MPC Minnesota Population Center

User Extract nhis_00007.dat

Jump to Section

§ 1. Document Description

Citation

Title Statement	
Title:	Codebook for an Integrated Health Interview Series Data Extract
Subtitle:	DDI 2.5 metadata describing the extract file 'nhis_00007.dat'
Identification Number:	ddi2-141969_nhis_00007.dat-nhis.ipums.org
Responsibility Statement	
Authoring Entity:	Minnesota Population Center
Affiliation:	University of Minnesota
Production Statement	
Producer:	Minnesota Population Center
Affiliation:	University of Minnesota
Role:	Documentation
Date of Production:	October 7, 2019
Place of Production:	Minnesota Population Center, 50 Willey Hall, 225 - 19th Avenue South, Minneapolis, MN 55455

Distribution Statement	
Contact Persons:	Minnesota Population Center
Affiliation:	University of Minnesota
URI:	http://pop.umn.edu

§ 2. Study Description

Citation

Title Statement	
Title:	User Extract nhis_00007.dat
Responsibility Statement	
Authoring Entity:	Minnesota Population Center
Affiliation:	University of Minnesota
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Distribution Statement	
Contact Persons:	Minnesota Population Center
Affiliation:	University of Minnesota
URI:	http://pop.umn.edu
Version Statement	

Date:	2019-10-07

Study Scope

Subject Information	
Topic Classification:	Technical Household Variables -- HOUSEHOLD
	Geography Variables -- HOUSEHOLD
	Technical Person Variables -- PERSON
	Core Demographic Variables -- PERSON
	Family Interrelationships Variables -- PERSON
	Ethnicity/Nativity Variables -- PERSON
	Education Variables -- PERSON
	Work Variables -- PERSON
	Total Income and Earnings Variables -- PERSON
	Material Hardship Variables -- PERSON
	Housing Variables -- PERSON
	General Health Variables -- PERSON
	Access to Care Variables -- PERSON
	General Coverage Variables -- PERSON
	Coverage Timing and Continuity Variables -- PERSON
	Reasons for No Coverage Variables -- PERSON
	Plan 1 Details Variables -- PERSON
	Plan 2 Details Variables -- PERSON
	Medication Variables -- PERSON

	Condition Variables -- PERSON
	Cancer Variables -- PERSON
	Diabetes Variables -- PERSON
	Hypertension Variables -- PERSON
	Alcohol Consumption Variables -- PERSON
	Smoking Variables -- PERSON
	Quitting Smoking Variables -- PERSON
	Physical Activity Variables -- PERSON
	Sleep Variables -- PERSON
	Adult Mental Health Variables -- PERSON
	Anxiety Variables -- PERSON
	Mortality Variables -- PERSON

Summary Data Description	
Time Period:	2000
Country:	United States

Summary Data Description	
Time Period:	2001
Country:	United States

Summary Data Description	
Time Period:	2002
Country:	United States

Summary Data Description	
Time Period:	2003

Country:	United States
Summary Data Description	
Time Period:	2004
Country:	United States
Summary Data Description	
Time Period:	2005
Country:	United States
Summary Data Description	
Time Period:	2006
Country:	United States
Summary Data Description	
Time Period:	2007
Country:	United States
Summary Data Description	
Time Period:	2008
Country:	United States
Summary Data Description	
Time Period:	2009
Country:	United States
Summary Data Description	
Time Period:	2010
Country:	United States
Summary Data Description	

Time Period:	2011
Country:	United States

Summary Data Description

Time Period:	2012
Country:	United States

Summary Data Description

Time Period:	2013
Country:	United States

Summary Data Description

Time Period:	2014
Country:	United States

Notes

Note:	Additional notes on a sample that is part of this study: NHIS 2000; regular size
	Additional notes on a sample that is part of this study: NHIS 2001; regular size
	Additional notes on a sample that is part of this study: NHIS 2002; regular size
	Additional notes on a sample that is part of this study: NHIS 2003; regular size
	Additional notes on a sample that is part of this study: NHIS 2004; regular size
	Additional notes on a sample that is part of this study: NHIS 2005; regular size
	Additional notes on a sample that is part of this study: NHIS 2006; regular size
	Additional notes on a sample that is part of this study: NHIS 2007; regular size

