABLE: NO PROBLEM DRESSING OR PROBLEM NOT HEALTH-RELATED

EQIPEAT 236 2 CNDITFMT HS34C N USE EQUIPMENT TO HELP EAT?

11,181 . INAPPLICABLE
 8 -9 NOT ASCERTAINED
 0 -8 DONT KNOW
 0 -7 REFUSED
 173 1 YES
 734 2 NO

INAPPLICABLE: NO PROBLEM EATING OR PROBLEM NOT HEALTH-RELATED

EQIPCHAR 238 2 CNDITFMT HS34D N USE EQUIPMENT TO HELP GET IN/OUT CHAIRS?

9,489 . INAPPLICABLE
 6 -9 NOT ASCERTAINED
 0 -8 DONT KNOW
 0 -7 REFUSED
 1,148 1 YES
 1,453 2 NO

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

EQIPWALK 240 2 CNDITFMT HS34E N USE EQUIPMENT TO HELP WALK?

8,139 . INAPPLICABLE
 31 -9 NOT ASCERTAINED
 1 -8 DONT KNOW
 0 -7 REFUSED
 2,355 1 YES
 1,570 2 NO

INAPPLICABLE: NO PROBLEM WALKING OR PROBLEM NOT HEALTH-RELATED

EQIPTOIL 242 2 CNDITFMT HS34F N USE EQUIPMENT TO HELP USE TOILET?

10,513 . INAPPLICABLE
 22 -9 NOT ASCERTAINED
 2 -8 DONT KNOW
 0 -7 REFUSED
 893 1 YES
 666 2 NO

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

D_ADLHNM 244 2 HELPRFMT N NUMBER OF HELPERS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					6,003		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					4,510		1	1 HELPER
					1,150		2	2 HELPERS
					292		3	3 HELPERS
					96		4	4 HELPERS
					30		5	5 HELPERS
					7		6	6 HELPERS
					3		7	7 HELPERS
					2		8	8 HELPERS
					1		9	9 HELPERS
					1		10	10 HELPERS
					0		11	11 HELPERS
					0		12	12 HELPERS
					0		13	13 HELPERS
					0		14	14 HELPERS
					0		15	15 HELPERS
					1		16	16 HELPERS

D_ADLHRL 246 2 RELFMT

N PRIMARY HELPERS RELATIONSHIP

	11,877	.	INAPPLICABLE
	0	-9	NOT ASCERTAINED
	0	-8	DONT KNOW
	0	-7	REFUSED
	1	-5	NEVER ASK AGN
	0	1	SAMPLE PERSON
	35	2	SPOUSE
	17	3	SON
	50	4	DAUGHTER

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		5	BROTHER
					7		6	SISTER
					1		7	FATHER
					10		8	MOTHER
					3		9	SON-IN-LAW
					9		10	DAUGHTER-IN-LAW
					1		11	GRANDSON
					5		12	GRANDDAUGHTER
					0		13	NEPHEW
					2		14	NIECE
					1		50	PARTNER/ROOMATE
					10		51	FRIEND/NEIGHBOR
					0		52	BOARDER
					19		53	NURSE/NURSES AIDE
					0		54	LEGAL/FINAN OFFICER
					2		55	GUARDIAN
					7		91	OTHER RELATIVE
					38		92	OTHER NON-RELATIVE

APPLICABLE ONLY WHEN A PRIMARY HELPER WAS DESIGNATED

D_ADLHDB 248 6 C DOB HELPER HELPS MOST

APPLICABLE ONLY WHEN A PRIMARY HELPER WAS DESIGNATED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
LOSTURIN	254	2	URIFMT	HS37			N	HOW OFTEN SP LOST URINE LAST 12 MONTHS
					0		.	INAPPLICABLE
					6		-9	NOT ASCERTAINED
					72		-8	DONT KNOW
					3		-7	REFUSED
					1,455		1	> ONCE A WEEK
					334		2	ABT ONCE/WEEK
					255		3	2-3 TIMES/MONTH
					221		4	ONCE A MONTH
					214		5	EVERY 2-3 MONTH
					388		6	1-2 TIMES/YEAR
					8,960		7	NOT AT ALL
					188		8	DIALYSIS,CATHER

THIS VARIABLE IS ALWAYS APPLICABLE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PLACEPAR	256	2	MOSTFMT				N	PARTICULAR PLACE USUALLY GO FOR MED CARE
					732		.	INAPPLICABLE
					3		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					10,503		1	YES
					848		2	NO
PLACEKND	258	2	PLACEFMT				N	KIND OF PLACE USUALLY GO FOR MED CARE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,593		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					7,985		1	DR OFF/GRP PRAC
					934		2	DOCTORS CLINIC
					583		3	HMO
					143		4	NEIGH/FAM HTH CTR
					0		5	FREEST SURGI CTR
					24		6	RURAL HLTH CLINIC
					12		7	COMPANY CLINIC
					70		8	OTHER CLINIC
					14		9	WALK-IN URGT CTR
					58		10	AT HOME
					64		11	HOSPITAL ER
					366		12	HOSP OUTPAT DEPT
					217		13	VA FACILITY
					0		14	MENTAL HLTH CTR
					33		91	OTHER SPECIFY

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
D_CARE1	12	1	\$CAREFMT				C	JAN MEDICARE COVERAGE
					371		0	NO COVERAGE
					358		1	PART A
					95		2	PART B
					11,272		3	PARTS A & B
D_CAID1	13	1	\$CAIDFMT				C	JAN MEDICAID COVERAGE OBTAINED FROM
					9,527		0	NO COVERAGE
					409		1	SURVEY INFORMATION
					164		2	HCFA RECORDS
					1,996		3	BOTH SURVEY AND HCFA RECORDS
D_PHI1	14	1	\$PHIFMT				C	JAN PRIVATE HEALTH INSURANCE
					5,427		0	NO COVERAGE
					2,885		1	EMPLOYER SPONSORED
					3,185		2	SELF PURCHASED
					422		3	BOTH
					177		4	UNKNOWN
D_HMO1	15	1	\$HMOFMT				C	JAN HMO COVERAGE
					10,691		0	NO COVERAGE
					459		1	PRIVATE
					895		2	MEDICARE
					51		3	BOTH
D_OTH1	16	1					C	# OF OTHER JAN PLANS
D_CARE2	17	1	\$CAREFMT				C	FEB MEDICARE COVERAGE
					404		0	NO COVERAGE
					365		1	PART A
					95		2	PART B
					11,232		3	PARTS A & B
D_CAID2	18	1	\$CAIDFMT				C	FEB MEDICAID COVERAGE OBTAINED FROM
					9,526		0	NO COVERAGE
					414		1	SURVEY INFORMATION
					171		2	HCFA RECORDS
					1,985		3	BOTH SURVEY AND HCFA RECORDS
D_PHI2	19	1	\$PHIFMT				C	FEB PRIVATE HEALTH INSURANCE
					5,435		0	NO COVERAGE
					2,882		1	EMPLOYER SPONSORED
					3,172		2	SELF PURCHASED
					420		3	BOTH
					187		4	UNKNOWN

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_HM02	20	1	\$HMOFMT				C	FEB HMO COVERAGE
					10,687		0	NO COVERAGE
					457		1	PRIVATE
					899		2	MEDICARE
					53		3	BOTH
D_OTH2	21	1					C	# OF OTHER FEB PLANS
D_CARE3	22	1	\$CAREFMT				C	MAR MEDICARE COVERAGE
					436		0	NO COVERAGE
					365		1	PART A
					94		2	PART B
					11,201		3	PARTS A & B
D_CAID3	23	1	\$CAIDFMT				C	MAR MEDICAID COVERAGE OBTAINED FROM
					9,535		0	NO COVERAGE
					412		1	SURVEY INFORMATION
					168		2	HCFA RECORDS
					1,981		3	BOTH SURVEY AND HCFA RECORDS
D_PHI3	24	1	\$PHIFMT				C	MAR PRIVATE HEALTH INSURANCE
					5,445		0	NO COVERAGE
					2,868		1	EMPLOYER SPONSORED
					3,166		2	SELF PURCHASED
					423		3	BOTH
					194		4	UNKNOWN
D_HM03	25	1	\$HMOFMT				C	MAR HMO COVERAGE
					10,681		0	NO COVERAGE
					455		1	PRIVATE
					907		2	MEDICARE
					53		3	BOTH
D_OTH3	26	1					C	# OF OTHER MAR PLANS
D_CARE4	27	1	\$CAREFMT				C	APR MEDICARE COVERAGE
					490		0	NO COVERAGE
					367		1	PART A
					93		2	PART B
					11,146		3	PARTS A & B
D_CAID4	28	1	\$CAIDFMT				C	APR MEDICAID COVERAGE OBTAINED FROM
					9,552		0	NO COVERAGE
					403		1	SURVEY INFORMATION
					172		2	HCFA RECORDS
					1,969		3	BOTH SURVEY AND HCFA RECORDS
D_PHI4	29	1	\$PHIFMT				C	APR PRIVATE HEALTH INSURANCE
					5,493		0	NO COVERAGE
					2,853		1	EMPLOYER SPONSORED
					3,138		2	SELF PURCHASED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					420		3	BOTH
					192		4	UNKNOWN
D_HMO4	30	1	\$HMOFMT				C	APR HMO COVERAGE
					10,658		0	NO COVERAGE
					457		1	PRIVATE
					926		2	MEDICARE
					55		3	BOTH
D_OTH4	31	1					C	# OF OTHER APR PLANS
D_CARE5	32	1	\$CAREFMT				C	MAY MEDICARE COVERAGE
					519		0	NO COVERAGE
					372		1	PART A
					91		2	PART B
					11,114		3	PARTS A & B
D_CAID5	33	1	\$CAIDFMT				C	MAY MEDICAID COVERAGE OBTAINED FROM
					9,561		0	NO COVERAGE
					406		1	SURVEY INFORMATION
					169		2	HCFA RECORDS
					1,960		3	BOTH SURVEY AND HCFA RECORDS
D_PHI5	34	1	\$PHIFMT				C	MAY PRIVATE HEALTH INSURANCE
					5,509		0	NO COVERAGE
					2,852		1	EMPLOYER SPONSORED
					3,117		2	SELF PURCHASED
					422		3	BOTH
					196		4	UNKNOWN
D_HMO5	35	1	\$HMOFMT				C	MAY HMO COVERAGE
					10,652		0	NO COVERAGE
					458		1	PRIVATE
					926		2	MEDICARE
					60		3	BOTH
D_OTH5	36	1					C	# OF OTHER MAY PLANS
D_CARE6	37	1	\$CAREFMT				C	JUN MEDICARE COVERAGE
					527		0	NO COVERAGE
					379		1	PART A
					91		2	PART B
					11,099		3	PARTS A & B
D_CAID6	38	1	\$CAIDFMT				C	JUN MEDICAID COVERAGE OBTAINED FROM
					9,554		0	NO COVERAGE
					406		1	SURVEY INFORMATION
					179		2	HCFA RECORDS
					1,957		3	BOTH SURVEY AND HCFA RECORDS
D_PHI6	39	1	\$PHIFMT				C	JUN PRIVATE HEALTH INSURANCE
					5,491		0	NO COVERAGE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					2,842		1	EMPLOYER SPONSORED
					3,108		2	SELF PURCHASED
					427		3	BOTH
					228		4	UNKNOWN
D_HM06	40	1	\$HMOFMT				C	JUN HMO COVERAGE
					10,629		0	NO COVERAGE
					468		1	PRIVATE
					938		2	MEDICARE
					61		3	BOTH
D_OTH6	41	1					C	# OF OTHER JUN PLANS
D_CARE7	42	1	\$CAREFMT				C	JUL MEDICARE COVERAGE
					544		0	NO COVERAGE
					356		1	PART A
					91		2	PART B
					11,105		3	PARTS A & B
D_CAID7	43	1	\$CAIDFMT				C	JUL MEDICAID COVERAGE OBTAINED FROM
					9,553		0	NO COVERAGE
					410		1	SURVEY INFORMATION
					183		2	HCFA RECORDS
					1,950		3	BOTH SURVEY AND HCFA RECORDS
D_PHI7	44	1	\$PHIFMT				C	JUL PRIVATE HEALTH INSURANCE
					5,486		0	NO COVERAGE
					2,830		1	EMPLOYER SPONSORED
					3,097		2	SELF PURCHASED
					425		3	BOTH
					258		4	UNKNOWN
D_HM07	45	1	\$HMOFMT				C	JUL HMO COVERAGE
					10,603		0	NO COVERAGE
					475		1	PRIVATE
					961		2	MEDICARE
					57		3	BOTH
D_OTH7	46	1					C	# OF OTHER JUL PLANS
D_CARE8	47	1	\$CAREFMT				C	AUG MEDICARE COVERAGE
					561		0	NO COVERAGE
					351		1	PART A
					93		2	PART B
					11,091		3	PARTS A & B
D_CAID8	48	1	\$CAIDFMT				C	AUG MEDICAID COVERAGE OBTAINED FROM
					9,555		0	NO COVERAGE
					409		1	SURVEY INFORMATION
					184		2	HCFA RECORDS
					1,948		3	BOTH SURVEY AND HCFA RECORDS
D_PHI8	49	1	\$PHIFMT				C	AUG PRIVATE HEALTH INSURANCE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5,507		0	NO COVERAGE
					2,825		1	EMPLOYER SPONSORED
					3,076		2	SELF PURCHASED
					425		3	BOTH
					263		4	UNKNOWN
D_HM08	50	1	\$HMOFMT				C	AUG HMO COVERAGE
					10,599		0	NO COVERAGE
					475		1	PRIVATE
					969		2	MEDICARE
					53		3	BOTH
D_OTH8	51	1					C	# OF OTHER AUG PLANS
D_CARE9	52	1	\$CAREFMT				C	SEP MEDICARE COVERAGE
					583		0	NO COVERAGE
					358		1	PART A
					91		2	PART B
					11,064		3	PARTS A & B
D_CAID9	53	1	\$CAIDFMT				C	SEP MEDICAID COVERAGE OBTAINED FROM
					9,556		0	NO COVERAGE
					412		1	SURVEY INFORMATION
					186		2	HCFA RECORDS
					1,942		3	BOTH SURVEY AND HCFA RECORDS
D_PHI9	54	1	\$PHIFMT				C	SEP PRIVATE HEALTH INSURANCE
					5,518		0	NO COVERAGE
					2,816		1	EMPLOYER SPONSORED
					3,070		2	SELF PURCHASED
					424		3	BOTH
					268		4	UNKNOWN
D_HM09	55	1	\$HMOFMT				C	SEP HMO COVERAGE
					10,587		0	NO COVERAGE
					480		1	PRIVATE
					976		2	MEDICARE
					53		3	BOTH
D_OTH9	56	1					C	# OF OTHER SEP PLANS
D_CARE10	57	1	\$CAREFMT				C	OCT MEDICARE COVERAGE
					609		0	NO COVERAGE
					359		1	PART A
					91		2	PART B
					11,037		3	PARTS A & B
D_CAID10	58	1	\$CAIDFMT				C	OCT MEDICAID COVERAGE OBTAINED FROM
					9,557		0	NO COVERAGE
					416		1	SURVEY INFORMATION
					193		2	HCFA RECORDS
					1,930		3	BOTH SURVEY AND HCFA RECORDS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_PHI10	59	1	\$PHIFMT				C	OCT PRIVATE HEALTH INSURANCE
					5,554		0	NO COVERAGE
					2,790		1	EMPLOYER SPONSORED
					3,054		2	SELF PURCHASED
					424		3	BOTH
					274		4	UNKNOWN
D_HMO10	60	1	\$HMOFMT				C	OCT HMO COVERAGE
					10,582		0	NO COVERAGE
					478		1	PRIVATE
					985		2	MEDICARE
					51		3	BOTH
D_OTH10	61	1					C	# OF OTHER OCT PLANS
D_CARE11	62	1	\$CAREFMT				C	NOV MEDICARE COVERAGE
					618		0	NO COVERAGE
					360		1	PART A
					91		2	PART B
					11,027		3	PARTS A & B
D_CAID11	63	1	\$CAIDFMT				C	NOV MEDICAID COVERAGE OBTAINED FROM
					9,564		0	NO COVERAGE
					413		1	SURVEY INFORMATION
					212		2	HCFA RECORDS
					1,907		3	BOTH SURVEY AND HCFA RECORDS
D_PHI11	64	1	\$PHIFMT				C	NOV PRIVATE HEALTH INSURANCE
					5,655		0	NO COVERAGE
					2,759		1	EMPLOYER SPONSORED
					3,027		2	SELF PURCHASED
					419		3	BOTH
					236		4	UNKNOWN
D_HMO11	65	1	\$HMOFMT				C	NOV HMO COVERAGE
					10,566		0	NO COVERAGE
					489		1	PRIVATE
					983		2	MEDICARE
					58		3	BOTH
D_OTH11	66	1					C	# OF OTHER NOV PLANS
D_CARE12	67	1	\$CAREFMT				C	DEC MEDICARE COVERAGE
					645		0	NO COVERAGE
					364		1	PART A
					90		2	PART B
					10,997		3	PARTS A & B
D_CAID12	68	1	\$CAIDFMT				C	DEC MEDICAID COVERAGE OBTAINED FROM
					9,585		0	NO COVERAGE
					463		1	SURVEY INFORMATION

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					232		2	HCFA RECORDS
					1,816		3	BOTH SURVEY AND HCFA RECORDS
D_PHI12	69	1	\$PHIFMT				C	DEC PRIVATE HEALTH INSURANCE
					5,805		0	NO COVERAGE
					2,731		1	EMPLOYER SPONSORED
					2,980		2	SELF PURCHASED
					416		3	BOTH
					164		4	UNKNOWN
D_HMO12	70	1	\$HMOFMT				C	DEC HMO COVERAGE
					10,583		0	NO COVERAGE
					476		1	PRIVATE
					981		2	MEDICARE
					56		3	BOTH
D_OTH12	71	1					C	# OF OTHER DEC PLANS
D_CARE	72	1	\$CAREFMT				C	ANNUAL MEDICARE COVERAGE
					4		0	NO COVERAGE
					354		1	PART A
					99		2	PART B
					11,639		3	PARTS A & B
D_CAID	73	1	\$CAIDFMT				C	ANNUAL MEDICAID COVERAGE OBTAINED FROM
					9,222		0	NO COVERAGE
					522		1	SURVEY INFORMATION
					179		2	HCFA RECORDS
					2,173		3	BOTH SURVEY AND HCFA RECORDS
D_PHI	74	1	\$PHIFMT				C	ANNUAL PRIVATE HEALTH INSURANCE
					5,044		0	NO COVERAGE
					2,920		1	EMPLOYER SPONSORED
					3,265		2	SELF PURCHASED
					508		3	BOTH
					359		4	UNKNOWN
D_HMO	75	1	\$HMOFMT				C	ANNUAL HMO COVERAGE
					10,403		0	NO COVERAGE
					540		1	PRIVATE
					1,061		2	MEDICARE
					92		3	BOTH
D_OTH	76	1					C	# OF OTHER ANNUAL PLANS
TOT_PREM	77	8	PREMFMT				N	TOTAL HEALTH INSURANCE PREMIUMS
					4,224		.	NOT APPLICABLE
					1,862		0-100	\$100 OR LESS
					1,155		100.01-500	\$101-\$500
					2,657		500.01-1000	\$501-\$1000
					1,414		1000.01-1500	\$1001-\$1500
					448		1500.01-2000	\$1501-\$2000
					182		2000.01-2500	\$2001-\$2500

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

79	2500.01-3000	\$2501-\$3000
34	3000.01-3500	\$3001-\$3500
18	3500.01-4000	\$3501-\$4000
9	4000.01-4500	\$4001-\$4500
5	4500.01-5000	\$4501-\$5000
9		OVER \$5000

D_TYPPL1 85 2 PLANFMT N TYPE OF PLAN - PLAN 1

3,796	.	INAPPLICABLE
3,252	1	PRIVATE EMPLOYER SPONSORED
3,427	2	PRIVATE SELF PURCHASED
221	3	PRIVATE UNKNOWN
503	4	PRIVATE HMO
897	5	MEDICARE HMO

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_BEGPL1 87 6 DTE6FMT N PLAN 1 BEGIN DATE

3,796	.	INAPPLICABLE
8,300	0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL1 93 6 DTE6FMT N PLAN 1 END DATE

3,796	.	INAPPLICABLE
8,300	0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL1 99 2 RELFMT N PLAN 1 POLICY HOLDER

4,175	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
0	-5	NEVER ASK AGN
6,623	1	SAMPLE PERSON
1,221	2	SPOUSE
7	3	SON
10	4	DAUGHTER
2	5	BROTHER
1	6	SISTER
29	7	FATHER
22	8	MOTHER
1	9	SON-IN-LAW
1	10	DAUGHTER-IN-LAW
0	11	GRANDSON
0	12	GRANDDAUGHTER
0	13	NEPHEW
0	14	NIECE
0	50	PARTNER/ROOMATE

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

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVNM1	101	2	NMFMT	N	# OF PEOPLE COVERED BY PLAN 1
				.	INAPPLICABLE
			4,172	-9	NOT ASCERTAINED
			6	-8	DONT KNOW
			13	-7	REFUSED
			0	1	1
			4,766	2	2
			2,976	3	3
			105	4	4
			45	5	5
			8	6	6
			0	7	7
			2	8	8
			3		