	Additional notes on a sample that is part of this study: NHIS 2008; regular size
	Additional notes on a sample that is part of this study: NHIS 2009; regular size
	Additional notes on a sample that is part of this study: NHIS 2010; regular size
	Additional notes on a sample that is part of this study: NHIS 2011; regular size
	Additional notes on a sample that is part of this study: NHIS 2012; regular size
	Additional notes on a sample that is part of this study: NHIS 2013; regular size
	Additional notes on a sample that is part of this study: NHIS 2014; regular size

Data Access - Use Statement

Confidentiality Declaration

The Public Health Service Act (Section 308 (d)) provides that the data collected by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), may be used only for the purpose of health statistical reporting and analysis. Any effort to determine the identity of any reported case is prohibited by this law. NCHS does all it can to assure that the identity of data subjects cannot be disclosed. All direct identifiers, as well as any characteristics that might lead to identification, are omitted from the data files. Any intentional identification or disclosure of a person or establishment violates the assurances of confidentiality given to the providers of the information.

Therefore, users will:

Use the data in these data files for statistical reporting and analysis only.

Make no use of the identity of any person or establishment discovered inadvertently and advise the Director, NCHS, of any such discovery (301-458-4500).

Not link these data files with individually identifiable data from other NCHS or non-NCHS data files.

By using these data, you signify your agreement to comply with the above-stated statutorily-based requirements.

Contact Persons:	Integrated Health Interview Series
Affiliation:	Minnesota Population Center
URI:	http://www.nhis.ipums.org/

Citation Requirement

Publications and research reports based on the NHIS database must cite it appropriately. The citation is as follows:

Lynn A. Blewett, Julia A. Rivera Drew, Miriam L. King and Kari C.W. Williams. IPUMS Health Surveys: National Health Interview Survey, Version 6.4 [dataset]. Minneapolis, MN: IPUMS, 2019. https://doi.org/10.18128/D070.V6.4

If possible, citations should also include the URL for the NHIS site: http://www.nhis.ipums.org.

Please see http://www.nhis.ipums.org/nhis/citation.shtml for precise formatting of the citation.

Conditions

The Public Health Service Act (Section 308 (d)) provides that the data collected by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), may be used only for the purpose of health statistical reporting and analysis. Any effort to determine the identity of any reported case is prohibited by this law. NCHS does all it can to assure that the identity of data subjects cannot be disclosed. All direct identifiers, as well as any characteristics that might lead to identification, are omitted from the data files. Any intentional identification or disclosure of a person or establishment violates the assurances of confidentiality given to the providers of the information.

Therefore, users must:

Use the data in these data files for statistical reporting and analysis only.

Make no use of the identity of any person or establishment discovered inadvertently and advise the Director, NCHS, of any such discovery (301-458-4500).

Not link these data files with individually identifiable data from other NCHS or non-NCHS data files.

By using these data, you signify your agreement to comply with the above-stated statutorily-based requirements.

Furthermore, users of NHIS data must agree to abide by the conditions of use. Users must agree to the following conditions:

(1) Use the data in these data files for statistical reporting and analysis only

(2) Make no use of the identity of any person or establishment discovered inadvertently and advise the Director of NCHS of any such discovery (301-458-4500)

(3) Do not link these data with individually-identifiable data from NCHS or non-NCHS data files

(4) No fees may be charged for use or distribution of the data. All persons are granted a limited license to use and distribute these data, but you may not charge a fee for the data if you distribute them to others.

(5) Cite the NHIS appropriately. Publications and research reports based on the database must cite it appropriately. Please see http://www.nhis.ipums.org/nhis/citation.shtml

(6) NHIS cannot be used to study small geographic areas. The smallest geographical areas identified in the NHIS are regions (groups of states) and a limited number of metropolitan

areas.