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVRX1	103	2	RXFMT	N	PLAN 1 PRESCRIPTION DRUG COVERAGE
				.	INAPPLICABLE
			4,080	-9	NOT ASCERTAINED
			0	-8	DONT KNOW
			0	-7	REFUSED
			0	1	PLAN COVERS DRUGS
			4,036	2	DOES NOT COVER DRUGS
			3,980		

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_COVNH1	105	2	NHFMT	N	PLAN 1 NURSING HOME COVERAGE
				.	INAPPLICABLE
			4,172	-9	NOT ASCERTAINED
			6	-8	DONT KNOW
			1,897	-7	REFUSED
			2	1	PLAN COVERS NH
			1,337	2	DOES NOT COVER NH
			4,682		

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PAYSP1	107	2	INSFMT	N	DOES INSURED PAY A PREMIUM FOR PLAN 1
				.	INAPPLICABLE
			4,172	-9	NOT ASCERTAINED
			5	-8	DONT KNOW
			121	-7	REFUSED
			1		

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					5,946		1	YES
					1,851		2	NO

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ANAMT1	109	8	PREMFMT	N	ANNUAL PREMIUM FOR PLAN 1
				.	NOT APPLICABLE
				0-100	\$100 OR LESS
				100.01-500	\$101-\$500
				500.01-1000	\$501-\$1000
				1000.01-1500	\$1001-\$1500
				1500.01-2000	\$1501-\$2000
				2000.01-2500	\$2001-\$2500
				2500.01-3000	\$2501-\$3000
				3000.01-3500	\$3001-\$3500
				3500.01-4000	\$3501-\$4000
				4000.01-4500	\$4001-\$4500
				4500.01-5000	\$4501-\$5000
					OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL1	117	2	INSFMT	N	IS PLAN 1 AN HMO
				.	INAPPLICABLE
				-9	NOT ASCERTAINED
				-8	DONT KNOW
				-7	REFUSED
				1	YES
				2	NO

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_MHMO1	119	5		C	PLAN 1 MEDICARE HMO CODE
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INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP1	124	2	OBTFTMT	N	HOW DID INSURED GET PLAN 1
				.	INAPPLICABLE
				-9	NOT ASCERTAINED
				-8	DONT KNOW
				-7	REFUSED
				1	DIRECTLY
				2	CURRENT EMPLOYER
				3	FORMER EMPLOYER
				4	UNION

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					41		5	FAMILY BUSINESS
					306		6	AARP
					377		7	DECEASED SPOUSES FORMER EMPLOYER
					19		8	DECEASED SPOUSES FORMER UNION
					39		9	FRATERNAL/PROFESSIONAL ORGANIZATION
					73		91	SOME OTHER WAY

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_INDUS1 126 2 \$INDUFMT

C PLAN 1 INDUSTRY CODE

8,222								INAPPLICABLE
0							-1	INAPPLICABLE
0							-7	REFUSED
1							-8	DK
10							-9	NOT ASCERTAINED
5							A	AGRICULTURE, FORESTRY, AND FISHING
22							B	MINING
30							C	CONSTRUCTION
36							D	MANUFACTURING
10							E	TRANSPORTATION AND PUBLIC UTILITIES
2							F	WHOLESALE TRADE
22							G	RETAIL TRADE
12							H	FINANCE, INSURANCE, AND REAL ESTATE
4							I	SERVICES
127							J	PUBLIC ADMINISTRATION
1							K	NONCLASSIFIABLE ESTABLISHMENTS
8							01	AGRICULTURAL PRODUCTION - CROPS
4							02	AGRICULTURAL PRODUCTION - LIVESTOCK
7							07	AGRICULTURAL SERVICES
2							08	FORESTRY
0							09	FISHING, HUNTING, AND TRAPPING
9							10	METAL MINING
32							12	COAL MINING
41							13	OIL AND GAS EXTRACTION
4							14	NONMETALLIC MINERALS. EXCEPT FUELS
9							15	GENERAL BUILDING CONTRACTORS
6							16	HEAVY CONSTRUCTION, EX. BUILDING
35							17	SPECIAL TRADE CONTRACTORS
82							20	FOOD AND KINDRED PRODUCTS
1							21	TOBACCO PRODUCTS
29							22	TEXTILE MILL PRODUCTS
42							23	APPAREL AND OTHER TEXTILE PRODUCTS
8							24	LUMBER AND WOOD PRODUCTS
17							25	FURNITURE AND FIXTURES
21							26	PAPER AND ALLIED PRODUCTS
29							27	PRINTING AND PUBLISHING
80							28	CHEMICALS AND ALLIED PRODUCTS
42							29	PETROLEUM AND COAL PRODUCTS
19							30	RUBBER AND MISC. PLASTICS PRODUCTS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4		31	LEATHER AND LEATHER PRODUCTS
					28		32	STONE, CLAY, AND GLASS PRODUCTS
					138		33	PRIMARY METAL INDUSTRIES
					83		34	FABRICATED METAL PRODUCTS
					82		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					75		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					269		37	TRANSPORTATION EQUIPMENT
					24		38	INSTRUMENTS AND RELATED PRODUCTS
					12		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					63		40	RAILROAD TRANSPORTATION
					14		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					14		42	TRUCKING AND WAREHOUSING
					129		43	U.S. POSTAL SERVICE
					10		44	WATER TRANSPORTATION
					11		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					5		47	TRANSPORTATION SERVICES
					122		48	COMMUNICATIONS
					97		49	ELECTRIC, GAS, AND SANITARY SERVICES
					15		50	WHOLESALE TRADE - DURABLE GOODS
					12		51	WHOLESALE TRADE - NONDURABLE GOODS
					6		52	BUILDING MATERIALS & GARDEN SUPPLIES
					32		53	GENERAL MERCHANDISE STORES
					32		54	FOOD STORES
					19		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					9		56	APPAREL AND ACCESSORY STORES
					9		57	FURNITURE AND HOMEFURNISHINGS STORES
					17		58	EATING AND DRINKING PLACES
					24		59	MISCELLANEOUS RETAIL
					66		60	DEPOSITORY INSTITUTIONS
					1		61	NONDEPOSITORY INSTITUTIONS
					6		62	SECURITY AND COMMODITY BROKERS
					74		63	INSURANCE CARRIERS
					11		64	INSURANCE AGENTS, BROKERS & SERVICES
					14		65	REAL ESTATE
					3		67	HOLDING AND OTHER INVESTMENT OFFICES
					10		70	HOTELS AND OTHER LODGING PLACES
					7		72	PERSONAL SERVICES
					26		73	BUSINESS SERVICES
					13		75	AUTO REPAIR, SERVICES, AND PARKING
					13		76	MISCELLANEOUS REPAIR SERVICES
					8		78	MOTION PICTURES
					9		79	AMUSEMENT & RECREATION SERVICES
					166		80	HEALTH SERVICES
					10		81	LEGAL SERVICES
					461		82	EDUCATIONAL SERVICES
					13		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					66		86	MEMBERSHIP ORGANIZATIONS
					25		87	ENGINEERING & MANAGEMENT SERVICES
					1		88	PRIVATE HOUSEHOLDS
					2		89	SERVICES, NEC
					224		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					80		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					14		93	FINANCE, TAXATION, & MONETARY POLICY
					54		94	ADMINISTRATION OF HUMAN RESOURCES
					35		95	ENVIRONMENTAL QUALITY AND HOUSING
					51		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					138		97	NATIONAL SECURITY AND INST. AFFAIRS
					109		99	NONCLASSIFIABLE ESTABLISHMENTS

Variable Co1 Len Fmt Name Frequency Ques # Ty Label

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS

D_TYPPL2	128	2	PLANFMT		N	TYPE OF PLAN - PLAN 2
				9,343	.	INAPPLICABLE
				1,127	1	PRIVATE EMPLOYER SPONSORED
				1,088	2	PRIVATE SELF PURCHASED
				110	3	PRIVATE UNKNOWN
				156	4	PRIVATE HMO
				272	5	MEDICARE HMO

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_BEGPL2	130	6	DTE6FMT		N	PLAN 2 BEGIN DATE
				9,343	.	INAPPLICABLE
				2,753	0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL2	136	6	DTE6FMT		N	PLAN 2 END DATE
				9,343	.	INAPPLICABLE
				2,753	0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL2	142	2	RELFMT		N	PLAN 2 POLICY HOLDER
				9,606	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				0	-7	REFUSED
				0	-5	NEVER ASK AGN
				2,072	1	SAMPLE PERSON
				393	2	SPOUSE
				3	3	SON
				2	4	DAUGHTER
				0	5	BROTHER
				0	6	SISTER
				14	7	FATHER
				4	8	MOTHER
				0	9	SON-IN-LAW
				1	10	DAUGHTER-IN-LAW
				0	11	GRANDSON
				0	12	GRANDDAUGHTER
				0	13	NEPHEW
				0	14	NIECE
				0	50	PARTNER/ROOMATE
				0	51	FRIEND/NEIGHBOR
				0	52	BOARDER
				0	53	NURSE/NURSES AIDE
				0	54	LEGAL/FINAN OFFICER
				0	55	GUARDIAN
				0	91	OTHER RELATIVE
				1	92	OTHER NON-RELATIVE

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_COVNM2	144	2	NMFMT			N	# OF PEOPLE COVERED BY PLAN 2
				9,606		.	INAPPLICABLE
				4		-9	NOT ASCERTAINED
				9		-8	DONT KNOW
				0		-7	REFUSED
				1,444		1	1
				976		2	2
				42		3	3
				12		4	4
				3		5	5
				0		6	6
				0		7	7
				0		8	8

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_COVRX2	146	2	RXFMT			N	PLAN 2 PRESCRIPTION DRUG COVERAGE
				9,503		.	INAPPLICABLE
				0		-9	NOT ASCERTAINED
				0		-8	DONT KNOW
				0		-7	REFUSED
				1,180		1	PLAN COVERS DRUGS
				1,413		2	DOES NOT COVER DRUGS

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_COVNH2	148	2	NHFMT			N	PLAN 2 NURSING HOME COVERAGE
				9,606		.	INAPPLICABLE
				4		-9	NOT ASCERTAINED
				474		-8	DONT KNOW
				1		-7	REFUSED
				462		1	PLAN COVERS NH
				1,549		2	DOES NOT COVER NH

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_PAYSP2	150	2	INSFMT			N	DOES INSURED PAY A PREMIUM FOR PLAN 2
				9,606		.	INAPPLICABLE
				4		-9	NOT ASCERTAINED
				52		-8	DONT KNOW
				2		-7	REFUSED
				1,667		1	YES
				765		2	NO

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_ANAMT2	152	8	PREMFMT			N	ANNUAL PREMIUM FOR PLAN 2
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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

10,677	.	NOT APPLICABLE
181	0-100	\$100 OR LESS
528	100.01-500	\$101-\$500
439	500.01-1000	\$501-\$1000
145	1000.01-1500	\$1001-\$1500
63	1500.01-2000	\$1501-\$2000
34	2000.01-2500	\$2001-\$2500
13	2500.01-3000	\$2501-\$3000
10	3000.01-3500	\$3001-\$3500
4	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
1	4500.01-5000	\$4501-\$5000
1		OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL2 160 2 INSFMT N IS PLAN 2 AN HMO

9,525	.	INAPPLICABLE
11	-9	NOT ASCERTAINED
36	-8	DONT KNOW
0	-7	REFUSED
428	1	YES
2,096	2	NO

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_MHMO2 162 5 C PLAN 2 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP2 167 2 OBTNPM N HOW DID INSURED GET PLAN 2

9,606	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
31	-8	DONT KNOW
1	-7	REFUSED
1,193	1	DIRECTLY
169	2	CURRENT EMPLOYER
815	3	FORMER EMPLOYER
44	4	UNION
13	5	FAMILY BUSINESS
81	6	AARP
109	7	DECEASED SPOUSES FORMER EMPLOYER
5	8	DECEASED SPOUSES FORMER UNION
11	9	FRATERNAL/PROFESSIONAL ORGANIZATION
18	91	SOME OTHER WAY

INAPPLICABLE: NO SECOND PRIVATE INSURANCE POLICY

D_INDUS2 169 2 \$INDUFMT C PLAN 2 INDUSTRY CODE

10,858		INAPPLICABLE
0	-1	INAPPLICABLE
0	-7	REFUSED
0	-8	DK
1	-9	NOT ASCERTAINED
1	A	AGRICULTURE, FORESTRY, AND FISHING
6	B	MINING
4	C	CONSTRUCTION

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					19		D	MANUFACTURING
					1		E	TRANSPORTATION AND PUBLIC UTILITIES
					2		F	WHOLESALE TRADE
					5		G	RETAIL TRADE
					8		H	FINANCE, INSURANCE, AND REAL ESTATE
					1		I	SERVICES
					48		J	PUBLIC ADMINISTRATION
					1		K	NONCLASSIFIABLE ESTABLISHMENTS
					1		01	AGRICULTURAL PRODUCTION - CROPS
					1		02	AGRICULTURAL PRODUCTION - LIVESTOCK
					1		07	AGRICULTURAL SERVICES
					0		08	FORESTRY
					0		09	FISHING, HUNTING, AND TRAPPING
					5		10	METAL MINING
					3		12	COAL MINING
					16		13	OIL AND GAS EXTRACTION
					1		14	NONMETALLIC MINERALS. EXCEPT FUELS
					2		15	GENERAL BUILDING CONTRACTORS
					0		16	HEAVY CONSTRUCTION, EX. BUILDING
					19		17	SPECIAL TRADE CONTRACTORS
					26		20	FOOD AND KINDRED PRODUCTS
					0		21	TOBACCO PRODUCTS
					7		22	TEXTILE MILL PRODUCTS
					17		23	APPAREL AND OTHER TEXTILE PRODUCTS
					3		24	LUMBER AND WOOD PRODUCTS
					2		25	FURNITURE AND FIXTURES
					9		26	PAPER AND ALLIED PRODUCTS
					7		27	PRINTING AND PUBLISHING
					30		28	CHEMICALS AND ALLIED PRODUCTS
					13		29	PETROLEUM AND COAL PRODUCTS
					8		30	RUBBER AND MISC. PLASTICS PRODUCTS
					3		31	LEATHER AND LEATHER PRODUCTS
					12		32	STONE, CLAY, AND GLASS PRODUCTS
					49		33	PRIMARY METAL INDUSTRIES
					20		34	FABRICATED METAL PRODUCTS
					21		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					40		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					85		37	TRANSPORTATION EQUIPMENT
					9		38	INSTRUMENTS AND RELATED PRODUCTS
					2		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					23		40	RAILROAD TRANSPORTATION
					5		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					3		42	TRUCKING AND WAREHOUSING
					21		43	U.S. POSTAL SERVICE
					3		44	WATER TRANSPORTATION
					7		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					0		47	TRANSPORTATION SERVICES
					62		48	COMMUNICATIONS
					26		49	ELECTRIC, GAS, AND SANITARY SERVICES
					4		50	WHOLESALE TRADE - DURABLE GOODS
					7		51	WHOLESALE TRADE - NONDURABLE GOODS
					2		52	BUILDING MATERIALS & GARDEN SUPPLIES
					14		53	GENERAL MERCHANDISE STORES
					13		54	FOOD STORES
					5		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					6		56	APPAREL AND ACCESSORY STORES
					2		57	FURNITURE AND HOMEFURNISHINGS STORES
					3		58	EATING AND DRINKING PLACES
					3		59	MISCELLANEOUS RETAIL
					21		60	DEPOSITORY INSTITUTIONS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1		61	NONDEPOSITORY INSTITUTIONS
					1		62	SECURITY AND COMMODITY BROKERS
					21		63	INSURANCE CARRIERS
					1		64	INSURANCE AGENTS, BROKERS & SERVICES
					4		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					3		70	HOTELS AND OTHER LODGING PLACES
					1		72	PERSONAL SERVICES
					8		73	BUSINESS SERVICES
					1		75	AUTO REPAIR, SERVICES, AND PARKING
					3		76	MISCELLANEOUS REPAIR SERVICES
					2		78	MOTION PICTURES
					3		79	AMUSEMENT & RECREATION SERVICES
					53		80	HEALTH SERVICES
					6		81	LEGAL SERVICES
					173		82	EDUCATIONAL SERVICES
					1		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					24		86	MEMBERSHIP ORGANIZATIONS
					7		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					52		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					26		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					3		93	FINANCE, TAXATION, & MONETARY POLICY
					12		94	ADMINISTRATION OF HUMAN RESOURCES
					10		95	ENVIRONMENTAL QUALITY AND HOUSING
					12		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					33		97	NATIONAL SECURITY AND INST. AFFAIRS
					38		99	NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS
 D_TYPPL3 171 2 PLANFMT N TYPE OF PLAN - PLAN 3

11,349	.	INAPPLICABLE
343	1	PRIVATE EMPLOYER SPONSORED
244	2	PRIVATE SELF PURCHASED
33	3	PRIVATE UNKNOWN
44	4	PRIVATE HMO
83	5	MEDICARE HMO

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_BEGPL3 173 6 DTE6FMT N PLAN 3 BEGIN DATE

11,349	.	INAPPLICABLE
747	0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL3 179 6 DTE6FMT N PLAN 3 END DATE

11,349	.	INAPPLICABLE
747	0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL3 185 2 RELFMT N PLAN 3 POLICY HOLDER

11,458	.	INAPPLICABLE
0	-9	NOT ASCERTAINED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		-5	NEVER ASK AGN
					521		1	SAMPLE PERSON
					114		2	SPOUSE
					1		3	SON
					0		4	DAUGHTER
					0		5	BROTHER
					0		6	SISTER
					2		7	FATHER
					0		8	MOTHER
					0		9	SON-IN-LAW
					0		10	DAUGHTER-IN-LAW
					0		11	GRANDSON
					0		12	GRANDDAUGHTER
					0		13	NEPHEW
					0		14	NIECE
					0		50	PARTNER/ROOMATE
					0		51	FRIEND/NEIGHBOR
					0		52	BOARDER
					0		53	NURSE/NURSES AIDE
					0		54	LEGAL/FINAN OFFICER
					0		55	GUARDIAN
					0		91	OTHER RELATIVE
					0		92	OTHER NON-RELATIVE

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_COVNM3	187	2	NMFM	N	# OF PEOPLE COVERED BY PLAN 3
				.	INAPPLICABLE
				-9	NOT ASCERTAINED
				-8	DONT KNOW
				-7	REFUSED
				1	1
				2	2
				3	3
				4	4
				5	5
				6	6
				7	7
				8	8

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_COVRX3	189	2	RXFMT	N	PLAN 3 PRESCRIPTION DRUG COVERAGE
				.	INAPPLICABLE
				-9	NOT ASCERTAINED
				-8	DONT KNOW
				-7	REFUSED
				1	PLAN COVERS DRUGS
				2	DOES NOT COVER DRUGS

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

D_COVNH3 191 2 NHFMT N PLAN 3 NURSING HOME COVERAGE

11,458	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
86	-8	DONT KNOW
0	-7	REFUSED
108	1	PLAN COVERS NH
444	2	DOES NOT COVER NH

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

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

11,458	.	INAPPLICABLE
1	-9	NOT ASCERTAINED
15	-8	DONT KNOW
1	-7	REFUSED
356	1	YES
265	2	NO

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_ANAMT3 195 8 PREMFMT N ANNUAL PREMIUM FOR PLAN 3

11,798	.	NOT APPLICABLE
66	0-100	\$100 OR LESS
125	100.01-500	\$101-\$500
68	500.01-1000	\$501-\$1000
27	1000.01-1500	\$1001-\$1500
9	1500.01-2000	\$1501-\$2000
2	2000.01-2500	\$2001-\$2500
1	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000
0		OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL3 203 2 INSFMT N IS PLAN 3 AN HMO

11,418	.	INAPPLICABLE
3	-9	NOT ASCERTAINED
11	-8	DONT KNOW
0	-7	REFUSED
127	1	YES

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

537 2 NO

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_MHMO3 205 5 C PLAN 3 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP3 210 2 OBT FMT N HOW DID INSURED GET PLAN 3

11,457	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
10	-8	DONT KNOW
0	-7	REFUSED
271	1	DIRECTLY
38	2	CURRENT EMPLOYER
254	3	FORMER EMPLOYER
18	4	UNION
3	5	FAMILY BUSINESS
10	6	AARP
23	7	DECEASED SPOUSES FORMER EMPLOYER
3	8	DECEASED SPOUSES FORMER UNION
2	9	FRATERNAL/PROFESSIONAL ORGANIZATION
7	91	SOME OTHER WAY

INAPPLICABLE: NO THIRD PRIVATE INSURANCE POLICY

D_INDUS3 212 2 \$INDUFMT C PLAN 3 INDUSTRY CODE

11,732		INAPPLICABLE
0	-1	INAPPLICABLE
0	-7	REFUSED
0	-8	DK
1	-9	NOT ASCERTAINED
0	A	AGRICULTURE, FORESTRY, AND FISHING
1	B	MINING
0	C	CONSTRUCTION
2	D	MANUFACTURING
2	E	TRANSPORTATION AND PUBLIC UTILITIES
0	F	WHOLESALE TRADE
1	G	RETAIL TRADE
1	H	FINANCE, INSURANCE, AND REAL ESTATE
0	I	SERVICES
17	J	PUBLIC ADMINISTRATION
0	K	NONCLASSIFIABLE ESTABLISHMENTS
0	01	AGRICULTURAL PRODUCTION - CROPS
0	02	AGRICULTURAL PRODUCTION - LIVESTOCK
1	07	AGRICULTURAL SERVICES
0	08	FORESTRY
0	09	FISHING, HUNTING, AND TRAPPING

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		10	METAL MINING
					1		12	COAL MINING
					5		13	OIL AND GAS EXTRACTION
					1		14	NONMETALLIC MINERALS, EXCEPT FUELS
					0		15	GENERAL BUILDING CONTRACTORS
					0		16	HEAVY CONSTRUCTION, EX. BUILDING
					3		17	SPECIAL TRADE CONTRACTORS
					6		20	FOOD AND KINDRED PRODUCTS
					0		21	TOBACCO PRODUCTS
					0		22	TEXTILE MILL PRODUCTS
					2		23	APPAREL AND OTHER TEXTILE PRODUCTS
					0		24	LUMBER AND WOOD PRODUCTS
					0		25	FURNITURE AND FIXTURES
					4		26	PAPER AND ALLIED PRODUCTS
					0		27	PRINTING AND PUBLISHING
					9		28	CHEMICALS AND ALLIED PRODUCTS
					0		29	PETROLEUM AND COAL PRODUCTS
					1		30	RUBBER AND MISC. PLASTICS PRODUCTS
					1		31	LEATHER AND LEATHER PRODUCTS
					7		32	STONE, CLAY, AND GLASS PRODUCTS
					12		33	PRIMARY METAL INDUSTRIES
					5		34	FABRICATED METAL PRODUCTS
					6		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					12		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					44		37	TRANSPORTATION EQUIPMENT
					3		38	INSTRUMENTS AND RELATED PRODUCTS
					0		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					1		40	RAILROAD TRANSPORTATION
					1		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					1		42	TRUCKING AND WAREHOUSING
					6		43	U.S. POSTAL SERVICE
					0		44	WATER TRANSPORTATION
					3		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					0		47	TRANSPORTATION SERVICES
					27		48	COMMUNICATIONS
					10		49	ELECTRIC, GAS, AND SANITARY SERVICES
					1		50	WHOLESALE TRADE - DURABLE GOODS
					0		51	WHOLESALE TRADE - NONDURABLE GOODS
					1		52	BUILDING MATERIALS & GARDEN SUPPLIES
					5		53	GENERAL MERCHANDISE STORES
					3		54	FOOD STORES
					1		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					0		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					0		58	EATING AND DRINKING PLACES
					1		59	MISCELLANEOUS RETAIL
					5		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					0		62	SECURITY AND COMMODITY BROKERS
					8		63	INSURANCE CARRIERS
					0		64	INSURANCE AGENTS, BROKERS & SERVICES
					2		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					0		70	HOTELS AND OTHER LODGING PLACES
					0		72	PERSONAL SERVICES
					1		73	BUSINESS SERVICES
					1		75	AUTO REPAIR, SERVICES, AND PARKING
					0		76	MISCELLANEOUS REPAIR SERVICES
					0		78	MOTION PICTURES
					1		79	AMUSEMENT & RECREATION SERVICES

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					16		80	HEALTH SERVICES
					3		81	LEGAL SERVICES
					61		82	EDUCATIONAL SERVICES
					2		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					4		86	MEMBERSHIP ORGANIZATIONS
					2		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					11		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					13		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					2		93	FINANCE, TAXATION, & MONETARY POLICY
					4		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					4		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					4		97	NATIONAL SECURITY AND INST. AFFAIRS
					11		99	NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_TYPPL4	214	2	PLANFMT				N	TYPE OF PLAN - PLAN 4
					11,890		.	INAPPLICABLE
					110		1	PRIVATE EMPLOYER SPONSORED
					68		2	PRIVATE SELF PURCHASED
					2		3	PRIVATE UNKNOWN
					15		4	PRIVATE HMO
					11		5	MEDICARE HMO

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_BEGPL4	216	6	DTE6FMT				N	PLAN 4 BEGIN DATE
					11,890		.	INAPPLICABLE
					206		0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_ENDPL4	222	6	DTE6FMT				N	PLAN 4 END DATE
					11,890		.	INAPPLICABLE
					206		0-999999	DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_PHREL4	228	2	RELFMT				N	PLAN 4 POLICY HOLDER
					11,909		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		-5	NEVER ASK AGN
					149		1	SAMPLE PERSON
					38		2	SPOUSE
					0		3	SON
					0		4	DAUGHTER
					0		5	BROTHER

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		6	SISTER
					0		7	FATHER
					0		8	MOTHER
					0		9	SON-IN-LAW
					0		10	DAUGHTER-IN-LAW
					0		11	GRANDSON
					0		12	GRANDDAUGHTER
					0		13	NEPHEW
					0		14	NIECE
					0		50	PARTNER/ROOMATE
					0		51	FRIEND/NEIGHBOR
					0		52	BOARDER
					0		53	NURSE/NURSES AIDE
					0		54	LEGAL/FINAN OFFICER
					0		55	GUARDIAN
					0		91	OTHER RELATIVE
					0		92	OTHER NON-RELATIVE

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_COVNM4	230	2	NMFM	N	# OF PEOPLE COVERED BY PLAN 4
				.	INAPPLICABLE
				-9	NOT ASCERTAINED
				-8	DONT KNOW
				-7	REFUSED
				1	1
				2	2
				3	3
				4	4
				5	5
				6	6
				7	7
				8	8

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_COVRX4	232	2	RXFMT	N	PLAN 4 PRESCRIPTION DRUG COVERAGE
				.	INAPPLICABLE
				-9	NOT ASCERTAINED
				-8	DONT KNOW
				-7	REFUSED
				1	PLAN COVERS DRUGS
				2	DOES NOT COVER DRUGS

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_COVNH4	234	2	NHFMT	N	PLAN 4 NURSING HOME COVERAGE
				.	INAPPLICABLE
				-9	NOT ASCERTAINED
				-8	DONT KNOW
				-7	REFUSED

Variable Co1 Len Fmt Name Frequency Ques # Ty Label

19 1 PLAN COVERS NH
 147 2 DOES NOT COVER NH

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_PAYSP4 236 2 INSFMT N DOES INSURED PAY A PREMIUM FOR PLAN 4

11,909 . INAPPLICABLE
 0 -9 NOT ASCERTAINED
 8 -8 DONT KNOW
 0 -7 REFUSED
 86 1 YES
 93 2 NO

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_ANAMT4 238 8 PREMFT N ANNUAL PREMIUM FOR PLAN 4

12,029 . NOT APPLICABLE
 20 0-100 \$100 OR LESS
 23 100.01-500 \$101-\$500
 17 500.01-1000 \$501-\$1000
 3 1000.01-1500 \$1001-\$1500
 1 1500.01-2000 \$1501-\$2000
 2 2000.01-2500 \$2001-\$2500
 0 2500.01-3000 \$2501-\$3000
 0 3000.01-3500 \$3001-\$3500
 0 3500.01-4000 \$3501-\$4000
 0 4000.01-4500 \$4001-\$4500
 1 4500.01-5000 \$4501-\$5000
 0 OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL4 246 2 INSFMT N IS PLAN 4 AN HMO

11,901 . INAPPLICABLE
 1 -9 NOT ASCERTAINED
 3 -8 DONT KNOW
 0 -7 REFUSED
 26 1 YES
 165 2 NO

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

D_MHMO4 248 5 C PLAN 4 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP4 253 2 OBTFTMT N HOW DID INSURED GET PLAN 4

11,907 . INAPPLICABLE
 0 -9 NOT ASCERTAINED
 5 -8 DONT KNOW
 0 -7 REFUSED
 70 1 DIRECTLY
 14 2 CURRENT EMPLOYER
 75 3 FORMER EMPLOYER
 9 4 UNION
 0 5 FAMILY BUSINESS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					3		6	AARP
					7		7	DECEASED SPOUSES FORMER EMPLOYER
					0		8	DECEASED SPOUSES FORMER UNION
					2		9	FRATERNAL/PROFESSIONAL ORGANIZATION
					4		91	SOME OTHER WAY

INAPPLICABLE: NO FOURTH PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_INDUS4	255	2		\$INDUFMT	11,982		C	PLAN 4 INDUSTRY CODE
					0			INAPPLICABLE
					0		-1	INAPPLICABLE
					0		-7	REFUSED
					0		-8	DK
					0		-9	NOT ASCERTAINED
					0		A	AGRICULTURE, FORESTRY, AND FISHING
					1		B	MINING
					0		C	CONSTRUCTION
					0		D	MANUFACTURING
					1		E	TRANSPORTATION AND PUBLIC UTILITIES
					0		F	WHOLESALE TRADE
					0		G	RETAIL TRADE
					0		H	FINANCE, INSURANCE, AND REAL ESTATE
					0		I	SERVICES
					2		J	PUBLIC ADMINISTRATION
					0		K	NONCLASSIFIABLE ESTABLISHMENTS
					0		01	AGRICULTURAL PRODUCTION - CROPS
					0		02	AGRICULTURAL PRODUCTION - LIVESTOCK
					1		07	AGRICULTURAL SERVICES
					0		08	FORESTRY
					0		09	FISHING, HUNTING, AND TRAPPING
					0		10	METAL MINING
					0		12	COAL MINING
					0		13	OIL AND GAS EXTRACTION
					1		14	NONMETALLIC MINERALS. EXCEPT FUELS
					0		15	GENERAL BUILDING CONTRACTORS
					0		16	HEAVY CONSTRUCTION, EX. BUILDING
					0		17	SPECIAL TRADE CONTRACTORS
					0		20	FOOD AND KINDRED PRODUCTS
					0		21	TOBACCO PRODUCTS
					0		22	TEXTILE MILL PRODUCTS
					1		23	APPAREL AND OTHER TEXTILE PRODUCTS
					0		24	LUMBER AND WOOD PRODUCTS
					0		25	FURNITURE AND FIXTURES
					2		26	PAPER AND ALLIED PRODUCTS
					1		27	PRINTING AND PUBLISHING
					2		28	CHEMICALS AND ALLIED PRODUCTS
					1		29	PETROLEUM AND COAL PRODUCTS
					1		30	RUBBER AND MISC. PLASTICS PRODUCTS
					0		31	LEATHER AND LEATHER PRODUCTS
					1		32	STONE, CLAY, AND GLASS PRODUCTS
					2		33	PRIMARY METAL INDUSTRIES
					0		34	FABRICATED METAL PRODUCTS
					1		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					3		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					20		37	TRANSPORTATION EQUIPMENT
					0		38	INSTRUMENTS AND RELATED PRODUCTS
					0		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					1		40	RAILROAD TRANSPORTATION
					0		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					0		42	TRUCKING AND WAREHOUSING

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4		43	U.S. POSTAL SERVICE
					0		44	WATER TRANSPORTATION
					0		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					0		47	TRANSPORTATION SERVICES
					14		48	COMMUNICATIONS
					6		49	ELECTRIC, GAS, AND SANITARY SERVICES
					0		50	WHOLESALE TRADE - DURABLE GOODS
					0		51	WHOLESALE TRADE - NONDURABLE GOODS
					0		52	BUILDING MATERIALS & GARDEN SUPPLIES
					1		53	GENERAL MERCHANDISE STORES
					1		54	FOOD STORES
					2		55	AUTOMOTIVE DEALERS & SERVICE STATIONS
					0		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					0		58	EATING AND DRINKING PLACES
					0		59	MISCELLANEOUS RETAIL
					0		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					0		62	SECURITY AND COMMODITY BROKERS
					0		63	INSURANCE CARRIERS
					1		64	INSURANCE AGENTS, BROKERS & SERVICES
					1		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					0		70	HOTELS AND OTHER LODGING PLACES
					0		72	PERSONAL SERVICES
					0		73	BUSINESS SERVICES
					0		75	AUTO REPAIR, SERVICES, AND PARKING
					0		76	MISCELLANEOUS REPAIR SERVICES
					0		78	MOTION PICTURES
					0		79	AMUSEMENT & RECREATION SERVICES
					6		80	HEALTH SERVICES
					0		81	LEGAL SERVICES
					20		82	EDUCATIONAL SERVICES
					0		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					2		86	MEMBERSHIP ORGANIZATIONS
					0		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					6		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					4		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					0		93	FINANCE, TAXATION, & MONETARY POLICY
					1		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					0		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					0		97	NATIONAL SECURITY AND INST. AFFAIRS
					3		99	NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS
 D_TYPL5 257 2 PLANFMT N TYPE OF PLAN - PLAN 5

12,039	.	INAPPLICABLE
32	1	PRIVATE EMPLOYER SPONSORED
14	2	PRIVATE SELF PURCHASED
4	3	PRIVATE UNKNOWN
1	4	PRIVATE HMO
6	5	MEDICARE HMO

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

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D_BEGPL5 259 6 DTE6FMT N PLAN 5 BEGIN DATE
12,039 . INAPPLICABLE
57 0-999999 DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_ENDPL5 265 6 DTE6FMT N PLAN 5 END DATE
12,039 . INAPPLICABLE
57 0-999999 DATE AS YYMMDD

INAPPLICABLE: NO PRIVATE INSURANCE POLICY

D_PHREL5 271 2 RELFMT N PLAN 5 POLICY HOLDER
12,049 . INAPPLICABLE
0 -9 NOT ASCERTAINED
0 -8 DONT KNOW
0 -7 REFUSED
0 -5 NEVER ASK AGN
39 1 SAMPLE PERSON
8 2 SPOUSE
0 3 SON
0 4 DAUGHTER
0 5 BROTHER
0 6 SISTER
0 7 FATHER
0 8 MOTHER
0 9 SON-IN-LAW
0 10 DAUGHTER-IN-LAW
0 11 GRANDSON
0 12 GRANDDAUGHTER
0 13 NEPHEW
0 14 NIECE
0 50 PARTNER/ROOMATE
0 51 FRIEND/NEIGHBOR
0 52 BOARDER
0 53 NURSE/NURSES AIDE
0 54 LEGAL/FINAN OFFICER
0 55 GUARDIAN
0 91 OTHER RELATIVE
0 92 OTHER NON-RELATIVE

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_COVNM5 273 2 NMFMT N # OF PEOPLE COVERED BY PLAN 5
12,049 . INAPPLICABLE
0 -9 NOT ASCERTAINED
0 -8 DONT KNOW
0 -7 REFUSED
29 1 1
16 2 2
2 3 3

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

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_COVRX5	275	2	RXFMT				N	PLAN 5 PRESCRIPTION DRUG COVERAGE
					12,046		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					19		1	PLAN COVERS DRUGS
					31		2	DOES NOT COVER DRUGS

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_COVNH5	277	2	NHFMT				N	PLAN 5 NURSING HOME COVERAGE
					12,049		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					6		-8	DONT KNOW
					0		-7	REFUSED
					5		1	PLAN COVERS NH
					36		2	DOES NOT COVER NH

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_PAYSP5	279	2	INSFMT				N	DOES INSURED PAY A PREMIUM FOR PLAN 5
					12,049		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					22		1	YES
					25		2	NO

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_ANAMT5	281	8	PREMFMT				N	ANNUAL PREMIUM FOR PLAN 5
					12,079		.	NOT APPLICABLE
					4		0-100	\$100 OR LESS
					7		100.01-500	\$101-\$500
					3		500.01-1000	\$501-\$1000
					0		1000.01-1500	\$1001-\$1500

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

0	1500.01-2000	\$1501-\$2000
1	2000.01-2500	\$2001-\$2500
0	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000
2		OVER \$5000

INAPPLICABLE: SAMPLE PERSON DOES NOT PAY FOR POLICY

D_HMOPL5 289 2 INSFMT N IS PLAN 5 AN HMO

12,046	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
1	-8	DONT KNOW
0	-7	REFUSED
7	1	YES
42	2	NO

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_MHM05 291 5 C PLAN 5 MEDICARE HMO CODE

INAPPLICABLE: NO MEDICARE HMO POLICY

D_OBTNP5 296 2 OBTNPM N HOW DID INSURED GET PLAN 5

12,049	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DONT KNOW
0	-7	REFUSED
15	1	DIRECTLY
4	2	CURRENT EMPLOYER
23	3	FORMER EMPLOYER
3	4	UNION
0	5	FAMILY BUSINESS
1	6	AARP
1	7	DECEASED SPOUSES FORMER EMPLOYER
0	8	DECEASED SPOUSES FORMER UNION
0	9	FRATERNAL/PROFESSIONAL ORGANIZATION
0	91	SOME OTHER WAY

INAPPLICABLE: NO FIFTH PRIVATE INSURANCE POLICY

D_INDUS5 298 2 \$INDUFMT C PLAN 5 INDUSTRY CODE

12,065		INAPPLICABLE
0	-1	INAPPLICABLE
0	-7	REFUSED

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-8	DK
					0		-9	NOT ASCERTAINED
					0		A	AGRICULTURE, FORESTRY, AND FISHING
					0		B	MINING
					0		C	CONSTRUCTION
					0		D	MANUFACTURING
					1		E	TRANSPORTATION AND PUBLIC UTILITIES
					0		F	WHOLESALE TRADE
					0		G	RETAIL TRADE
					0		H	FINANCE, INSURANCE, AND REAL ESTATE
					0		I	SERVICES
					0		J	PUBLIC ADMINISTRATION
					0		K	NONCLASSIFIABLE ESTABLISHMENTS
					0		01	AGRICULTURAL PRODUCTION - CROPS
					0		02	AGRICULTURAL PRODUCTION - LIVESTOCK
					0		07	AGRICULTURAL SERVICES
					0		08	FORESTRY
					0		09	FISHING, HUNTING, AND TRAPPING
					0		10	METAL MINING
					0		12	COAL MINING
					0		13	OIL AND GAS EXTRACTION
					0		14	NONMETALLIC MINERALS. EXCEPT FUELS
					0		15	GENERAL BUILDING CONTRACTORS
					0		16	HEAVY CONSTRUCTION, EX. BUILDING
					0		17	SPECIAL TRADE CONTRACTORS
					0		20	FOOD AND KINDRED PRODUCTS
					0		21	TOBACCO PRODUCTS
					0		22	TEXTILE MILL PRODUCTS
					0		23	APPAREL AND OTHER TEXTILE PRODUCTS
					0		24	LUMBER AND WOOD PRODUCTS
					0		25	FURNITURE AND FIXTURES
					1		26	PAPER AND ALLIED PRODUCTS
					0		27	PRINTING AND PUBLISHING
					0		28	CHEMICALS AND ALLIED PRODUCTS
					0		29	PETROLEUM AND COAL PRODUCTS
					0		30	RUBBER AND MISC. PLASTICS PRODUCTS
					0		31	LEATHER AND LEATHER PRODUCTS
					0		32	STONE, CLAY, AND GLASS PRODUCTS
					1		33	PRIMARY METAL INDUSTRIES
					0		34	FABRICATED METAL PRODUCTS
					0		35	INDUSTRIAL MACHINERY AND EQUIPMENT
					0		36	ELECTRONIC & OTHER ELECTRIC EQUIPMENT
					2		37	TRANSPORTATION EQUIPMENT
					0		38	INSTRUMENTS AND RELATED PRODUCTS
					0		39	MISCELLANEOUS MANUFACTURING INDUSTRIES
					0		40	RAILROAD TRANSPORTATION
					0		41	LOCAL AND INTERURBAN PASSENGER TRANSIT
					0		42	TRUCKING AND WAREHOUSING
					0		43	U.S. POSTAL SERVICE
					0		44	WATER TRANSPORTATION
					0		45	TRANSPORTATION BY AIR
					0		46	PIPELINES, EXCEPT NATURAL GAS
					0		47	TRANSPORTATION SERVICES
					7		48	COMMUNICATIONS
					3		49	ELECTRIC, GAS, AND SANITARY SERVICES
					0		50	WHOLESALE TRADE - DURABLE GOODS
					0		51	WHOLESALE TRADE - NONDURABLE GOODS
					0		52	BUILDING MATERIALS & GARDEN SUPPLIES
					0		53	GENERAL MERCHANDISE STORES
					1		54	FOOD STORES
					1		55	AUTOMOTIVE DEALERS & SERVICE STATIONS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		56	APPAREL AND ACCESSORY STORES
					0		57	FURNITURE AND HOMEFURNISHINGS STORES
					0		58	EATING AND DRINKING PLACES
					0		59	MISCELLANEOUS RETAIL
					1		60	DEPOSITORY INSTITUTIONS
					0		61	NONDEPOSITORY INSTITUTIONS
					0		62	SECURITY AND COMMODITY BROKERS
					0		63	INSURANCE CARRIERS
					0		64	INSURANCE AGENTS, BROKERS & SERVICES
					0		65	REAL ESTATE
					0		67	HOLDING AND OTHER INVESTMENT OFFICES
					0		70	HOTELS AND OTHER LODGING PLACES
					0		72	PERSONAL SERVICES
					0		73	BUSINESS SERVICES
					0		75	AUTO REPAIR, SERVICES, AND PARKING
					0		76	MISCELLANEOUS REPAIR SERVICES
					0		78	MOTION PICTURES
					0		79	AMUSEMENT & RECREATION SERVICES
					1		80	HEALTH SERVICES
					0		81	LEGAL SERVICES
					6		82	EDUCATIONAL SERVICES
					0		83	SOCIAL SERVICES
					0		84	MUSEUMS, BOTANICAL, ZOOLOGICAL GARDENS
					0		86	MEMBERSHIP ORGANIZATIONS
					1		87	ENGINEERING & MANAGEMENT SERVICES
					0		88	PRIVATE HOUSEHOLDS
					0		89	SERVICES, NEC
					4		91	EXECUTIVE, LEGISLATIVE, AND GENERAL
					1		92	JUSTICE, PUBLIC ORDER, AND SAFETY
					0		93	FINANCE, TAXATION, & MONETARY POLICY
					0		94	ADMINISTRATION OF HUMAN RESOURCES
					0		95	ENVIRONMENTAL QUALITY AND HOUSING
					0		96	ADMINISTRATION OF ECONOMIC PROGRAMS
					0		97	NATIONAL SECURITY AND INST. AFFAIRS
					0		99	NONCLASSIFIABLE ESTABLISHMENTS