(7) This system provides individual-level data only. The NHIS Data Extraction System will not produce tables. You will need to use a statistical software package, such as Stata, SAS, or SPSS, to analyze the downloaded data. Alternatively, you may use the NHIS-SDA tabulator to produce tables online, without making a data extract.

Disclaimer
The user of the data acknowledges that the original collector of the data, the authorized distributor of the data, and the relevant funding agency bear no responsibility for use of the data or for interpretations or inferences based upon such uses.

Study Notes

Notes	
Note:	User-provided description: Revision of (Revision of 00005)
	This extract is a revision of the user's previous extract, number 6.

§ 3. File Description

File

File Name:	nhis_00007.dat
Contents of Files:	Microdata records
Type:	rectangular
File Type:	ISO-8859-1 data file
Data Format:	fixed length fields
Place of File Production:	Minnesota Population Center, 50 Willey Hall, 225 - 19th Avenue South, Minneapolis, MN 55455

§ 4. Variable Description

Jump to Variable

1. YEAR (Survey year)
2. SERIAL (Sequential Serial Number, Household Record)
3. QUARTER (Sample quarter, household record)
4. STRATA (Stratum for variance estimation)

218. ARTHRITEV (Ever told had arthritis)
219. ASTHMAEV (Ever told had asthma)
220. ASTHMASTIL (Still have asthma)
221. CANCEREV (Ever told had cancer)
222. CHEARTDIEV (Ever told had coronary heart disease)
223. CYSTICFIEV (Ever told had cystic fibrosis)
224. DIABETICEV (Ever told had diabetes)
225. HEARTATTEV (Ever told had heart attack)
226. HEARTCONEV (Ever told had heart condition/disease)
227. HEPATEV (Ever had hepatitis)
228. HYPERTENEV (Ever told had hypertension)
229. LIVERCONYR (Told had liver condition, past 12 months)
230. STROKEYR (Had a stroke, past 12 months)
231. CNBLAD (Ever had cancer: Bladder)
232. CNBLADAG (Age first diagnosed with bladder cancer)
233. CNBLOD (Ever had cancer: Blood)
234. CNBLODAG (Age first diagnosed with blood cancer)
235. CNBONE (Ever had cancer: Bone)
236. CNBONEAG (Age first diagnosed with bone cancer)
237. CNBRAN (Ever had cancer: Brain)
238. CNBRANAG (Age first diagnosed with brain cancer)
239. CNBRES (Ever had cancer: Breast)
240. CNBRESAG (Age first diagnosed with breast cancer)
241. CNCERV (Ever had cancer: Cervix)
242. CNCERVAG (Age first diagnosed with cervical cancer)
243. CNCOLN (Ever had cancer: Colon)
244. CNCOLNAG (Age first diagnosed with colon cancer)
245. CNESOP (Ever had cancer: Esophagus)
246. CNESOPAG (Age first diagnosed with esophageal cancer)
247. CNGALL (Ever had cancer: Gall bladder)
248. CNGALLAG (Age first diagnosed with gall bladder cancer)
249. CNKIDN (Ever had cancer: Kidney)
250. CNKIDNAG (Age first diagnosed with kidney cancer)
251. CNLARX (Ever had cancer: Larynx-windpipe)
252. CNLARXAG (Age first diagnosed with larynx-windpipe cancer)
253. CNLEUK (Ever had cancer: Leukemia)
254. CNLEUKAG (Age first diagnosed with leukemia)
255. CNLIVR (Ever had cancer: Liver)
256. CNLIVRAG (Age first diagnosed with liver cancer)
257. CNLUNG (Ever had cancer: Lung)
258. CNLUNGAG (Age first diagnosed with lung cancer)
259. CNLYMP (Ever had cancer: Lymphoma)
260. CNLYMPAG (Age first diagnosed with lymphoma)
261. CNMELN (Ever had cancer: Melanoma)