INAPPLICABLE: PLAN NOT OBTAINED THROUGH CURRENT EMPLOYER OR FAMILY BUSINESS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	
D_HHTOT	12	2		PEOPLE			N	TOTAL NUMBER OF PEOPLE IN HH
					0		0	NO ONE
					2,906		1	ONE PERSON
					5,257		2	TWO PEOPLE
					1,414		3	THREE PEOPLE
					677		4	FOUR PEOPLE
					363		5	FIVE PEOPLE
					196		6	SIX PEOPLE
					123		7	SEVEN PEOPLE
					61		8	EIGHT PEOPLE
					34		9	NINE PEOPLE
					27		10	TEN PEOPLE
					8		11	ELEVEN PEOPLE
					7		12	TWELVE PEOPLE
					6		13	THIRTEEN PEOPLE
					5		14	FOURTEEN PEOPLE
					3		15	FIFTEEN PEOPLE
					2		16	SIXTEEN PEOPLE
					1		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					1		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE
					0		23	TWENTY-THREE PEOPLE
					1		24	TWENTY-FOUR PEOPLE
D_HHREL	14	2		PEOPLE			N	NO. IN HH RELATED TO SP (INCLUDING SP)
					0		0	NO ONE
					3,219		1	ONE PERSON
					5,144		2	TWO PEOPLE
					1,350		3	THREE PEOPLE
					629		4	FOUR PEOPLE
					338		5	FIVE PEOPLE
					186		6	SIX PEOPLE
					106		7	SEVEN PEOPLE
					47		8	EIGHT PEOPLE
					32		9	NINE PEOPLE
					16		10	TEN PEOPLE
					6		11	ELEVEN PEOPLE
					6		12	TWELVE PEOPLE
					4		13	THIRTEEN PEOPLE
					6		14	FOURTEEN PEOPLE
					1		15	FIFTEEN PEOPLE
					1		16	SIXTEEN PEOPLE
					1		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE
					0		23	TWENTY-THREE PEOPLE

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		24	TWENTY-FOUR PEOPLE
D_HHUNRL	16	2		PEOPLE			N	TOTAL NO. PEOPLE IN HH UNRELATED TO SP
					10,490		0	NO ONE
					446		1	ONE PERSON
					75		2	TWO PEOPLE
					33		3	THREE PEOPLE
					24		4	FOUR PEOPLE
					7		5	FIVE PEOPLE
					6		6	SIX PEOPLE
					2		7	SEVEN PEOPLE
					1		8	EIGHT PEOPLE
					4		9	NINE PEOPLE
					0		10	TEN PEOPLE
					0		11	ELEVEN PEOPLE
					3		12	TWELVE PEOPLE
					0		13	THIRTEEN PEOPLE
					0		14	FOURTEEN PEOPLE
					0		15	FIFTEEN PEOPLE
					0		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					1		22	TWENTY-TWO PEOPLE
					0		23	TWENTY-THREE PEOPLE
					0		24	TWENTY-FOUR PEOPLE
D_HHCOMP	18	2		HHCDFMT			N	HOUSEHOLD COMPOSITION CODE
					0		.	INAPPLICABLE
					0		-8	DONT KNOW
					2,906		1	BENEFICIARY LIVES ALONE
					4,186		2	SPOUSE ONLY
					1,553		3	SPOUSE & OTHERS
					668		4	CHILDREN ONLY
					559		5	CHILDREN & OTHERS
					907		6	OTHERS ONLY
					313		7	NON RELATIVE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_HHLT50	20	2		PEOPLE			N	NUMBER IN HH UNDER 50 (MAY INCLUDE SP)
					7,430		0	NO ONE
					1,683		1	ONE PERSON
					740		2	TWO PEOPLE
					488		3	THREE PEOPLE
					324		4	FOUR PEOPLE
					196		5	FIVE PEOPLE
					80		6	SIX PEOPLE
					68		7	SEVEN PEOPLE
					34		8	EIGHT PEOPLE
					17		9	NINE PEOPLE
					13		10	TEN PEOPLE
					6		11	ELEVEN PEOPLE
					6		12	TWELVE PEOPLE
					2		13	THIRTEEN PEOPLE
					2		14	FOURTEEN PEOPLE
					1		15	FIFTEEN PEOPLE
					1		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					1		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE
					0		23	TWENTY-THREE PEOPLE
					0		24	TWENTY-FOUR PEOPLE
D_HHGE50	22	2		PEOPLE			N	NO. IN HH 50 AND OVER (MAY INCLUDE SP)
					766		0	NO ONE
					4,111		1	ONE PERSON
					5,768		2	TWO PEOPLE
					375		3	THREE PEOPLE
					54		4	FOUR PEOPLE
					14		5	FIVE PEOPLE
					2		6	SIX PEOPLE
					0		7	SEVEN PEOPLE
					1		8	EIGHT PEOPLE
					0		9	NINE PEOPLE
					0		10	TEN PEOPLE
					0		11	ELEVEN PEOPLE
					1		12	TWELVE PEOPLE
					0		13	THIRTEEN PEOPLE
					0		14	FOURTEEN PEOPLE
					0		15	FIFTEEN PEOPLE
					0		16	SIXTEEN PEOPLE
					0		17	SEVENTEEN PEOPLE
					0		18	EIGHTEEN PEOPLE
					0		19	NINETEEN PEOPLE
					0		20	TWENTY PEOPLE
					0		21	TWENTY-ONE PEOPLE
					0		22	TWENTY-TWO PEOPLE
					0		23	TWENTY-THREE PEOPLE
					0		24	TWENTY-FOUR PEOPLE

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Variable Col Len Fmt Name Frequency Ques #

Ty Label

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RIC CODE FOR SURVEY FACILITY ID RECORD
APPLICABLE ONLY TO FACILITY INTERVIEWS								
FILEYR	2	2					C	YY REFERENCE YEAR OF RECORD
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
D_FACID	12	6					C	FACILITY ID
NHSTAT	18	2	NHSTFMT				N	NURSING HOME STAT FL
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					20		0	NOT MET--NH
					1,175		1	MEETS--NO PAR PROBS
					124		2	MEETS--MR
					46		3	MEETS--MENTALLY ILL
					0		4	MEETS--DEAF OR BLIND
					6		5	MEETS--PHYS HANDI
					0		6	MEETS--UNWED MOMS, ETC.
					7		7	MEETS--SOME OTH GROUP
					0		8	MEETS--NO PART GROUP
					5		9	UNABLE TO DETERMINE
FACOWNED	20	2	OWNFMT			FQ1	N	DESCRIPTION OF OWNERSHIP OF FACILITY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					870		1	FOR PROFIT
					346		2	PRIV NON PROFIT
					85		3	CITY/COUNTY GOVT
					70		4	STATE GOVT
					8		5	VETERANS ADMIN
					3		91	OT FED AG (SPEC)
FACDISC	22	2	FACFMT			FQ2	N	FACILITY DESCRIPTION
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					9		1	HOSPITAL
					962		2	NURSING HOME
					21		3	RETIREMENT HOME
					47		4	DOMI/PER CARE FAC
					41		5	MENTAL HLTH FACILITY
					84		6	INST FOR MR/DEV DISA
					6		7	MENTAL HLTH CNTR
					21		8	LIFE CARE/CONT CARE
					93		9	ASSISTED LIVING FAC
					14		10	REHAB FACILITY
					83		91	OTHER PLACE (SPEC)

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 SURVEY FACILITY IDENTIFICATION

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
FACDIOS	24	2	FACDFMT	FQ20T			N	FACILITY DESCRIPTION--OTHER SPECIFIED
					1,300		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					6		1	ADULT HOSTEL
					4		2	ADULT FOSTER CARE
					1		3	HOSPICE
					9		4	RESIDENTIAL CARE
					0		5	EXTENDED CARE FACILITY
					0		6	INDEPENDENT LIVING
					1		7	GROUP HOME--MENTAL ILL
					0		8	SHELTER CARE
					0		9	FAMILY CARE/FOSTER
					1		10	NH/PERSONAL CARE FAC
					20		11	NH/REHAB FACILITY
					0		12	ASSISTED LIVING
					0		13	RETIRE HOME/ASSIST LIV
					0		14	PSYCHIATRIC HOSPITAL
					0		15	ACLF
					2		16	DOMICILIARY/ASSIST LIV
					0		17	CBRF
					0		18	GRP HOME FOR EMOT DIST
					1		19	RESIDENTIAL CARE
					4		20	GROUP HOME
					0		21	PEDIATRIC LTC FACILITY
					4		22	NH/ASSISTED LIVING
					0		23	MENTAL HLTH/MR/DEV DIS
					7		24	NURSING HM/ASSISTED
					0		25	NH/RETIREMENT HME/DD
					6		26	NH/RETIREMENT HOME
					1		27	DOMICILIARY/ASSISTED
					1		28	NH/PERSONAL CARE FAC
					2		29	RESIDENTIAL HEALTH CARE
					0		30	FAMILY CARE
					0		31	NH/LIFE CARE FACILITY
					0		32	NH/MEDICAL CENTER
					0		33	ON LOK
					0		34	CONVALESCENT HOME
					0		35	REST HOME/PROTECT CARE
					0		36	RESIDENTAIL SHELTER
					0		37	INST FOR MR/DEV DIS/REST
					0		38	REST HOME
					0		39	NH/LIFE CARE/REHAB
					0		40	NURSING HOME/PERS CARE
					0		41	HOSPITAL/RETIRE HOME
					1		42	NURSING/RETIRE/REHAB
					0		43	NH/HOSPICE
					1		44	NH/ASSIST LIV/REHAB
					0		45	RESID FAC FOR DEAF
					0		46	RETIRE HOME/PERS CARE
					1		47	PERSONAL CARE/MENT HLTH
					0		48	MENTAL HEALTH
					0		49	INST FOR MR/DEV DIS
					0		51	RETIREMENT HOME
					3		53	NH/RETIRE/ASSIST LIV
					1		55	MENTAL HEALTH/REHAB
					3		56	HOSPITAL/NURSING HOME

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					2		58	RETIRE/BOARD CARE
					1		59	HOME/COMM BASED SERV
INAPPLICABLE: FACDISC Λ=91								
FACLONGT	26	2	MOSTFMT			FQ3	N	DOES FACILITY PROVIDE LONG TERM CARE?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					1,368		1	YES
					14		2	NO
FACLTBED	28	3	BEDFMT			FQ5	N	NUMBER OF LONG TERM BEDS ONLY
					15		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					4		-8	DONT KNOW
					0		-7	REFUSED
					1,349		0-990	NUMBER OF BEDS
					0		993	3 OR MORE BEDS
					14		996	# BEDS > 990
FACTOBED	31	3	BEDFAFMT			FQ6	N	TOTAL NUMBER OF BEDS IN FACILITY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					1		-7	REFUSED
					1,363		0-995	NUMBER OF BEDS
					16		996	# BEDS > 995
PROVLEVL	34	2	MOSTFMT			FQ7	N	DOES FACILITY PROVIDE DIFF CARE LEVELS?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					795		1	YES
					586		2	NO
LEVLSKIL	36	2	MOSTFMT			FQ8A	N	DOES FACILITY PROVIDE SKILLED CARE?
					588		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					678		1	YES
					117		2	NO
INAPPLICABLE: PROVLEVL=2,-7,-8,-9								
LEVLINTR	38	2	MOSTFMT			FQ8B	N	DOES FACILITY PROVIDE INTERMEDIATE CARE?
					588		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					634		1	YES
					161		2	NO

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

LEVLOTH1	40	2	MOSTFMT	FQ8C	N	DOES FACILITY PROV OTHER LVL OF CARE 1?
				588	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				0	-7	REFUSED
				353	1	YES
				442	2	NO

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

LEVLOTS1	42	2	LEVL0TFT	FQ8CO	N	OTHER LEVEL OF CARE 1 - SPECIFY
				1,030	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DK
				0	-7	REFUSED
				8	1	LIGHT
				10	2	HEAVY
				20	3	CUSTODIAL
				16	4	ALZHEIMERS
				9	5	MINIMUM
				1	6	MODERATE
				0	7	MAXIMUM
				3	8	SPECIALIZED CARE
				34	9	INTENSIVE
				1	10	HEAVY INTENSIVE CARE
				0	11	EXTENSIVE CARE
				0	12	RETARDED
				0	13	RETARDED/EXTRA CARE
				20	14	PERSONAL CARE/TOTAL
				0	15	BEHAVIORAL
				2	16	DEVELOPMENTALLY DISABLED
				0	17	MENTALLY ILL & HOMELESS
				0	18	COMPLEX CARE ISNF
				0	19	CLOSELY MONITORED
				2	20	ADL ASSISTANCE
				0	21	PROFOUND MENTAL RETARDATION
				0	22	MILD MENTAL RETARDATION
				0	23	SEVERE MENTAL RETARDATION
				1	24	SPECIALIZED DEMENTIA
				0	34	RESPIRE
				0	38	PSYCHIATRIC REHAB
				0	46	LONG TERM PSYCHIATRIC
				0	47	DEPENDENT
				0	56	OUTPATIENT
				0	57	INDEPENDENT LIVING
				0	61	RETIREMENT
				180	95	NOT SPECIFIC
				46	96	STATE SPECIFIC

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

LEVLOTH2	44	2	MOSTFMT	FQ8D	N	DOES FACILITY PROV OTHER LVL OF CARE 2?
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					588		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					61		1	YES
					734		2	NO

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

N OTHER LEVEL OF CARE 2 - SPECIFY

1,322	.	INAPPLICABLE
0	-9	NOT ASCERTAINED
0	-8	DK
0	-7	REFUSED
0	1	LIGHT
5	2	HEAVY
1	3	CUSTODIAL
10	4	ALZHEIMERS
0	5	MINIMUM
13	6	MODERATE
0	7	MAXIMUM
2	8	SPECIALIZED CARE
1	9	INTENSIVE
0	10	HEAVY INTENSIVE CARE
0	11	EXTENSIVE CARE
0	12	RETARDED
1	13	RETARDED/EXTRA CARE
4	14	PERSONAL CARE/TOTAL
0	15	BEHAVIORAL
3	16	DEVELOPMENTALLY DISABLED
1	17	MENTALLY ILL & HOMELESS
0	18	COMPLEX CARE ISNF
0	19	CLOSELY MONITORED
1	20	ADL ASSISTANCE
0	21	PROFOUND MENTAL RETARDATION
0	22	MILD MENTAL RETARDATION
0	23	SEVERE MENTAL RETARDATION
0	24	SPECIALIZED DEMENTIA
0	34	RESPIRE
0	38	PSYCHIATRIC REHAB
0	46	LONG TERM PSYCHIATRIC
0	47	DEPENDENT
0	56	OUTPATIENT
0	57	INDEPENDENT LIVING
0	61	RETIREMENT
15	95	NOT SPECIFIC
4	96	STATE SPECIFIC

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

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					588		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					18		1	YES
					777		2	NO

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

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LEVLOTS3	50	2	LEVLOTFT	FQ8EO	N	OTHER LEVEL OF CARE 3 - SPECIFY
				1,365	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DK
				0	-7	REFUSED
				1	1	LIGHT
				5	2	HEAVY
				0	3	CUSTODIAL
				0	4	ALZHEIMERS
				0	5	MINIMUM
				0	6	MODERATE
				8	7	MAXIMUM
				1	8	SPECIALIZED CARE
				0	9	INTENSIVE
				0	10	HEAVY INTENSIVE CARE
				0	11	EXTENSIVE CARE
				0	12	RETARDED
				0	13	RETARDED/EXTRA CARE
				0	14	PERSONAL CARE/TOTAL
				0	15	BEHAVIORAL
				0	16	DEVELOPMENTALLY DISABLED
				0	17	MENTALLY ILL & HOMELESS
				0	18	COMPLEX CARE ISNF
				0	19	CLOSELY MONITORED
				1	20	ADL ASSISTANCE
				0	21	PROFOUND MENTAL RETARDATION
				0	22	MILD MENTAL RETARDATION
				0	23	SEVERE MENTAL RETARDATION
				0	24	SPECIALIZED DEMENTIA
				0	34	RESPIRE
				0	38	PSYCHIATRIC REHAB
				0	46	LONG TERM PSYCHIATRIC
				0	47	DEPENDENT
				0	56	OUTPATIENT
				0	57	INDEPENDENT LIVING
				0	61	RETIREMENT
				2	95	NOT SPECIFIC
				0	96	STATE SPECIFIC

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

SNFBEDN	52	3	SNFBEFMT	FQ10	N	NUMBER OF SNF BEDS--MEDICARE
				547	.	INAPPLICABLE
				1	-9	NOT ASCERTAINED
				5	-8	DONT KNOW
				0	-7	REFUSED
				0	0	NO BEDS OF TYPE
				830	1-997	NUMBER OF BEDS

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MCDSNFN 55 3 SNFBFMT FQ12 N NUMBER OF SNF BEDS--MEDICAID
 606 . INAPPLICABLE
 1 -9 NOT ASCERTAINED
 3 -8 DONT KNOW
 0 -7 REFUSED
 0 0 NO BEDS OF TYPE
 773 1-997 NUMBER OF BEDS

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

MCDICFN 58 3 SNFBFMT FQ14 N NUMBER OF ICF BEDS ONLY
 898 . INAPPLICABLE
 7 -9 NOT ASCERTAINED
 2 -8 DONT KNOW
 0 -7 REFUSED
 54 0 NO BEDS OF TYPE
 422 1-997 NUMBER OF BEDS

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

MCDICFMR 61 3 SNFBFMT FQ15 N NUMBER OF ICF-MR BEDS ONLY
 897 . INAPPLICABLE
 10 -9 NOT ASCERTAINED
 5 -8 DONT KNOW
 0 -7 REFUSED
 364 0 NO BEDS OF TYPE
 107 1-997 NUMBER OF BEDS

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

CERTBEDS 64 3 SNFBFMT FQ17 N NUMBER OF UNCERTIFIED BEDS
 1,212 . INAPPLICABLE
 0 -9 NOT ASCERTAINED
 3 -8 DONT KNOW
 0 -7 REFUSED
 0 0 NO BEDS OF TYPE
 168 1-997 NUMBER OF BEDS

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

PRIMDEAF 67 2 MOSTFMT FQ18A N FACIL PRIM SERVE--DEAF
 0 . INAPPLICABLE
 0 -9 NOT ASCERTAINED
 0 -8 DONT KNOW
 1 -7 REFUSED
 36 1 YES
 1,346 2 NO

PRIMBLND 69 2 MOSTFMT FQ18B N FACIL PRIM SERVE--BLIND
 0 . INAPPLICABLE
 0 -9 NOT ASCERTAINED
 0 -8 DONT KNOW
 1 -7 REFUSED
 35 1 YES

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,347		2	NO
PRIMUWED	71	2	MOSTFMT	FQ18C			N	FACIL PRIM SERVE--UNWED MOMS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					4		1	YES
					1,378		2	NO
PRIMABUS	73	2	MOSTFMT	FQ18D			N	FACIL PRIM SERVE--ALCOHOL/DRUG ABUSERS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					15		1	YES
					1,367		2	NO
PRIMORPH	75	2	MOSTFMT	FQ18E			N	FACIL PRIM SERVE--ORPHANS/DEPEND
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					6		1	YES
					1,376		2	NO
PRIMMDEF	77	2	MOSTFMT	FQ18G			N	FACIL PRIM SERVE--MENTALLY ILL & DEAF
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					10		1	YES
					1,372		2	NO
PRIMMENT	79	2	MOSTFMT	FQ18F			N	FACIL PRIM SERVE--MENTALLY ILL ONLY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					65		1	YES
					1,317		2	NO
PRIMMEDD	81	2	MOSTFMT	FQ18H			N	FACIL PRIM SERVE--MENT RET/DEV DIS
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					127		1	YES
					1,255		2	NO
PRIMMIMR	83	2	MOSTFMT	FQ18I			N	FACIL PRIM SERVE--MENT RET & MENT ILL

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					74		1	YES
					1,308		2	NO
PRIMGERI	85	2	MOSTFMT	FQ18K			N	FACIL PRIM SERVE-GERIATRIC
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					1,112		1	YES
					270		2	NO
PRIMNEUR	87	2	MOSTFMT	FQ18J			N	FACIL PRIM SERVE-NEURO OR PHYS HANDI
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					66		1	YES
					1,316		2	NO
PRIMOTHR	89	2	MOSTFMT	FQ18L			N	FACIL PRIM SERVE-SOME OTHER GRP
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					22		1	YES
					1,360		2	NO
PRIMOS	91	2	LVL1FMT	FQ18L			N	FACIL PRIM SERVE-SOME OTHER GRP-OS
					1,361		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					4		1	ALZHEIMERS
					3		2	TER ILL PAT
					2		3	VETERANS
					1		4	REHABILITATION
					0		5	CHRISTIAN SCIENCE
					0		6	HOSPICE
					0		7	CONVICTS
					2		8	ADOLESCENT MEN ILL
					0		9	MALES >18 AMBULATORY
					0		10	POST SURGICAL REHAB
					0		11	AIDS
					0		12	EMOTIONALLY DISTURB
					0		13	MENTAL ILL/PHYSICAL
					0		14	VENTILATOR DEPEND
					1		15	MENTAL ILL/HOMELESS
					1		16	ADULT FOSTER CARE
					0		17	SISTERS OF THE CONV
					1		18	PROTECTIVE CARE
					0		19	PHYS & MENTAL HCAP
					3		20	ALZHEIMER & REHAB
					2		21	SKILLED & REHAB

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

PRIMGRP	93	2	MOSTFMT	FQ18M	N	FACIL PRIM SERVE-NO PRIMARY GRP
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				1	-7	REFUSED
				73	1	YES
				1,309	2	NO

ROOMCARE	95	2	MOSTFMT	FQ19A	N	DOES FACIL PROVIDE NURSE/MEDICAL CARE?
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				1	-7	REFUSED
				1,259	1	YES
				123	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

SUPRMED	97	2	MOSTFMT	FQ19B	N	DOES FACIL SUPERVISE SELF-ADMIN MEDS?
				0	.	INAPPLICABLE
				9	-9	NOT ASCERTAINED
				1	-8	DONT KNOW
				1	-7	REFUSED
				982	1	YES
				390	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPBATH	99	2	MOSTFMT	FQ19C	N	DOES FACIL PROVIDE HELP W/BATHING?
				0	.	INAPPLICABLE
				1	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				1	-7	REFUSED
				1,355	1	YES
				26	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPDRES	101	2	MOSTFMT	FQ19D	N	DOES FACIL PROVIDE HELP W/DRESSING?
				0	.	INAPPLICABLE
				1	-9	NOT ASCERTAINED
				0	-8	DONT KNOW
				1	-7	REFUSED
				1,350	1	YES
				31	2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

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FHLPSHOP	103	2	MOSTFMT	FQ19E			N	DOES FACIL PROVIDE HELP W/SHOPPING?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					1,359		1	YES
					22		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPWALK	105	2	MOSTFMT	FQ19F			N	DOES FACIL PROVIDE HELP W/WALKING?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					1,337		1	YES
					44		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPEAT	107	2	MOSTFMT	FQ19G			N	DOES FACIL PROVIDE HELP W/EATING?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					1,320		1	YES
					61		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPCOMM	109	2	MOSTFMT	FQ19H			N	DOES FACIL PROVIDE HELP W/COMMUNICATION?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					1		-7	REFUSED
					1,338		1	YES
					43		2	NO

INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

FHLPNURS	111	2	MOSTFMT	FQ20			N	DOES FACIL PROVIDE 24HR NURSING CARE?
					0		.	INAPPLICABLE
					1		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					1		-7	REFUSED
					1,371		1	YES
					9		2	NO

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INAPPLICABLE: FACILITY IS MEDICARE, MEDICAID OR MEDICAID ICF

SPIDCNT	113	2	SPFMT		N	NUMBER OF SPS IN FACILITY
				0	.	INAPPLICABLE
				0	-9	NOT ASCERTAINED
				987	1	ONE SAMPLE PERSON
				192	2	TWO SAMPLE PEOPLE
				83	3	THREE SAMPLE PEOPLE
				57	4	FOUR SAMPLE PEOPLE
				19	5	FIVE SAMPLE PEOPLE
				27	6	SIX SAMPLE PEOPLE
				13	7	SEVEN SAMPLE PEOPLE
				1	8	EIGHT SAMPLE PEOPLE
				4	9	NINE SAMPLE PEOPLE
				0	10	TEN SAMPLE PEOPLE

NORATE	115	2	NORTFMT	FQ18R	N	REASON FOR NO RATES
				1,362	.	INAPPLICABLE
				9	1	VA
				9	2	STATE FUNDED
				0	3	CAPITATED
				3	4	CONVENT

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	INTERVIEW RECORD
FILEYR	2	2	\$FYRFMT				C	YY REFERENCE YEAR
					0			MISSING
					44,976		C5	FILEYR
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
INTERVU	12	1	\$INTRFMT				C	TYPE OF INTERVIEW
					40,624		C	COMMUNITY
					4,352		F	FACILITY
INT_DATE	13	6	DATEFMT				N	INTERVIEW DATE
					0		.	MISSING
					44,976		0-999999	DATE OF INTERVIEW
RESTART	19	2	STARFMT				N	NUMBER OF TIMES INTRV INTERRUPTED
					4,352		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					39,629		0	NOT INTERRUPTED
					681		1	ONE RESTART
					238		2	TWO RESTARTS
					47		3	THREE RESTARTS
					19		4	FOUR RESTARTS
					8		5	FIVE RESTARTS
					0		6	SIX RESTARTS
					1		7	SEVEN RESTARTS
					0		8	EIGHT RESTARTS
					1		9	NINE RESTARTS
					0		10	TEN RESTARTS
					0		11	ELEVEN RESTARTS
					0		12	TWELVE RESTARTS

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

LENGTH	21	5	LENGFMT				N	DURATION OF INTERVIEW
					968		.	MISSING
					44,008		0-99999	MINUTES IN LENGTH

ONLY APPLICABLE TO UNINTERRUPTED COMMUNITY INTERVIEWS

LANG	26	2	\$LANGFMT				C	LANGUAGE OF INTERVIEW
					4,395		-1	INAPPLICABLE
					38,800		E	ENGLISH
					1,781		S	SPANISH

VARIABLE IS ONLY APPLICABLE TO COMMUNITY INTERVIEWS

PROXY	28	2	PROXFMT	IN4			N	SELF-RESPONDENT OR PROXY
					4,352		-1	INAPPLICABLE
					34,373		1	SP RESPONDED
					6,251		2	PROXY RESPONDED

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D_PROXR	30	2	PNSPFMT		N	PROXYS RELATIONSHIP TO SP
			41,716		.	INAPPLICABLE
			4		-9	NOT ASCERTAINED
			3		-8	DONT KNOW
			14		1	SAMPLE PERSON
			228		2	SPOUSE
			372		3	SON
			613		4	DAUGHTER
			138		5	BROTHER
			191		6	SISTER
			55		7	FATHER
			91		8	MOTHER
			67		9	SON-IN-LAW
			95		10	DAUGHTER-IN-LAW
			106		11	GRANDSON
			134		12	GRANDDAUGHTER
			46		13	NEPHEW
			85		14	NIECE
			6		50	PARTNER/ROOMMATE
			259		51	FRIEND/NEIGHBOR
			28		52	BOARDER
			94		53	NURSE/NURSES AIDE
			18		54	LEGAL/FINANCIAL OFFICER
			7		55	GUARDIAN
			212		91	OTHER RELATIVE
			394		92	OTHER NON-RELATIVE

VARIABLE IS ONLY APPLICABLE TO PROXY COMMUNITY INTERVIEWS

PN_SPNAM	32	2	\$PNSPFMT		C	PROXY NEC-SP NOT ABLE MENTALLY
			0			INAPPLICABLE
			1,386		1	INDICATED
			1,856		2	NOT INDICATED
			41,728		.	INAPPLICABLE
			0		-8	DONT KNOW
			6		-9	NOT ASCERTAINED
PN_SPINH	34	2	\$PNSPFMT		C	PROXY NEC-SP IN HOSPITAL
			0			INAPPLICABLE
			72		1	INDICATED
			3,170		2	NOT INDICATED
			41,728		.	INAPPLICABLE
			0		-8	DONT KNOW
			6		-9	NOT ASCERTAINED
PN_SPLAN	36	2	\$PNSPFMT		C	PROXY NEC-LANGUAGE PROBLEM
			0			INAPPLICABLE
			144		1	INDICATED
			3,098		2	NOT INDICATED
			41,728		.	INAPPLICABLE
			0		-8	DONT KNOW
			6		-9	NOT ASCERTAINED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PN_SPDED	38	2	\$PNSPFMT				C	PROXY NEC-SP DECEASED
					0			INAPPLICABLE
					290		1	INDICATED
					2,952		2	NOT INDICATED
					41,728		.	INAPPLICABLE
					0		-8	DONT KNOW
					6		-9	NOT ASCERTAINED
PN_SPINS	40	2	\$PNSPFMT				C	PROXY NEC-SP INSTITUTIONALIZED
					44,976			INAPPLICABLE
					0		1	INDICATED
					0		2	NOT INDICATED
					0		.	INAPPLICABLE
					0		-8	DONT KNOW
					0		-9	NOT ASCERTAINED
PN_SPUNA	42	2	\$PNSPFMT				C	PROXY NEC-SP UNAVAILABLE
					0			INAPPLICABLE
					243		1	INDICATED
					2,999		2	NOT INDICATED
					41,728		.	INAPPLICABLE
					0		-8	DONT KNOW
					6		-9	NOT ASCERTAINED
PN_SPOTH	44	2	\$PNSPFMT				C	PROXY NEC-OTHER REASON
					0			INAPPLICABLE
					43		1	INDICATED
					3,199		2	NOT INDICATED
					41,728		.	INAPPLICABLE
					0		-8	DONT KNOW
					6		-9	NOT ASCERTAINED
RREHELP	46	2	RESTFMT			IR3	N	DID RESPONDENT RECEIVE HELP ANSWERING
					16,042		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					4,176		1	YES
					24,756		2	NO

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_IHLPRL	48	2	PNSPFMT				N	HELPERS RELATIONSHIP TO SP
					41,348		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					1		-8	DONT KNOW
					642		1	SAMPLE PERSON
					1,000		2	SPOUSE
					364		3	SON
					555		4	DAUGHTER
					41		5	BROTHER
					105		6	SISTER
					28		7	FATHER
					47		8	MOTHER
					27		9	SON-IN-LAW
					42		10	DAUGHTER-IN-LAW
					51		11	GRANDSON
					77		12	GRANDDAUGHTER
					25		13	NEPHEW
					30		14	NIECE
					18		50	PARTNER/ROOMMATE
					270		51	FRIEND/NEIGHBOR
					1		52	BOARDER
					19		53	NURSE/NURSES AIDE
					5		54	LEGAL/FINANCIAL OFFICER
					3		55	GUARDIAN
					128		91	OTHER RELATIVE
					145		92	OTHER NON-RELATIVE
RINFOSAT	50	2	RESTFMT			IR5	N	INFO PROVIDED BY RESPON IS SATISFACTORY
					16,042		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					27,923		1	YES
					1,011		2	NO
SEQNUM	52	3	SEQFMT				N	SEQUENCE NUMBER WITHIN SP
					0		.	MISSING
					44,976		0-999	SEQUENCE NUMBER OF INTERVIEW
TOTLINTV	55	3	TOTFMT				N	TOTAL
					0		.	MISSING
					44,976		0-999	TOTAL INTERVIEW TIME
D_FACID	58	6	\$FACIFMT				C	FACILITY ID
					43,626			MISSING
					1,350	000000-999999		FAC ID

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 Record Type: 9

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	
FILEYR	2	2					C	
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
NUMSIT	12	2	F_NUMSIT				N	NUMBER OF SITUATIONS
					11,563		1	SINGLE SITUATION
					422		2	TWO SITUATIONS
					90		3	THREE SITUATIONS
					19		4	FOUR SITUATIONS
					1		5	FIVE SITUATIONS
					1		6	SIX SITUATIONS
					0		7	SEVEN SITUATIONS
					0		8	EIGHT SITUATIONS
					0		9	NINE SITUATIONS
D_SIT1	14	6	\$DTE6FMT				C	EARLIEST SITUATION DATE (SITUATION 1)
					2			MISSING
					12,094	000000-999999		DATE AS YYMMDD
D_CODE1	20	1	\$CODEFMT				C	EARLIEST SITUATION CODE
					0			MISSING
					10,316		C	COMMUNITY
					756		D	DEEMED COMMUNITY
					1,018		F	FACILITY
					6		G	DEEMED FACILITY
D_FACID1	21	6	\$FACLFMT				C	EARLIEST FACILITY ID
					11,075			MISSING
					1,021	000000-999999		FACILITY ID
D_SIT2	27	6	\$DTE6FMT				C	SITUATION 2 START DATE
					11,563			MISSING
					533	000000-999999		DATE AS YYMMDD
D_CODE2	33	1	\$CODEFMT				C	SITUATION 2 CODE
					11,563			MISSING
					20		C	COMMUNITY
					180		D	DEEMED COMMUNITY
					281		F	FACILITY
					52		G	DEEMED FACILITY
D_FACID2	34	6	\$FACLFMT				C	SITUATION 2 FACILITY ID
					11,815			MISSING
					281	000000-999999		FACILITY ID
D_SIT3	40	6	\$DTE6FMT				C	SITUATION 3 START DATE
					11,985			MISSING
					111	000000-999999		DATE AS YYMMDD

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
D_CODE6	85	1	\$CODEFMT		12,095		C	SITUATION 6 CODE
					0			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					1		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID6	86	6	\$FACLFMT		12,095		C	SITUATION 6 FACILITY ID
					1	000000-999999		MISSING
								FACILITY ID
D_SIT7	92	6	\$DTE6FMT		12,096		C	SITUATION 7 START DATE
					0	000000-999999		MISSING
								DATE AS YYMMDD
D_CODE7	98	1	\$CODEFMT		12,096		C	SITUATION 7 CODE
					0			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID7	99	6	\$FACLFMT		12,096		C	SITUATION 7 FACILITY ID
					0	000000-999999		MISSING
								FACILITY ID
D_SIT8	105	6	\$DTE6FMT		12,096		C	SITUATION 8 START DATE
					0	000000-999999		MISSING
								DATE AS YYMMDD
D_CODE8	111	1	\$CODEFMT		12,096		C	SITUATION 8 CODE
					0			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID8	112	6	\$FACLFMT		12,096		C	SITUATION 8 FACILITY ID
					0	000000-999999		MISSING
								FACILITY ID
D_SIT9	118	6	\$DTE6FMT		12,096		C	SITUATION 9 START DATE
					0	000000-999999		MISSING
								DATE AS YYMMDD
D_CODE9	124	1	\$CODEFMT				C	SITUATION 9 CODE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					12,096			MISSING
					0		C	COMMUNITY
					0		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
D_FACID9	125	6	\$FACL6FMT				C	SITUATION 9 FACILITY ID
					12,096			MISSING
					0	000000-999999		FACILITY ID
D_SIT	131	6	\$DTE6FMT				C	LATEST SURVEY COVERED DATE
					9			MISSING
STATUS95	137	2	\$DISPFMT		12,087	000000-999999	C	DATE AS YYMMDD 1995 DISPOSITION
					0		.	INAPPLICABLE
					10,466		40	LIVING
					625		50	DECEASED
					213		60	LIVING, AT LEAST ONE GAP
					47		70	DECEASED, AT LEAST ONE GAP
					745		99	ROUND 13/16 SAMPLE
TYPE95	139	1	\$TYPEFMT				C	1995 LIVING SITUATION TYPE
					0		.	INAPPLICABLE
					289		B	BOTH
					10,807		C	COMMUNITY
					1,000		F	FACILITY
D_DOD	140	6	\$DTE6FMT				C	DEATH DATE ACCORDING TO SURVEY
					11,424			MISSING
					672	000000-999999		DATE AS YYMMDD

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

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 Record Type: K

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RIC K - KEY RECORD
FILEYR	2	2					C	C4 - 1995 COST AND USE FILE
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
SAMPLECD	12	2	\$SAM_FMT				C	START OF MEDICARE ENTITLEMENT
					0		**	NOT ENTITLED
					11,080		00	ENTITLED BEFORE 93
					269		01	FIRST ENTITLED IN 93
					344		02	FIRST ENTITLED IN 94
					403		03	FIRST ENTITLED IN 95
FIRSTRND	14	2	\$FRD_FMT				C	FIRST ROUND OF INTERVIEWS
					4,726		01	FIRST INTERVIEW R1
					909		04	FIRST INTERVIEW R4
					1,514		07	FIRST INTERVIEW R7
					4,202		10	FIRST INTERVIEW R10
					342		13	FIRST INTERVIEW R13
					403		16	FIRST INTERVIEW R16
TYPE95	16	1	\$TYP_FMT				C	BENEFICIARY'S LIVING SITUATION FOR 1995
					0		.	INAPPLICABLE
					289		B	BOTH
					10,807		C	COMMUNITY
					1,000		F	FACILITY
STATUS95	17	2	\$STA_FMT				C	COMPLETENESS OF SURVEY DATA FOR 1995
					10,466		40	COMPLETE, ALIVE ON 12/31
					625		50	COMPLETE, DEATH ON-BEFORE 12/31
					213		60	INCOMPLETE, ALIVE ON 12/31
					47		70	INCOMPLETE, DEATH ON-BEFORE 12/31
					745		99	ROUND 13 OR 16 PANEL
C_DAYS	19	3	DAY_FMT				N	NUMBER OF COMMUNITY DAYS
					2		.	UNKNOWN
					1,000		0	ZERO
					377		0<-122	1-122
					342		122<-244	123-244
					319		244<-364	245-364
					10,056		365	ALL YEAR
					0		365<-HIGH	OVER 365
F_DAYS	22	3	DAY_FMT				N	NUMBER OF FACILITY DAYS
					0		.	UNKNOWN
					10,808		0	ZERO
					224		0<-122	1-122
					151		122<-244	123-244
					107		244<-364	245-364
					806		365	ALL YEAR
					0		365<-HIGH	OVER 365

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KEY RECORD

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Variable Col Len Fmt Name Frequency Ques # Ty Label

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
TOT_DAYS	25	3		DAY_FMT			N	TOTAL PERSON DAYS
					2		.	UNKNOWN
					0		0	ZERO
					390		0<-122	1-122
					320		122<-244	123-244
					282		244<-364	245-364
					11,102		365	ALL YEAR
					0		365<-HIGH	OVER 365

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 RECORD IDENTIFICATION CODE X ----- CODEBOOK
 CROSS-SECTIONAL WEIGHTS RECORD

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 Record Type: X

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	CROSS-SECTIONAL WEIGHTS
FILEYR	2	2					C	YY REFERENCE YEAR
BASEID	4	8					C	MCBS UNIQUE IDENTIFICATION NUMBER
VARSTRAT	12	8	NUMFMT				N	VARIANCE STRATUM
					0		.	INAPPLICABLE
					12,096		0-99999999	99999999
VARUNIT	20	8	NUMFMT				N	VARIANCE PSU
					0		.	INAPPLICABLE
					12,096		0-99999999	99999999
SUDSTRAT	28	8	NUMFMT				N	SUDAAN STRATUM
					0		.	INAPPLICABLE
					12,096		0-99999999	99999999
SUDUNIT	36	8	NUMFMT				N	SUDAAN PSU
					0		.	INAPPLICABLE
					12,096		0-99999999	99999999
C95WGT	44	8	NUMFMT				N	COST95 CROSS-SECTIONAL FULL SAMPLE WGT
					0		.	INAPPLICABLE
					12,096		0-99999999	99999999
C95W1	52	8	NUMFMT				N	COST95 CROSS-SECTIONAL REPLICATE WGT
THROUGH								
C95W100	844	8	NUMFMT				N	COST95 CROSS-SECTIONAL REPLICATE WGT
					0		.	INAPPLICABLE
					12,096		0-99999999	99999999

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 EVENT RIC DUE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4					C	UNIQUE EVENT IDENTIFIER
OREVTYPE	18	2	\$	EVNTTYP			C	ORIGINAL REPORTED EVENT TYPE
					0			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					10,637		DU	DENTAL
					0		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					0		SD	SEP BILLING DOCTOR
					0		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$	HMO			C	EVENT PROVIDED BY AN HMO?
					8,981		0	EVENT NOT PROV BY HMO
					1,656		1	EVENT PROVIDED BY HMO
EVBEQY	27	2		EVY			N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					9		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					10,628		1-99	YEAR
EVBEQMM	29	2		EVMM			N	EVENT BEGIN MONTH
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					95		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					10,542		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEQDD	31	2		EVDD			N	EVENT BEGIN YEAR
					0		.	INAPPLICABLE
					21		-9	NOT ASCERTAINED
					2,102		-8	DK
					1		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					8,513		1-31	DAY OF MONTH