Variable: "YEAR"

Name:	YEAR
Label:	Survey year
Variable Text:	YEAR is a four-digit variable reporting the calendar year (e.g., 2003) the survey was conducted and the data were collected. YEAR indicates the survey year reported on the household record.
Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	1
End Position:	4
Width:	4
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	This is a 4-digit numeric variable with 0 implied decimal places

Variable: "SERIAL"

Name:	SERIAL
Label:	Sequential Serial Number, Household Record

Variable Text:	SERIAL is an IPUMS NHIS-constructed value that is an identifying number unique to each household in a given survey year. The combination of YEAR and SERIAL provides a unique identifier for every household in the IPUMS NHIS database.
Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	5
End Position:	10
Width:	6
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	SERIAL is a 6-digit numeric variable.

Variable: "QUARTER"

Name:	QUARTER
Label:	Sample quarter, household record
Variable Text:	QUARTER reports the quarter (of the year) to which the household was assigned for interview. Each quarter of survey data is a nationally representative subsample.
Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	11
End Position:	11
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
1	Quarter 1
2	Quarter 2
3	Quarter 3
4	Quarter 4
9	Unknown

Variable: "STRATA"

Name:	STRATA
Label:	Stratum for variance estimation
Variable Text:	STRATA is an IPUMS NHIS-constructed variable based on the NHIS sample design variables in the public use files concatenated with a sample design period indicator. STRATA represents the impact of the sample design stratification on the estimates of variance and standard errors. It is constant within a sample design period and changes between sample design periods. For analysis, researchers need to use STRATA in conjunction with PSU to account for stratification and clustering when computing variance estimates with IPUMS NHIS data. See the User Notes [URL omitted from DDI.] on variance estimation for additional information.
Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	12
End Position:	15
Width:	4
Variable Format:	numeric
Implied Decimal Places:	0

Coder Instructions:	STRATA is a 5-digit numeric variable. 000: Not in Universe

Variable: "PSU"

Name:	PSU
Label:	Primary sampling unit (PSU) for variance estimation
Variable Text:	PSU is the primary sampling unit variable that represents the impact of the sample design clustering on the estimates of variance and standard errors. It is constant within a sample design period and changes between sample design periods. For analysis, researchers need to use PSU in conjunction with STRATA to account for stratification and clustering when computing variance estimates with IPUMS NHIS data. See the User Notes [URL omitted from DDI.] on variance estimation for additional information.
Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	16
End Position:	18
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	PSU is a 3-digit numeric variable. 000: Not in Universe

Variable: "NHISHID"

Name:	NHISHID
Label:	NHIS Unique identifier, household
Variable Text:	NHISHID is an IPUMS NHIS-constructed value that is an identifying number unique to each household in a given survey year. Using NHISHID, analysts can link IPUMS NHIS data with additional household-level data elements, from the NHIS source public use data files, that are not currently available in

IPUMS. NHISHID is a single variable constructed by concatenating multiple data elements from the NHIS source data files. Analysts wishing to link person-level NHIS data should use the person-level linking key NHISPID.

See the user note on LINKING [URL omitted from DDI.] for instructions on how to create links between IPUMS NHIS and NHIS source data.

Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	19
End Position:	32
Width:	14
Variable Format:	character
Implied Decimal Places:	0
Coder Instructions:	NHISHID is a 14-character string variable.

Variable: "HHWEIGHT"

Name:	HHWEIGHT
Label:	Household weight, final annual
Variable Text:	HHWEIGHT is an IPUMS NHIS-constructed variable based on the Final Annual Household Weight for 1997 forward and the Final Basic Weight in 1969-1996 NHIS public use files. HHWEIGHT represents the inverse probability of household selection into the sample, adjusted for non-response. For analyses using the household as the unit of analysis (e.g., how many households contained a person who needed help with activities of daily living?), researchers should use the household weight. Rather than using HHWEIGHT, researchers should use PERWEIGHT or SAMPWEIGHT when analyzing person-level variables or variables from the sample adult/sample child supplements from 1997 forward. See the User Notes [URL omitted from DDI.] on the use of sampling weights for additional information.
Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	33
End Position:	38

Width:	6
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	HHWEIGHT is a 6-digit numeric variable.