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
SOURCE	33	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					10,588		1	SURVEY ONLY
					0		2	CLAIMS ONLY
					49		3	BOTH SURVEY & CLAIMS
SITCODE	34	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					3		B	BOTH
					10,629		C	COMMUNITY
					5		D	DEEMED COMMUNITY
					0		F	FACILITY
					0		G	DEEMED FACILITY
AMTTOT	35	9					N	TOTAL PAYMENT
IMPATOT	44	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					7,973		0	NOT IMPUTED
					2,664		1	IMPUTED
AMTCOV	45	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	54	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	63	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	72	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE
					10,637		0	NOT IMPUTED
					0		1	IMPUTED
IMPACARE	73	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					10,637		0	NOT IMPUTED
					0		1	IMPUTED
AMTCAID	74	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	83	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					10,634		0	NOT IMPUTED
					3		1	IMPUTED
IMPACAID	84	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					10,423		0	NOT IMPUTED
					214		1	IMPUTED
AMTHMOM	85	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSTMOM	94	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE HMO
					10,577		0	NOT IMPUTED
					60		1	IMPUTED
IMPSTMOM	95	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE HMO
					10,440		0	NOT IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					197		1	IMPUTED
AMTHMOP	96	9					N	AMOUNT PAID BY PRIVATE HMO
IMPISHMOP	105	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					10,612		0	NOT IMPUTED
					25		1	IMPUTED
IMPAHMOP	106	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					10,562		0	NOT IMPUTED
					75		1	IMPUTED
AMTVA	107	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	116	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					10,637		0	NOT IMPUTED
					0		1	IMPUTED
IMPAVA	117	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					10,575		0	NOT IMPUTED
					62		1	IMPUTED
AMTPRVE	118	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	127	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					10,400		0	NOT IMPUTED
					237		1	IMPUTED
IMPAPRVE	128	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					10,012		0	NOT IMPUTED
					625		1	IMPUTED
AMTPRVI	129	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	138	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					10,544		0	NOT IMPUTED
					93		1	IMPUTED
IMPAPRVI	139	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					10,466		0	NOT IMPUTED
					171		1	IMPUTED
AMTPRVU	140	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	149	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					10,637		0	NOT IMPUTED
					0		1	IMPUTED
IMPAPRVU	150	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					10,637		0	NOT IMPUTED
					0		1	IMPUTED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTOOP	151	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	160	1	IMPFLAG		9,795 842		N 0 1	IMPUTATION FLAG: SOP PAID BY PERSON NOT IMPUTED IMPUTED
IMPAOOP	161	1	IMPFLAG		9,170 1,467		N 0 1	IMPUTATION FLAG: AMT PAID BY PERSON NOT IMPUTED IMPUTED
AMTDISC	162	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	171	1	IMPFLAG		10,501 136		N 0 1	IMPUTATION FLAG: SOP OF UNCOLL LIAB NOT IMPUTED IMPUTED
IMPADISC	172	1	IMPFLAG		10,073 564		N 0 1	IMPUTATION FLAG: AMT OF UNCOLL LIAB NOT IMPUTED IMPUTED
AMTOTH	173	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	182	1	IMPFLAG		10,631 6		N 0 1	IMPUTATION FLAG: SOP OTHER SOURCES NOT IMPUTED IMPUTED
IMPAOTH	183	1	IMPFLAG		10,509 128		N 0 1	IMPUTATION FLAG: AMT OTHER SOURCES NOT IMPUTED IMPUTED
DVBRIDGE	184	2	YESNO		0 2 11 0 0 2,138 8,486		N -9 -8 -7 -1 1 2	HAVE DONE DURING DENTAL VISIT-BRIDGE NOT ASCERTAINED DK REFUSED INAPPLICABLE YES NO
DVCLEAN	186	2	YESNO		0 2 11 0 0 4,128 6,496		N -9 -8 -7 -1 1 2	HAVE DONE DURING DENTAL VISIT-CLEANING NOT ASCERTAINED DK REFUSED INAPPLICABLE YES NO
DVCROWN	188	2	YESNO				N	HAVE DONE DURING DENTAL VISIT-CROWN

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

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 Record Type: DUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		.	
					2		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					910		1	YES
					9,714		2	NO
DVEXAM	190	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-EXAMIN
					0		.	
					2		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,004		1	YES
					6,620		2	NO
DVEXTRAC	192	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-EXTRACT
					0		.	
					2		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					801		1	YES
					9,823		2	NO
DVFILLNG	194	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-FILLING
					0		.	
					2		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,594		1	YES
					9,030		2	NO
DVORTHO	196	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-ORTHODON
					0		.	
					2		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					106		1	YES
					10,518		2	NO
DVOTHER	198	2		YESNO			N	HAVE DONE DURING DENTAL VISIT-OTHER
					0		.	
					2		-9	NOT ASCERTAINED
					11		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					268		1	YES
					10,356		2	NO
DVRTCNAL	200	2		YESNO			N	HAVE DONE DURING DNTAL VISIT-ROOT CANAL
					0		.	

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Record Type: DUE

Variable Co1 Len Fmt Name Frequency Ques # Ty Label

				2		-9	NOT ASCERTAINED
				11		-8	DK
				0		-7	REFUSED
				0		-1	INAPPLICABLE
				453		1	YES
				10,171		2	NO

DVXRAYS 202 2 YESNO

N HAVE DONE DURING DNTAL VISIT-XRAY TAKEN

				0		.	
				2		-9	NOT ASCERTAINED
				11		-8	DK
				0		-7	REFUSED
				0		-1	INAPPLICABLE
				2,758		1	YES
				7,866		2	NO

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

Page: 124
 Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RIC CODE FOR FACILITY EVENT RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
STAYNUM	14	1					N	STAY NUMBER FOR THE YEAR
REFBEGYY	15	2					N	REF DATE BEGIN YEAR
REFBEGMM	17	2					N	REG DATE BEGIN MONTH
REFBEGDD	19	2					N	REF DATE BEGIN DAY
REFENDYY	21	2					N	REF DATE END YEAR
REFENDMM	23	2					N	REG DATE END MONTH
REFENDDD	25	2					N	REF DATE END DAY
ADMISYY	27	2					N	ADMISSION DATE YEAR
ADMISMM	29	2					N	ADMISSION DATE MONTH
ADMISDD	31	2					N	ADMISSION DATE DAY
DISCHYY	33	2					N	PERMANENT DISCH DATE YEAR
DISCHMM	35	2					N	PERMANENT DISCH DATE MONTH
DISCHDD	37	2					N	PERMANENT DISCH DATE DAY
STAYDAYS	39	3					N	NUMBER OF DAYS IN STAY
D_FACID	42	6					C	FACILITY ID + PSU NUMBER
FACDESC	48	2		FACFMT			N	FACILITY DESCRIPTION
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					1		-7	REFUSED
					10		1	HOSPITAL
					960		2	NURSING HOME
					23		3	RETIREMENT HOME
					51		4	DOMI/PER CARE FAC
					40		5	MENTAL HLTH FACILITY
					83		6	INST FOR MR/DEV DISA
					7		7	MENTAL HLTH CNTR
					24		8	LIFE CARE/CONT CARE
					91		9	ASSISTED LIVING FAC
					11		10	REHAB FACILITY
					81		91	OTHER PLACE (SPEC)

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 EVENT RIC FAE

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 Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
BEGSTAT	50	1		\$BEGSTAT			C	STATUS AT BEGINNING OF STAY
					0		-	DON'T KNOW
					1,019		0	CONTINUING SP
					124		1	FIRST TIME SP FROM HOME
					132		2	FIRST TIME SP FROM HOSP
					79		3	FIRST TIME SP FROM NH
					13		5	2ND STAY 30-DAY SPLIT (IN HOSP)
					2		6	2ND STAY 30-DAY SPLIT (DISCH)
					13		7	FIRST TIME SP FROM OTH FAC
					0		9	
ENDSTAT	51	1		\$ENDSTAT			C	STATUS AT END OF STAY
					3		-	DON'T KNOW
					966		0	SP STILL A RESIDENT
					47		1	SP WAS DISCHARGED HOME
					38		2	SP WAS DISCHARGED TO HOSP
					70		3	SP WAS DISCHARGED TO NH
					234		4	SP DIED IN FAC
					17		5	STAY SPLIT BY 30-DAY HOSP
					4		6	STAY SPLIT BY 30-DAY DISCH
					1		7	SP WAS DISCHARGED TO OTH FAC
					2		9	UNKNOWN REASON FOR END OF STAY
AMTTOT	52	9					N	TOTAL PAYMENT
AMTCARE	61	9					N	AMOUNT PAID BY MEDICARE
AMTCAID	70	9					N	AMOUNT PAID BY MEDICAID
AMTVA	79	9					N	AMOUNT PAID BY VETERANS ADM
AMTPRVU	88	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN)
AMTOOP	97	9					N	AMOUNT PAID BY PERSON/FAMILY
AMTOTH	106	9					N	AMOUNT PAID BY OTHER SOURCES
ANCITOT	115	9					N	ANCILLARY TOTAL PAYMENT
ANCICARE	124	9					N	ANCILLARY AMT PAID BY MEDICARE
ANCICAID	133	9					N	ANCILLARY AMT PAID BY MEDICAID
ANCIVA	142	9					N	ANCILLARY AMT PAID BY VETERANS ADM
ANCIPRVU	151	9					N	ANCILLARY AMT PAID BY PRIV INS
ANCIOOP	160	9					N	ANCILLARY AMT PAID BY PERSON/FAMILY
ANCIOTH	169	9					N	ANCILLARY AMT PAID BY OTHER SOURCES
TOTCARE	178	9					N	AMT PAID BY MEDICARE FOR ALL SERVICES
TOTALL	187	9					N	AMT ALL TOTAL (INC. MCARE SERVICES)
DENTNUM	196	3					N	NUMBER OF DENTAL VISITS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EMNUM	199	3					N	NUMBER OF EMERGENCY ROOM VISITS
OPNUM	202	3					N	NUMBER OF CLINIC/OUTPATIENT VISITS
PNURSNUM	205	3					N	NUMBER OF PRIVATE NURSING VISITS
MDNUM	208	3					N	NUMBER OF MEDICAL DOCTOR VISITS
HPRACVIS	211	3					N	NUMBER OF HEALTH PRACTITIONER VISITS
MHNUMVIS	214	3					N	NUMBER OF MENTAL HEALTH PROFESS. VISITS
THNUMVIS	217	3					N	NUMBER OF THERAPIST VISITS
OTNUMVIS	220	4					N	NUMBER OF OTHER MEDICAL PERSON VISITS
PRNUMVIS	224	4					N	NUMBER OF PROCEDURES
MPNUMVIS	228	3					N	NUMBER OF OTHER MEDICAL PLACE VISITS
FAMPFLG	231	2	MOSTFMT				N	TYPE OF MD: FAMILY PHYSICIAN FLAG
					101		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					1,151		1	YES
					130		2	NO
INTRNFLG	233	2	MOSTFMT				N	TYPE OF MD: INTERNIST
					182		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					284		1	YES
					916		2	NO
CARDOFLG	235	2	MOSTFMT				N	TYPE OF MD: CARDIOLOGIST
					193		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					41		1	YES
					1,148		2	NO
NEUROFLG	237	2	MOSTFMT				N	TYPE OF MD: NEUROLOGIST
					188		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					59		1	YES
					1,135		2	NO
GYNFLG	239	2	MOSTFMT				N	TYPE OF MD: GYNECOLOGIST
					191		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		-7	REFUSED
					26		1	YES
					1,165		2	NO
OPHLFLG	241	2	MOSTFMT				N	TYPE OF MD: OPHTHALMOLOGIST
					178		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					267		1	YES
					937		2	NO
RADIOFLG	243	2	MOSTFMT				N	TYPE OF MD: RADIOLOGIST
					193		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					26		1	YES
					1,163		2	NO
PROCTFLG	245	2	MOSTFMT				N	TYPE OF MD: PROCTOLOGIST
					193		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					0		1	YES
					1,189		2	NO
ORTHOFLG	247	2	MOSTFMT				N	TYPE OF MD: ORTHOPEDIST
					188		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					99		1	YES
					1,095		2	NO
THORAFLG	249	2	MOSTFMT				N	TYPE OF MD: THORACIC SURGEON
					193		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					2		1	YES
					1,187		2	NO
AUDIOFLG	251	2	MOSTFMT				N	TYPE OF HP: AUDIOLOGIST
					850		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					96		1	YES
					432		2	NO
OPTOMFLG	253	2	MOSTFMT				N	TYPE OF HP: OPTOMETRIST

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 Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					822		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					188		1	YES
					367		2	NO
CHIROFLG	255	2	MOSTFMT				N	TYPE OF HP: CHIROPRACTOR
					884		.	INAPPLICABLE
					5		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					3		1	YES
					490		2	NO
PODIAFLG	257	2	MOSTFMT				N	TYPE OF HP: PODIATRIST
					629		.	INAPPLICABLE
					2		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					717		1	YES
					34		2	NO
ENTFLG	259	2					N	TYPE OF MD: EARS/NOSE/THROAT DOCTOR
PHARMFLG	261	2	MOSTFMT				N	TYPE OF HP: PHARMACIST
					870		.	INAPPLICABLE
					4		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					73		1	YES
					435		2	NO
DIABSUPP	263	2	MOSTFMT				N	USED DIABETIC SUPPLIES
					1,228		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					154		1	YES
					0		2	NO
EYEGLASS	265	2	MOSTFMT				N	USED EYEGLASSES
					1,276		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					106		1	YES
					0		2	NO
HEARAID	267	2	MOSTFMT				N	USED HEARING AID
					1,334		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED

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 Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					48		1	YES
					0		2	NO
ORTHITEM	269	2	MOSTFMT				N	USED ORTHOPEDIC ITEMS
					1,086		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					296		1	YES
					0		2	NO
EQUIPSUP	271	2	MOSTFMT				N	USED EQUIPMENT OR SUPPLIES
					1,367		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					15		1	YES
					0		2	NO
OSTOMSUP	273	2	MOSTFMT				N	USED OSTOMY SUPPLIES
					1,340		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					42		1	YES
					0		2	NO
DIAPRSUP	275	2	MOSTFMT				N	USED DISPOSABLE DIAPERS
					689		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					693		1	YES
					0		2	NO
AMBUSERV	277	2	MOSTFMT				N	USED AMBULANCE SERVICE
					870		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					512		1	YES
					0		2	NO
PROSTHES	279	2	MOSTFMT				N	USED PROSTHESIS
					1,368		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED

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 Record Type: FAE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					14		1	YES
					0		2	NO
OXYGEN	281	2	MOSTFMT				N	USED OXYGEN
					1,382		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					0		1	YES
					0		2	NO
TURNPOS	283	2	MOSTFMT				N	RECEIVED TURNING AND POSITIONING
					673		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					709		1	YES
					0		2	NO
TUBEFEED	285	2	MOSTFMT				N	RECEIVED TUBE FEEDING
					1,257		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					125		1	YES
					0		2	NO
RESTRAIN	287	2	MOSTFMT				N	RECEIVED RESTRAINTS
					973		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					409		1	YES
					0		2	NO
INJECTION	289	2	MOSTFMT				N	RECEIVED INJECTIONS
					919		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DON'T KNOW
					0		-7	REFUSED
					463		1	YES
					0		2	NO

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 EVENT RIC IPE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$	EVNTNUM			C	UNIQUE EVENT IDENTIFIER
					1,416		CF00-C999	EVENT CREATED FROM CLAIM
					3,268		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$	EVNTTYP			C	ORIGINAL REPORTED EVENT TYPE
					1,416			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					34		ER	EMERGENCY ROOM
					3,101		IP	INPATIENT
					37		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					96		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					0		SD	SEP BILLING DOCTOR
					0		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$	HMO			C	EVENT PROVIDED BY AN HMO?
					4,223		0	EVENT NOT PROV BY HMO
					461		1	EVENT PROVIDED BY HMO
EVBEQYY	27	2	EE	EVBEQYY			N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					1		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,683		1-99	YEAR
EVBEQMM	29	2	EE	EVBEQMM			N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					1		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					4,683		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEQDD	31	2	EE	EVBEQDD			N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					69		-8	DK
					0		-7	REFUSED
					9		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					4,606		1-31	DAY OF MONTH

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVENDYY	33	2		EEVBEGYY			N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					4		-8	DK
					0		-7	REFUSED
					62		-1	INAPPLICABLE
					4,618		1-99	YEAR
EVENDMM	35	2		EEVBEGMM			N	EVENT END MONTH
					0		-9	NOT ASCERTAINED
					5		-8	DK
					0		-7	REFUSED
					61		-1	INAPPLICABLE
					4,617		1-12	MONTH
					1		95	STILL IN PROGRESS
EVENDDD	37	2		EEVBEGDD			N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					54		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					62		-1	INAPPLICABLE
					4,568		1-31	DAY OF MONTH
SOURCE	39	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					410		1	SURVEY ONLY
					1,416		2	CLAIMS ONLY
					2,858		3	BOTH SURVEY & CLAIMS
SITCODE	40	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					0		B	BOTH COMM & FACILITY
					3,887		C	COMMUNITY
					191		D	DEEMED COMMUNITY
					569		F	FACILITY
					37		G	DEEMED FACILITY
AMTTOT	41	9		MONYFMT			N	TOTAL PAYMENT
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1		IMPFLAG			N	IMPUTATION FLAG: TOTAL PAYMENT
					3,584		0	NOT IMPUTED
					1,100		1	IMPUTED
AMTCOV	51	9		MONYFMT			N	PORTION OF TOTAL PAY COV BY MEDICARE
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9		MONYFMT			N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9		MONYFMT			N	AMOUNT PAID BY MEDICARE

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					4,677		0	NOT IMPUTED
					7		1	IMPUTED
IMPACARE	79	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					4,582		0	NOT IMPUTED
					102		1	IMPUTED
AMTCAID	80	9	MONYFMT				N	AMOUNT PAID BY MEDICAID
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					4,436		0	NOT IMPUTED
					248		1	IMPUTED
IMPACAID	90	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					3,970		0	NOT IMPUTED
					714		1	IMPUTED
AMTHMOM	91	9	MONYFMT				N	AMOUNT PAID BY MEDICARE HMO
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSTMOM	100	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					4,612		0	NOT IMPUTED
					72		1	IMPUTED
IMPAHMOM	101	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					4,523		0	NOT IMPUTED
					161		1	IMPUTED
AMTHMOP	102	9	MONYFMT				N	AMOUNT PAID BY PRIVATE HMO
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSTMOP	111	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					4,645		0	NOT IMPUTED
					39		1	IMPUTED
IMPAHMOP	112	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					4,622		0	NOT IMPUTED
					62		1	IMPUTED
AMTVA	113	9	MONYFMT				N	AMOUNT PAID BY VETERANS ADM
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSSVA	122	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					4,679		0	NOT IMPUTED
					5		1	IMPUTED
IMPAVA	123	1		IMPFLAG			N	IMPUTATION FLAG: AMT VETERANS ADM
					4,591		0	NOT IMPUTED
					93		1	IMPUTED
AMTPRVE	124	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVE	133	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					4,339		0	NOT IMPUTED
					345		1	IMPUTED
IMPAPRVE	134	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					4,252		0	NOT IMPUTED
					432		1	IMPUTED
AMTPRVI	135	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVI	144	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					4,337		0	NOT IMPUTED
					347		1	IMPUTED
IMPAPRVI	145	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					4,190		0	NOT IMPUTED
					494		1	IMPUTED
AMTPRVU	146	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVU	155	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					4,612		0	NOT IMPUTED
					72		1	IMPUTED
IMPAPRVU	156	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					4,612		0	NOT IMPUTED
					72		1	IMPUTED
AMTOOP	157	9		MONYFMT			N	AMOUNT PAID BY PERSON/FAMILY
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					3,928		0	NOT IMPUTED
					756		1	IMPUTED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPA00P	167	1		IMPFLAG			N	IMPUTATION FLAG: AMT PAID BY PERSON
					3,744		0	NOT IMPUTED
					940		1	IMPUTED
AMTDISC	168	9		MONYFMT			N	AMOUNT OF UNCOLLECTED LIABILITIES
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1		IMPFLAG			N	IMPUTATION FLAG: SOP UNCOLL LIAB
					4,496		0	NOT IMPUTED
					188		1	IMPUTED
IMPADISC	178	1		IMPFLAG			N	IMPUTATION FLAG: AMT UNCOLL LIAB
					4,448		0	NOT IMPUTED
					236		1	IMPUTED
AMTOTH	179	9		MONYFMT			N	AMOUNT PAID BY OTHER SOURCES
					4,684			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					4,632		0	NOT IMPUTED
					52		1	IMPUTED
IMPAOTH	189	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					4,591		0	NOT IMPUTED
					93		1	IMPUTED
ODIACNT	190	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C	PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
DRG	207	3					C	DIAGNOSIS RELATED GROUP FROM CLAIM
PROCCNT	210	2					N	NUMBER OF PROCEDURE CODES ON CLAIM
PROC1	212	4					C	FIRST PROCEDURE CODE FROM CLAIMS
PROV	216	6					C	PROVIDER NUMBER FROM CLAIM
STATUS	222	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	224	3					N	NUMBER OF COVERED DAYS OF CARE
COINDAY	227	2					N	TOTAL NUMBER OF COINSURANCE DAYS
LRDAYS	229	2					N	NUMBER OF LIFETIME RESERVE DAYS USED

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Record Type: IPE

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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MEDICARE CURRENT BENEFICIARY SURVEY
 RECORD IDENTIFICATION CODE IUE -----
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 Record Type: IUE