Variable: "ASSIGNWK"

Name:	ASSIGNWK
Label:	Sampling week within quarter
Variable Text:	ASSIGNWK reports the week within the quarter in which the household was sampled, from Week 1 through Week 13.
Concept:	Technical Household Variables -- HOUSEHOLD
Start Position:	39
End Position:	40
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
01	Week 1
02	Week 2
03	Week 3
04	Week 4

05	Week 5
06	Week 6
07	Week 7
08	Week 8
09	Week 9
10	Week 10
11	Week 11
12	Week 12
13	Week 13
99	Unknown or other

Variable: "REGION"

Name:	REGION
Label:	Region of residence
Variable Text:	REGION reports the region of the U.S. where the housing unit containing survey participants was located. The geographic information included in REGION was added during processing, rather than ascertained via questioning. REGION is the smallest geographic unit identified in the IPUMS NHIS data for 1985 forward. In 1968-1984, a limited number (under 30) metropolitan areas were also identified (METAREA).

The four regions--Northeast, North Central/Midwest, South, and West--correspond to the U.S. regions recognized by the Census Bureau. Divisions and states included in the four regions are as follows:

Northeast: New England Division (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut) and Middle Atlantic Division (New York, New Jersey, and Pennsylvania)

North Central/Midwest: East North Central Division (Michigan, Ohio, Indiana, Illinois, Wisconsin) and West North Central Division (Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska)

South: South Atlantic Division (Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, and Florida), East South Central Division (Kentucky, Tennessee, Mississippi, and Alabama), and West South Central Division (Texas, Arkansas, Oklahoma, and Louisiana)

West: Pacific Division (Washington, Alaska, Oregon, California, and Hawaii) and |

	Mountain Division (Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, and Nevada).
Concept:	Geography Variables -- HOUSEHOLD
Start Position:	41
End Position:	42
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
01	Northeast
02	North Central/Midwest
03	South
04	West
08	NO DATA IN ROUND
09	Unknown

Variable: "PERNUM"

Name:	PERNUM
Label:	Person number within family (from reformatting)
Variable Text:	PERNUM is an IPUMS NHIS-constructed variable that numbers all persons within each family in each household consecutively (starting with "1") in the order in which they appear in the original NHIS data. PERNUM was created by IPUMS NHIS during the process of reformatting the original NHIS public use files.

Concept:	Technical Person Variables -- PERSON
Start Position:	43
End Position:	44
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	PERNUM is a 2-digit numeric variable.

Variable: "NHISPID"

Name:	NHISPID
Label:	NHIS Unique Identifier, person
Variable Text:	NHISPID is an IPUMS NHIS-constructed value that is an identifying number unique to each person in a given survey year. Using NHISPID, analysts can link IPUMS NHIS data with additional data elements, from the NHIS source public use data files, that are not currently available in IPUMS. For example, researchers can use NHISPID to link variables in IPUMS NHIS with other variables from the core NHIS files variables. Alternatively, users may use NHISPID to link variables from IPUMS with variables from NHIS supplements that are not yet part of IPUMS NHIS. NHISPID is a single variable constructed by concatenating multiple data elements from the NHIS source data files. Analysts wishing to link household-level NHIS data should use the household-level linking key NHISHID. See the user note on LINKING [URL omitted from DDI.] for instructions on how to create links between IPUMS NHIS and NHIS source data.
Concept:	Technical Person Variables -- PERSON
Start Position:	45
End Position:	60
Width:	16
	character

Variable Format:	
Implied Decimal Places:	0
Coder Instructions:	NHISPID is a 16-character string variable.