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					829		CF00-C999	EVENT CREATED FROM CLAIM
					273		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					829			
					0		-1	INAPPLICABLE
					0		-	NOT ASCERTAINED
					0		DU	DENTAL
					0		ER	EMERGENCY ROOM
					70		IP	INPATIENT
					203		IU	INSTITUTIONAL UTILIZATION
					0		MP	MEDICAL PROVIDER
					0		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					0		SD	SEP BILLING DOCTOR
					0		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					1,031		0	EVENT NOT PROV BY HMO
					71		1	EVENT PROVIDED BY HMO
EVBEQYY	27	2	EVYY				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					2		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,100		1-99	YEAR
EVBEQMM	29	2	EVMM				N	EVENT BEGIN MONTH
					0		-9	NOT ASCERTAINED
					7		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,095		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEQDD	31	2	EVDD				N	EVENT BEGIN YEAR
					0		-9	NOT ASCERTAINED
					21		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					1,081		1-31	DAY OF MONTH

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVENDYY	33	2	EVYY				N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					4		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,098		1-99	YEAR
EVENDMM	35	2	EVMM				N	EVENT END MONTH
					0		-9	NOT ASCERTAINED
					8		-8	DK
					0		-7	REFUSED
					0		-1	INAPPLICABLE
					1,094		1-12	MONTH
					0		95	STILL IN PROGRESS
EVENDDD	37	2	EVDD				N	EVENT END YEAR
					0		-9	NOT ASCERTAINED
					20		-8	DK
					0		-7	REFUSED
					0		-5	MULTIPLE VISITS THIS MONTH
					0		-1	INAPPLICABLE
					1,082		1-31	DAY OF MONTH
SOURCE	39	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					91		1	SURVEY ONLY
					829		2	CLAIMS ONLY
					182		3	BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
					1		B	BOTH COMM & FAC
					446		C	COMMUNITY
					16		D	DEEMED COMMUNITY
					623		F	FACILITY
					16		G	DEEMED FACILITY
AMTTOT	41	9	MONYFMT				N	TOTAL PAYMENT
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N	IMPUTATION FLAG: TOTAL PAYMENT
					866		0	NOT IMPUTED
					236		1	IMPUTED
AMTCOV	51	9	MONYFMT				N	PORTION OF TOTAL PAY COV BY MEDICARE
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N	AMOUNT PAID BY MEDICARE

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					1,102		0	NOT IMPUTED
						0	1	IMPUTED
IMPACARE	79	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					1,096		0	NOT IMPUTED
						6	1	IMPUTED
AMTCAID	80	9	MONYFMT				N	AMOUNT PAID BY MEDICAID
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					1,074		0	NOT IMPUTED
						28	1	IMPUTED
IMPACAID	90	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					940		0	NOT IMPUTED
						162	1	IMPUTED
AMTHMOM	91	9	MONYFMT				N	AMOUNT PAID BY MEDICARE HMO
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSTMOM	100	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					1,091		0	NOT IMPUTED
						11	1	IMPUTED
IMPAHMOM	101	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					1,087		0	NOT IMPUTED
						15	1	IMPUTED
AMTHMOP	102	9	MONYFMT				N	AMOUNT PAID BY PRIVATE HMO
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSTMOP	111	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					1,095		0	NOT IMPUTED
						7	1	IMPUTED
IMPAHMOP	112	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					1,095		0	NOT IMPUTED
						7	1	IMPUTED
AMTVA	113	9	MONYFMT				N	AMOUNT PAID BY VETERANS ADM
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSSVA	122	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					1,100		0	NOT IMPUTED
					2		1	IMPUTED
IMPAVA	123	1		IMPFLAG			N	IMPUTATION FLAG: AMT VETERANS ADM
					1,098		0	NOT IMPUTED
					4		1	IMPUTED
AMTPRVE	124	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVE	133	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					1,048		0	NOT IMPUTED
					54		1	IMPUTED
IMPAPRVE	134	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					1,045		0	NOT IMPUTED
					57		1	IMPUTED
AMTPRVI	135	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVI	144	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					1,051		0	NOT IMPUTED
					51		1	IMPUTED
IMPAPRVI	145	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					1,048		0	NOT IMPUTED
					54		1	IMPUTED
AMTPRVU	146	9		MONYFMT			N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVU	155	1		IMPFLAG			N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					949		0	NOT IMPUTED
					153		1	IMPUTED
IMPAPRVU	156	1		IMPFLAG			N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					949		0	NOT IMPUTED
					153		1	IMPUTED
AMTOOP	157	9		MONYFMT			N	AMOUNT PAID BY PERSON/FAMILY
					1,102			AMOUNT AS \$\$\$\$\$\$.CC
IMPSOOP	166	1		IMPFLAG			N	IMPUTATION FLAG: SOP PAID BY PERSON
					1,014		0	NOT IMPUTED
					88		1	IMPUTED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPA00P	167	1	IMPFLAG		880 222		N	IMPUTATION FLAG: AMT PAID BY PERSON
							0	NOT IMPUTED
							1	IMPUTED
AMTDISC	168	9	MONYFMT		1,102		N	AMOUNT OF UNCOLLECTED LIABILITIES
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSDISC	177	1	IMPFLAG		1,086 16		N	IMPUTATION FLAG: SOP UNCOLL LIAB
							0	NOT IMPUTED
							1	IMPUTED
IMPADISC	178	1	IMPFLAG		1,056 46		N	IMPUTATION FLAG: AMT UNCOLL LIAB
							0	NOT IMPUTED
							1	IMPUTED
AMTOTH	179	9	MONYFMT		1,102		N	AMOUNT PAID BY OTHER SOURCES
								AMOUNT AS \$\$\$\$\$\$.CC
IMPSOTH	188	1	IMPFLAG		1,096 6		N	IMPUTATION FLAG: SOP OTHER SOURCES
							0	NOT IMPUTED
							1	IMPUTED
IMPAOTH	189	1	IMPFLAG		1,096 6		N	IMPUTATION FLAG: AMT OTHER SOURCES
							0	NOT IMPUTED
							1	IMPUTED
ODIAGCNT	190	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C	PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
PROV	207	6					C	PROVIDER NUMBER FROM CLAIM
STATUS	213	2					C	BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	215	3					N	NUMBER OF COVERED DAYS OF CARE
COINDAY	218	2					N	TOTAL NUMBER OF COINSURANCE DAYS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RECORD IDENTIFICATION CODE
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$	EVNTNUM			C	UNIQUE EVENT IDENTIFIER
					146,321		CF00-C999	EVENT CREATED FROM CLAIM
					141,004		0000-9999	SURVEY REPORTED EVENT
EVNTTYPE	18	2	\$	EVNTTYP			C	EVENT TYPE
					0			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					0		ER	EMERGENCY ROOM
					0		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					146,307		MP	MEDICAL PROVIDER
					33,192		OM	OTHER MEDICAL EXPENSE
					0		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					63,051		SD	SEP BILLING DOCTOR
					44,775		SL	SEP BILLING LAB
OREVTYPE	20	2	\$	EVNTTYP			C	ORIGINAL REPORTED EVENT TYPE
					146,321			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					530		ER	EMERGENCY ROOM
					276		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					93,837		MP	MEDICAL PROVIDER
					17,575		OM	OTHER MEDICAL EXPENSE
					2,569		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					20,827		SD	SEP BILLING DOCTOR
					5,390		SL	SEP BILLING LAB
CLAIMID	22	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
CLAIMTYP	28	1	\$	CLAIMTYP			C	CLAIM TYPE THAT EVENT MATCHED TO
					200,006			
					1,879		D	DME CLAIM
					85,440		P	PHYSICIAN CLAIM
HMO	29	1	\$	HMO			C	EVENT PROVIDED BY AN HMO?
					266,533		0	EVENT NOT PROV BY HMO
					20,792		1	EVENT PROVIDED BY HMO

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVBEGYY	30	2	EVYY				N	EVENT BEGIN YEAR
					0		.	
					19		-9	NOT ASCERTAINED
					89		-8	DK
					0		-7	REFUSED
					4,934		-1	INAPPLICABLE
					282,283		1-99	YEAR
EVBEGMM	32	2	EVMM				N	EVENT BEGIN MONTH
					0		.	
					35		-9	NOT ASCERTAINED
					678		-8	DK
					0		-7	REFUSED
					4,934		-1	INAPPLICABLE
					281,678		1-12	MONTH
					0		95	STILL IN PROGRESS
EVBEGDD	34	2	EVDD				N	EVENT BEGIN YEAR
					0		.	
					212		-9	NOT ASCERTAINED
					11,164		-8	DK
					10		-7	REFUSED
					8,909		-5	MULTIPLE VISITS THIS MONTH
					4,934		-1	INAPPLICABLE
					262,096		1-31	DAY OF MONTH
SOURCE	36	1	\$SOURCE				C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					53,685		1	SURVEY ONLY
					146,321		2	CLAIMS ONLY
					87,319		3	BOTH SURVEY & CLAIMS
SITCODE	37	1	\$SITCODE				C	COMMUNITY OR FACILITY SETTING?
					293		B	BOTH COMM & FACILITY
					241,588		C	COMMUNITY
					7,872		D	DEEMED COMMUNITY
					36,879		F	FACILITY
					693		G	DEEMED FACILITY
AMTTOT	38	9					N	TOTAL PAYMENT
IMPATOT	47	1	IMPFLAG				N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					203,669		0	NOT IMPUTED
					83,656		1	IMPUTED
AMTCOV	48	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	57	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	66	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	75	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE
					286,745		0	NOT IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					580		1	IMPUTED
IMPACARE	76	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE
					274,203		0	NOT IMPUTED
					13,122		1	IMPUTED
AMTCAID	77	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	86	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICAID
					261,259		0	NOT IMPUTED
					26,066		1	IMPUTED
IMPACAID	87	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICAID
					236,001		0	NOT IMPUTED
					51,324		1	IMPUTED
AMTHMOM	88	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSTMOM	97	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					285,618		0	NOT IMPUTED
					1,707		1	IMPUTED
IMPAHMOM	98	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					280,753		0	NOT IMPUTED
					6,572		1	IMPUTED
AMTHMOP	99	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSTMOP	108	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					284,426		0	NOT IMPUTED
					2,899		1	IMPUTED
IMPAHMOP	109	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					283,052		0	NOT IMPUTED
					4,273		1	IMPUTED
AMTVA	110	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	119	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					287,295		0	NOT IMPUTED
					30		1	IMPUTED
IMPAVA	120	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					286,467		0	NOT IMPUTED
					858		1	IMPUTED
AMTPRVE	121	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	130	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER

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 RECORD IDENTIFICATION CODE MPE -----
 EVENT RIC MPE

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					265,588		0	NOT IMPUTED
					21,737		1	IMPUTED
IMPAPRVE	131	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					260,171		0	NOT IMPUTED
					27,154		1	IMPUTED
AMTPRVI	132	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSRVI	141	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					259,714		0	NOT IMPUTED
					27,611		1	IMPUTED
IMPAPRVI	142	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					253,962		0	NOT IMPUTED
					33,363		1	IMPUTED
AMTPRVU	143	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSRVU	152	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
					283,459		0	NOT IMPUTED
					3,866		1	IMPUTED
IMPAPRVU	153	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
					283,459		0	NOT IMPUTED
					3,866		1	IMPUTED
AMTOOP	154	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	163	1	IMPFLAG				N	IMPUTATION FLAG: SOP PAID BY PERSON
					242,817		0	NOT IMPUTED
					44,508		1	IMPUTED
IMPAAOP	164	1	IMPFLAG				N	IMPUTATION FLAG: AMT PAID BY PERSON
					218,922		0	NOT IMPUTED
					68,403		1	IMPUTED
AMTDISC	165	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	174	1	IMPFLAG				N	IMPUTATION FLAG: SOP OF UNCOLL LIAB
					279,420		0	NOT IMPUTED
					7,905		1	IMPUTED
IMPADISC	175	1	IMPFLAG				N	IMPUTATION FLAG: AMT OF UNCOLL LIAB
					276,304		0	NOT IMPUTED
					11,021		1	IMPUTED
AMTOTH	176	9					N	AMOUNT PAID BY OTHER SOURCES

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
IMPSOTH	185	1		IMPFLAG			N	IMPUTATION FLAG: SOP OTHER SOURCES
					286,321		0	NOT IMPUTED
					1,004		1	IMPUTED
IMPAOTH	186	1		IMPFLAG			N	IMPUTATION FLAG: AMT OTHER SOURCES
					283,229		0	NOT IMPUTED
					4,096		1	IMPUTED
PAMTMED	187	9					N	TOTAL AMOUNT PAID FOR MEDICAL SERVICES
PAMTSURG	196	9					N	TOTAL AMOUNT PAID FOR SURGICAL SERVICES
PAMTLABX	205	9					N	TOTAL AMOUNT PAID FOR LAB/X-RAY
PAMTOM	214	9					N	TOTAL AMOUNT PAID FOR OTH MED SERVICES
PAMTPM	223	9					N	TOTAL AMOUNT PAID FOR PRES MEDICINES
PROVSPEC	232	2		PROVSPEC			N	MEDICAL PROVIDER SPECIALTY
					146,321		.	
					206		-9	NOT ASCERTAINED
					241		-8	DK
					0		-7	REFUSED
					37,826		-1	INAPPLICABLE
					338		1	DENTIST/DENTAL PROVIDER
					77,466		2	MEDICAL DOCTOR
					277		3	AUDIOLOGIST
					4,929		4	CHIROPRACTOR
					198		5	CLINICAL SOCIAL WORKER
					15		6	DIETITIAN-NUTRITIONIST
					26		7	HEARING THERAPIST
					98		8	HOME HEALTH/HEALTH AIDE
					1		9	HOMEMAKER
					57		10	HOSPICE WORKER
					35		11	I.V. THERAPIST
					1,904		12	NURSE (RN)
					125		13	NURSE PRACTITIONER (LPN)
					27		14	NURSE'S AIDE
					384		15	OCCUPATIONAL THERAPIST (OT)
					2,213		16	OPTOMETRIST
					169		17	OSTEOPATH (DO)
					46		18	PARAMEDIC
					5,059		19	PHYSICAL THERAPIST (PT)
					110		20	PHYSICIAN'S ASSISTANT
					2,654		21	PODIATRIST (FOOT DOCTOR)
					1,454		22	PSYCHOLOGIST
					227		23	RESPIRATORY THERAPIST
					519		24	SOCIAL/CASE WORKER
					65		25	SPEECH THERAPIST
					811		26	THERAPIST (MENTAL HEALTH)
					761		27	X-RAY TECHNICIAN
					2,763		91	OTHER MEDICAL PROVIDER

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Variable Co1 Len Fmt Name Frequency Ques # Ty Label

OMETYPE	234	2	OMETYPE		N	TYPE OF OM EVENT
			134,251		.	
			0		-9	NOT ASCERTAINED
			0		-8	DK
			0		-7	REFUSED
			123,429		-1	INAPPLICABLE
			2,782		1	EYEGLASSES
			1,297		2	HEARING OR SPEECH DEVICE
			1,925		3	ORTHOPEDIC
			3,588		4	DIABETIC
			4,081		5	AMBULANCE
			178		6	PROSTHESIS
			319		7	ALTERATION
			3,072		8	OXYGEN
			54		9	KIDNEY DIALYSIS
			12,349		10	OTHER

ORTHTYPE	236	2	ORTHTYPE		N	TYPE OF ORTHOPEDIC ITEM
			146,321		.	
			0		-9	NOT ASCERTAINED
			0		-8	DK
			0		-7	REFUSED
			139,723		-1	INAPPLICABLE
			332		1	BRACES OR SUPPORTS
			204		2	CANE
			125		3	CORRECTIVE SHOES OR INSERTS
			31		4	CRUTCHES
			254		5	WALKER
			301		6	WHEELCHAIR
			34		91	OTHER

ALTRTYPE	238	2	ALTRTYPE		N	TYPE OF ALTERATION
			146,349		.	
			0		-9	NOT ASCERTAINED
			0		-8	DK
			0		-7	REFUSED
			140,792		-1	INAPPLICABLE
			1		1	ELEVATOR OR INCLINE CHAIR
			53		2	HANDRAILS (OTHER THAN TUB)
			45		3	RAMPS
			44		4	TUB HANDRAILS
			14		5	TUB SEAT
			5		6	ANY CAR ALTERATION
			22		91	OTHER

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OTHRTYPE 240 2 OTHRTYPE

N TYPE OF OTHER OME

146,321	.
0	-9 NOT ASCERTAINED
0	-8 DK
0	-7 REFUSED
134,635	-1 INAPPLICABLE
240	1 PORT./RAISED TOILET
81	2 PORTABLE TUB SEAT
153	3 SPECIAL CHAIR OR CUSHION
171	4 HOSPITAL BED
515	5 OSTOMY SUPPLIES
4,163	6 DEPENDS (DIAPERS)
536	7 BANDAGES,DRESSINGS,TAPE SUPP.
116	8 PULMONARY EQUIPMENT
394	91 OTHER

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	3					C	RIC CODE FOR ADMIN IDENTIFICATION RECORD
FILEYR	4	2					C	YY REFERENCE YEAR OF RECORD
BASEID	6	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C	UNIQUE EVENT IDENTIFIER
					20,901		CF00-C999	EVENT CREATED FROM CLAIM
					26,121		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C	ORIGINAL REPORTED EVENT TYPE
					20,901			
					0		-1	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		DU	DENTAL
					2,217		ER	EMERGENCY ROOM
					588		IP	INPATIENT
					0		IU	INSTITUTIONAL UTILIZATION
					6,742		MP	MEDICAL PROVIDER
					566		OM	OTHER MEDICAL EXPENSE
					15,014		OP	OUTPATIENT
					0		PM	PRESCRIBED MEDICINE
					213		SD	SEP BILLING DOCTOR
					781		SL	SEP BILLING LAB
CLAIMID	20	6					N	CLAIM THIS SURVEY EVENT MATCHED TO
HMO	26	1	\$HMO				C	EVENT PROVIDED BY AN HMO?
					43,392		0	EVENT NOT PROV BY HMO
					3,630		1	EVENT PROVIDED BY HMO
FROMDT	27	6					N	FROM DATE ON CLAIM
THRU DT	33	6					N	THRU DATE ON CLAIM
EVBE GYY	39	2	EVYY				N	EVENT BEGIN YEAR
					0		.	
					0		-9	NOT ASCERTAINED
					7		-8	DK
					0		-7	REFUSED
					150		-1	INAPPLICABLE
					46,865		1-99	YEAR
EVBE GMM	41	2	EVMM				N	EVENT BEGIN MONTH
					0		.	
					10		-9	NOT ASCERTAINED
					104		-8	DK
					0		-7	REFUSED
					150		-1	INAPPLICABLE
					46,758		1-12	MONTH
					0		95	STILL IN PROGRESS

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
EVBEGDD	43	2		EVDD			N	EVENT BEGIN YEAR
					0		.	
					53		-9	NOT ASCERTAINED
					2,373		-8	DK
					6		-7	REFUSED
					7,545		-5	MULTIPLE VISITS THIS MONTH
					150		-1	INAPPLICABLE
					36,895		1-31	DAY OF MONTH
SOURCE	45	1		\$SOURCE			C	SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
					8,600		1	SURVEY ONLY
					20,901		2	CLAIMS ONLY
					17,521		3	BOTH SURVEY & CLAIMS
SITCODE	46	1		\$SITCODE			C	COMMUNITY OR FACILITY SETTING?
					7		B	BOTH COMM & FACILITY
					39,680		C	COMMUNITY
					1,318		D	DEEMED COMMUNITY
					5,993		F	FACILITY
					24		G	DEEMED FACILITY
AMTTOT	47	9					N	TOTAL PAYMENT
IMPATOT	56	1		IMPFLAG			N	IMPUTATION FLAG: AMT TOTAL PAYMENT
					31,778		0	NOT IMPUTED
					15,244		1	IMPUTED
AMTCOV	57	9					N	PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	66	9					N	PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	75	9					N	AMOUNT PAID BY MEDICARE
IMPSCARE	84	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICARE
					46,916		0	NOT IMPUTED
					106		1	IMPUTED
IMPACARE	85	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICARE
					44,165		0	NOT IMPUTED
					2,857		1	IMPUTED
AMTCAID	86	9					N	AMOUNT PAID BY MEDICAID
IMPSCAID	95	1		IMPFLAG			N	IMPUTATION FLAG: SOP MEDICAID
					43,445		0	NOT IMPUTED
					3,577		1	IMPUTED
IMPACAID	96	1		IMPFLAG			N	IMPUTATION FLAG: AMT MEDICAID
					37,534		0	NOT IMPUTED
					9,488		1	IMPUTED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTHMOM	97	9					N	AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	106	1	IMPFLAG				N	IMPUTATION FLAG: SOP MEDICARE HMO
					46,676		0	NOT IMPUTED
					346		1	IMPUTED
IMPAHMOM	107	1	IMPFLAG				N	IMPUTATION FLAG: AMT MEDICARE HMO
					45,672		0	NOT IMPUTED
					1,350		1	IMPUTED
AMTHMOP	108	9					N	AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	117	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIVATE HMO
					46,546		0	NOT IMPUTED
					476		1	IMPUTED
IMPAHMOP	118	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIVATE HMO
					46,147		0	NOT IMPUTED
					875		1	IMPUTED
AMTVA	119	9					N	AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1	IMPFLAG				N	IMPUTATION FLAG: SOP VETERANS ADM
					46,977		0	NOT IMPUTED
					45		1	IMPUTED
IMPAVA	129	1	IMPFLAG				N	IMPUTATION FLAG: AMT VETERANS ADM
					46,067		0	NOT IMPUTED
					955		1	IMPUTED
AMTPRVE	130	9					N	AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSRVE	139	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
					43,923		0	NOT IMPUTED
					3,099		1	IMPUTED
IMPAPRVE	140	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
					42,833		0	NOT IMPUTED
					4,189		1	IMPUTED
AMTPRVI	141	9					N	AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSRVI	150	1	IMPFLAG				N	IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
					43,978		0	NOT IMPUTED
					3,044		1	IMPUTED
IMPAPRVI	151	1	IMPFLAG				N	IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
					42,906		0	NOT IMPUTED
					4,116		1	IMPUTED

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTPRVU	152	9					N	AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSRVU	161	1	IMPFLAG		46,457 565		N 0 1	IMPUTATION FLAG: SOP PRIV INS-UNKNOWN NOT IMPUTED IMPUTED
IMPAPRVU	162	1	IMPFLAG		46,457 565		N 0 1	IMPUTATION FLAG: AMT PRIV INS-UNKNOWN NOT IMPUTED IMPUTED
AMTOOP	163	9					N	AMOUNT PAID BY PERSON/FAMILY
IMPSOOP	172	1	IMPFLAG		41,439 5,583		N 0 1	IMPUTATION FLAG: SOP PAID BY PERSON NOT IMPUTED IMPUTED
IMPAOOP	173	1	IMPFLAG		39,507 7,515		N 0 1	IMPUTATION FLAG: AMT PAID BY PERSON NOT IMPUTED IMPUTED
AMTDISC	174	9					N	AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1	IMPFLAG		45,780 1,242		N 0 1	IMPUTATION FLAG: SOP UNCOLL LIAB NOT IMPUTED IMPUTED
IMPADISC	184	1	IMPFLAG		45,331 1,691		N 0 1	IMPUTATION FLAG: AMT UNCOLL LIAB NOT IMPUTED IMPUTED
AMTOTH	185	9					N	AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1	IMPFLAG		46,796 226		N 0 1	IMPUTATION FLAG: SOP OTHER SOURCES NOT IMPUTED IMPUTED
IMPAOTH	195	1	IMPFLAG		46,123 899		N 0 1	IMPUTATION FLAG: AMT OTHER SOURCES NOT IMPUTED IMPUTED
ODIAGCNT	196	2					N	NUMBER OF DIAGNOSIS CODES ON CLAIM
ODIAG1	198	5					C	FIRST ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	203	5					C	SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG3	208	5					C	THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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 EVENT RIC PME

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RECORD IDENTIFICATION NUMBER
FILEYR	2	2	\$YRFMT		203,295		C	FILE YEAR
							C5	CALENDAR YEAR 1995
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
TYPE	12	2	\$TYPFMT		203,295		C	EVENT TYPE-PRESCRIBED MED
							PM	PRESCRIBED MEDICINE
CORF	14	1	\$CFFMT		203,295		C	COMMUNITY OR FACILITY
					0		C	COMMUNITY
							F	FACILITY
AMTTOT	15	9	MONYFMT		203,295		N	TOTAL EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	24	9	MONYFMT		203,295		N	MEDICARE EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTCAID	33	9	MONYFMT		203,295		N	MEDICAID EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTHMOP	42	9	MONYFMT		203,295		N	PRIVATE HMO EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTHMOM	51	9	MONYFMT		203,295		N	MEDICARE HMO EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTVA	60	9	MONYFMT		203,295		N	VA EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTPRVE	69	9	MONYFMT		203,295		N	EMPL.SPONS.INS. EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTPRVI	78	9	MONYFMT		203,295		N	IND.PURCH.INS. EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTPRVU	87	9	MONYFMT		203,295		N	UNKNOWN EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTOOP	96	9	MONYFMT		203,295		N	OUT OF POCKET EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
AMTDISC	105	9	MONYFMT		203,295		N	DISCOUNTS
								AMOUNT AS \$\$\$\$\$\$.CC

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AMTOTH	114	9	MONYFMT		203,295		N	OTHER EXPENDITURES AMOUNT AS \$\$\$\$\$.CC
DRUGNAME	123	30					C	PRESCRIBED MEDICINE NAME
PMFORM	153	2	\$FORMFMT				C	PRES. MED FORM
					22,871			NOT ASCERTAINED
					0		-1	NOT ASCERTAINED
					0		-9	NOT ASCERTAINED
					152,382		1	PILL
					303		10	PATCH/PAD
					116		11	TOPICAL GEL/JELLY
					1,656		12	POWDER
					7,987		2	LIQUID
					4,099		3	DROPS
					5,238		4	TOPICAL OINTMENT
					278		5	SUPPOSITORY
					4,147		6	INHALANT/AEROSOL SPRAY
					82		7	SHAMPOO, SOAP
					1,629		8	INJECTION
					208		9	I.V.
					2,299		91	OTHER
STRNUNI1	155	2	\$STRNFMT				C	UNIT OF STRENGTH
					18,535			MISSING
					8,517		-8	DONT KNOW
					35,527		-9	NOT ASCERTAINED
					681		1	MICROGRAMS
					136,076		2	MILLIGRAMS
					312		3	GRAINS
					3,283		4	MILLIEQUIVALENTS (MEQ)
					290		5	GRAMS (GM,G)
					74		91	OTHER
STRNNUM1	157	10	STRNFMT				N	NUMBER OF UNITS
					18,535		.	MISSING
					44,067		-9	NOT ASCERTAINED
					1,024		-8	DONT KNOW
					16,274		0	ZERO
					123,395		1E-6-1000000	NUMBER OF UNITS OF STRENGTH
STRNUNI2	167	2	\$STRNFMT				C	UNIT OF STRENGTH/2ND COMB
					203,295			MISSING
					0		-8	DONT KNOW
					0		-9	NOT ASCERTAINED
					0		1	MICROGRAMS
					0		2	MILLIGRAMS
					0		3	GRAINS
					0		4	MILLIEQUIVALENTS (MEQ)
					0		5	GRAMS (GM,G)
					0		91	OTHER

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
STRNUM2	169	10	STRNFMT				N	NUMBER OF UNITS/2ND COMB
					203,295		.	MISSING
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		0	ZERO
					0	1E-6-1000000		NUMBER OF UNITS OF STRENGTH
TABNUM	179	8	TABFMT				N	NUMBER OF TABS
					18,535		.	MISSING
					35,569		-9	NOT ASCERTAINED
					2,704		-8	DONT KNOW
					146,487		1-999	NUMBER OF TABS IN CONTAINER
SUPPNUM	187	8	SUPPFMT				N	NUMBER OF SUPPOSITORIES
					43,109		.	MISSING OR INAPPLICABLE
					160,091		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					89		1-98	NUMBER OF SUPP. IN CONTAINER
					3		99	99 OR MORE SUPP. IN CONTAINER
AMTNUM	195	10	AMTFMT				N	AMOUNT OF RX IN CONTAINER
					18,535		.	MISSING
					171,034		-9	NOT ASCERTAINED
					227		-8	DONT KNOW
					13,494	0.01-1000000		NUMBER OF UNITS IN CONTAINER
					5			* OUT OF RANGE *
AMTUNIT	205	2	\$AMTFMT				C	AMOUNT UNIT
					18,535			MISSING
					2,922		-8	DONT KNOW
					167,876		-9	NOT ASCERTAINED
					780		1	OUNCES
					5,236		2	GRAMS
					6,576		3	MILLILITERS (ML, CC)
					145		4	MILLIEQUIVALENTS (MEQ)
					572		5	MILLIGRAMS (MG, MGM)
					490		6	MICROGRAMS (MCG)
					163		91	OTHER
IMPDF	207	10					C	IMPUTED DOSAGE FORM
IMPSTNG	217	10					C	IMPUTED STRENGTH
IMAMTNUM	227	10	AMTFMT				N	IMPUTED AMOUNT OF RX
					0		.	MISSING
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					203,295	0.01-1000000		NUMBER OF UNITS IN CONTAINER

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 EVENT RIC PME

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 Record Type: PME

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
THERCC	237	2	\$THERFMT				C	F.D.B. GENERIC THER.CLASS
					29,154		UN	UNCLASSIFIED DRUG PRODUCTS
					6,532		02	ANALGESICS
					26		05	ANESTETICS
					30		08	ANTI-OBESITY DRUGS
					7,485		11	ANTIARTHRITICS
					6,331		14	ANTIASTHMATICS
					1,009		17	ANTIHISTAMINES
					6,305		20	ANTIINFECTIVES
					2,432		23	ANTIINFECTIVES, MISCELLANEOUS
					1,943		26	ANTINEOPLASTICS
					1,813		29	ANTIPARKINSON DRUGS
					6,163		32	AUTONOMIC DRUGS
					4,340		35	BLOOD
					29,577		38	CARDIAC DRUGS
					19,080		41	CARDIOVASCULAR
					3,297		44	CNS DRUGS
					44		47	CONTRACEPTIVES
					1,616		50	COUGH AND COLD PREPARATIONS
					25		53	DIAGNOSTIC
					14,902		56	DIURETICS
					5,780		59	ELECTROLYTE, CALORIC & FLUID REP.
					5,834		62	EENT PREPARATIONS
					11,646		65	GASTROINTESTINAL PREPARATIONS
					8,140		68	HORMONES
					3,690		71	HYPOGLYCEMICS
					7		74	MISC MEDICAL SUPP., DEVICES & OTH.
					1,306		77	MUSCLE RELAXANTS
					15,417		80	PSYCHOTHERAPEUTIC DRUGS
					1,819		83	SEDATIVE AND HYPNOTICS
					2,061		86	SKIN PREPARATIONS
					4,639		89	THYROID PREPS
					22		92	BIOLOGICALS
					3		94	PRE-NATAL VITAMINS
					769		95	VITAMINS, ALL OTHERS
					58		99	UNCLASSIFIED DRUG PRODUCTS
OTCLEG	239	1	\$OTCFMT				C	OTC/LEGEND INDICATOR
					203,295		F	FEDERAL OR LEGEND DRUG
					0		O	OTC DRUG
ISOPCARE	240	1	\$IMPFMT				C	IMPUTED MEDICARE PAYOR
					203,070		O	NOT IMPUTED
					225		1	IMPUTED
ISOPCAID	241	1	\$IMPFMT				C	IMPUTED MEDICAID PAYOR
					197,439		O	NOT IMPUTED
					5,856		1	IMPUTED
ISOPHMOP	242	1	\$IMPFMT				C	IMPUTED HMO PAYOR

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 EVENT RIC PME

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					189,929		0	NOT IMPUTED
					13,366		1	IMPUTED
ISOPHMOM	243	1	\$IMPFMT				C	IMPUTED MEDICARE HMO PAYOR
					200,851		0	NOT IMPUTED
					2,444		1	IMPUTED
ISOPVA	244	1	\$IMPFMT				C	IMPUTED VA PAYOR
					200,420		0	NOT IMPUTED
					2,875		1	IMPUTED
ISOPPRVE	245	1	\$IMPFMT				C	IMPUTED EMP.SPONS.INS. PAYOR
					184,543		0	NOT IMPUTED
					18,752		1	IMPUTED
ISOPPRVI	246	1	\$IMPFMT				C	IMPUTED IND.PURCH.INS. PAYOR
					197,541		0	NOT IMPUTED
					5,754		1	IMPUTED
ISOPPRVU	247	1	\$IMPFMT				C	IMPUTED UNKNOWN PAYOR
					203,295		0	NOT IMPUTED
					0		1	IMPUTED
ISOPOOP	248	1	\$IMPFMT				C	IMPUTED OUT OF POCK. PAYOR
					153,828		0	NOT IMPUTED
					49,467		1	IMPUTED
ISOPDISC	249	1	\$IMPFMT				C	IMPUTED DISCOUNT
					95,159		0	NOT IMPUTED
					108,136		1	IMPUTED
ISOPOTH	250	1	\$IMPFMT				C	IMPUTED OTHER PAYOR
					196,682		0	NOT IMPUTED
					6,613		1	IMPUTED
IAMTTOT	251	1	\$IMPFMT				C	IMPUTED TOTAL AMT
					155,190		0	NOT IMPUTED
					48,105		1	IMPUTED
IAMTCARE	252	1	\$IMPFMT				C	IMPUTED MEDICARE AMT
					203,070		0	NOT IMPUTED
					225		1	IMPUTED
IAMTCAID	253	1	\$IMPFMT				C	IMPUTED MEDICAID AMT
					183,969		0	NOT IMPUTED
					19,326		1	IMPUTED
IAMTHMOP	254	1	\$IMPFMT				C	IMPUTED HMO AMT
					183,458		0	NOT IMPUTED

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					19,837		1	IMPUTED
IAMTHMOM	255	1	\$IMPFMT				C	IMPUTED MEDICARE HMO AMT
					196,386		0	NOT IMPUTED
					6,909		1	IMPUTED
IAMTVA	256	1	\$IMPFMT				C	IMPUTED VA AMT
					197,373		0	NOT IMPUTED
					5,922		1	IMPUTED
IAMTPRVE	257	1	\$IMPFMT				C	IMPUTED EMP.SPONS.INS. AMT
					169,726		0	NOT IMPUTED
					33,569		1	IMPUTED
IAMTPRVI	258	1	\$IMPFMT				C	IMPUTED IND.PURCH.INS. AMT
					195,329		0	NOT IMPUTED
					7,966		1	IMPUTED
IAMTPRVU	259	1	\$IMPFMT				C	IMPUTED UNKNOWN AMT
					203,295		0	NOT IMPUTED
					0		1	IMPUTED
IAMTOOP	260	1	\$IMPFMT				C	IMPUTED OUT OF POCK. AMT
					136,787		0	NOT IMPUTED
					66,508		1	IMPUTED
IAMTDISC	261	1	\$IMPFMT				C	IMPUTED DISCOUNT AMT
					93,933		0	NOT IMPUTED
					109,362		1	IMPUTED
IAMTOTH	262	1	\$IMPFMT				C	IMPUTED OTHER AMT
					191,147		0	NOT IMPUTED
					12,148		1	IMPUTED

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 RECORD IDENTIFICATION CODE SS -----
 SERVICE SUMMARY

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 CODEBOOK Record Type: SS

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	2					C	RIC CODE FOR TYPE OF SERV SUMMARY RECORD
FILEYR	3	2					C	YY REFERENCE YEAR OF RECORD
BASEID	5	8					C	UNIQUE IDENTIFICATION NUMBER
EVNTTYPE	13	2	\$EVNTTYP				C	TYPE OF EVENT
					12,096		DU	DENTAL
					12,096		FA	FACILITY
					12,096		HH	HOME HEALTH
					12,096		HP	HOSPICE
					12,096		IP	INPATIENT
					12,096		IU	INSTITUTIONAL UTILIZATION
					12,096		MP	MEDICAL PROVIDER
					12,096		OP	OUTPATIENT
					12,096		PM	PRESCRIBED MEDICINE
AAMTTOT	15	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF TOTAL EXPENDITURES
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCARE	25	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICARE
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTCAID	35	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MEDICAID
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOM	45	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF MCARE HMO
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTHMOP	55	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV HMO
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTVVA	65	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF VA
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVE	75	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVI	85	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS INDV
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTPRVU	95	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTOOP	105	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF OOP
					108,864			AMOUNT AS \$\$\$\$\$\$.CC
AAMTDISC	115	10	MONYFMT				N	TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABLTY
					108,864			AMOUNT AS \$\$\$\$\$\$.CC

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 RECORD IDENTIFICATION CODE SS -----
 SERVICE SUMMARY

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
AAMTOTH	125	10	MONYFMT		108,864		N	TOS LEVEL: ADJ SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC
AEVENTS	135	4					N	TOS LEVEL: ADJ COUNT OF EVENTS
SAMTTOT	139	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF TOTAL EXPENDITURES AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	149	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF MEDICARE AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	159	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF MEDICAID AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	169	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF MCARE HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	179	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF PRIV HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	189	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	199	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF PRV INS EMPLOYER AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	209	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF PRIV INS INDV AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	219	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF PRV INS UNKNOWN AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	229	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF OOP AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	239	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF UNCOLLECTED LIABILITY AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	249	10	MONYFMT		108,864		N	TOS LEVEL: SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	259	4					N	TOS LEVEL: COUNT OF EVENTS

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
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MEDICARE CURRENT BENEFICIARY SURVEY
 RECORD IDENTIFICATION CODE PS -----
 PERSON SUMMARY

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 CODEBOOK Record Type: PS

Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	2					C	RECORD IDENTIFICATION - PERSON SUMMARY
FILEYR	3	2					C	YY REFERENCE YEAR OF RECORD
BASEID	5	8					C	UNIQUE IDENTIFICATION NUMBER
PAMTDU	13	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR DU AMOUNT AS \$\$\$\$\$\$.CC
PAMTHH	23	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR HH AMOUNT AS \$\$\$\$\$\$.CC
PAMTHP	33	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR HP AMOUNT AS \$\$\$\$\$\$.CC
PAMTIP	43	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR IP AMOUNT AS \$\$\$\$\$\$.CC
PAMTIU	53	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR IU AMOUNT AS \$\$\$\$\$\$.CC
PAMTMP	63	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR MP AMOUNT AS \$\$\$\$\$\$.CC
PAMTOP	73	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR OP AMOUNT AS \$\$\$\$\$\$.CC
PAMTPM	83	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR PM AMOUNT AS \$\$\$\$\$\$.CC
PAMTFA	93	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM FOR FA AMOUNT AS \$\$\$\$\$\$.CC
DUAEVNTS	103	4	EVENTFMT		12,096		N	ADJ NUMBER OF DU EVENTS 0-9999 AMOUNT AS ####
HHAEVNTS	107	4	EVENTFMT		12,096		N	ADJ NUMBER OF HH EVENTS 0-9999 AMOUNT AS ####
HPAEVNTS	111	4	EVENTFMT		12,096		N	ADJ NUMBER OF HP EVENTS 0-9999 AMOUNT AS ####
IPAEVNTS	115	4	EVENTFMT		12,096		N	ADJ NUMBER OF IP EVENTS 0-9999 AMOUNT AS ####
IUAEVNTS	119	4	EVENTFMT		12,096		N	ADJ NUMBER OF IU EVENTS 0-9999 AMOUNT AS ####

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
MPAEVNTS	123	4	EVENTFMT		12,096		N	ADJ NUMBER OF MP EVENTS
							0-9999	AMOUNT AS ####
OPAEVNTS	127	4	EVENTFMT		12,096		N	ADJ NUMBER OF OP EVENTS
							0-9999	AMOUNT AS ####
PMAEVNTS	131	4	EVENTFMT		12,096		N	ADJ NUMBER OF PM EVENTS
							0-9999	AMOUNT AS ####
FAAEVNTS	135	4	EVENTFMT		12,096		N	ADJ NUMBER OF FA EVENTS
							0-9999	AMOUNT AS ####
PAMTTOT	139	10	MONEYFMT		12,096		N	PERSON LEVEL: ADJ SUM TOTAL EXPENDITURES
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTCAID	149	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF MEDICAID
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTCARE	159	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF MEDICARE
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTDISC	169	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF UNCOLLCTD LIABLT
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTHMOM	179	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF MCARE HMO
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTHMOP	189	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF PRIV HMO
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTOOP	199	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF OOP
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTOTH	209	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF OTHER
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVE	219	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF PRIV INS EMPLOYER
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVI	229	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF PRIV INS INDV
								AMOUNT AS \$\$\$\$\$\$.CC
PAMTPRVU	239	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF PRIV INS UNKNOWN
								AMOUNT AS \$\$\$\$\$\$.CC

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Variable	Co1	Len	Fmt	Name	Frequency	Ques #	Ty	Label
PAMTVA	249	10	MONEYFMT		12,096		N	TOS LEVEL: ADJ SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC
PEVENTS	259	4	EVENTFMT		12,096		N	TOS LEVEL: ADJ COUNT OF EVENTS 0-9999 AMOUNT AS ####
SAMTTOT	263	10	MONEYFMT		12,096		N	PERSON LEVEL: SUM OF TOTAL EXPENDITURES AMOUNT AS \$\$\$\$\$\$.CC
SAMTCAID	273	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF MEDICAID AMOUNT AS \$\$\$\$\$\$.CC
SAMTCARE	283	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF MEDICARE AMOUNT AS \$\$\$\$\$\$.CC
SAMTDISC	293	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF UNCOLLECTED LIABILITY AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOM	303	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF MCARE HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTHMOP	313	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF PRIV HMO AMOUNT AS \$\$\$\$\$\$.CC
SAMTOOP	323	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF OOP AMOUNT AS \$\$\$\$\$\$.CC
SAMTOTH	333	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF OTHER AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVE	343	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF PRV INS EMPLOYER AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVI	353	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF PRV INS INDV AMOUNT AS \$\$\$\$\$\$.CC
SAMTPRVU	363	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF PRV INS UNKNOWN AMOUNT AS \$\$\$\$\$\$.CC
SAMTVA	373	10	MONEYFMT		12,096		N	TOS LEVEL: SUM OF VA AMOUNT AS \$\$\$\$\$\$.CC
SEVENTS	383	4	EVENTFMT				N	TOS LEVEL: COUNT OF EVENTS

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Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					12,096		0-9999	AMOUNT AS ####