Variable: "HHX"

Name:	HHX
Label:	Household number (from NHIS)
Variable Text:	For all persons, HHX reports the person's household number on the original NHIS data. HHX is unique within sample but only unique across samples when combined with information on year.
Concept:	Technical Person Variables -- PERSON
Start Position:	61
End Position:	66
Width:	6
Variable Format:	character
Implied Decimal Places:	0
Coder Instructions:	This is a 6-digit numeric variable with 0 implied decimal places

Variable: "FMX"

Name:	FMX
Label:	Family number (from NHIS)
Variable Text:	For all persons, FMX reports the person's family number within the household, as documented on the family record on the original NHIS data. FMX is unique only when combined with information on year and household.
Concept:	Technical Person Variables -- PERSON

Start Position:	67
End Position:	68
Width:	2
Variable Format:	character
Implied Decimal Places:	0
Coder Instructions:	This is a 2-digit numeric variable with 0 implied decimal places

Variable: "PX"

Name:	PX
Label:	Person number of respondent (from NHIS).
Variable Text:	PX is the original person number assigned to each individual by the NHIS. PX is unique only when combined with information on year, household, and family.
Concept:	Technical Person Variables -- PERSON
Start Position:	69
End Position:	70
Width:	2
Variable Format:	character
Implied Decimal Places:	0
Coder Instructions:	PX is a 2-digit numeric variable.

Variable: "PERWEIGHT"

Name:	PERWEIGHT
Label:	Final basic annual weight
Variable Text:	

PERWEIGHT is an IPUMS NHIS-constructed variable based on the Final Annual Weight in the original NHIS public use files. This weight should be used for many analyses at the person level, particularly with variables for which information was collected about all family members. PERWEIGHT represents the inverse probability of selection into the sample, adjusted for non-response with post-stratification adjustments for age, race/ethnicity, and sex using the Census Bureau's population control totals. For each year, the sum of these weights is equal to that year's civilian, non-institutionalized U.S. population.

There are instances, however, when the researcher should use a different person-level weight, particularly with supplements where a random adult or child family member was selected for questioning. For example, researchers analyzing variables from the sample adult/sample child supplements from 1997 forward should use SAMPWEIGHT rather than PERWEIGHT.

Users should review the documentation for extracted variables--most notably the "Weights" section toward the top of each variable description-- to ascertain which weight is the appropriate choice for a given survey year. See the User Notes [URL omitted from DDI.] on the use of sampling weights for additional information.

Concept:	Technical Person Variables -- PERSON
Start Position:	71
End Position:	82
Width:	12
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	PERWEIGHT is a 12-digit numeric variable.

Variable: "SAMPWEIGHT"

Name:	SAMPWEIGHT
Label:	Sample Person Weight
Variable Text:	SAMPWEIGHT is an IPUMS NHIS-constructed variable that represents, with a few exceptions, the random selection of a sample person in the household to complete a supplement survey. (The exceptions to this generalization are the 1983 health insurance supplement and 1993 health insurance, access to care, and family resources supplements, which were asked of all persons in the

second half of the year.)

For survey years 1997 forward, SAMPWEIGHT is based on the Final Annual Sample Adult and Sample Child Weights in the original NHIS public use files. This weight should be used with variables taken from the sample adult or sample child supplements for 1997 on (as indicated by the supplement title in the "Source" section toward the top of each variable description).

SAMPWEIGHT also contains the sampling weights for a subset of the pre-1997 supplements, for which the definition of a sample person, and the rules governing the section of sample persons, are less consistent. The universe statements for SAMPWEIGHT document who was included in the supplements requiring use of this weight on a year-by-year basis. SAMPWEIGHT consistently represents the inverse probability of selection into a supplement, adjusted for non-response with additional post-stratification adjustments for age,
race/ethnicity, and sex using the Census Bureau's population control totals.

Users should review the documentation for extracted variables--most notably the "Weights" section toward the top of each variable description--to ascertain which weight is the appropriate choice for a given survey year. See the User Notes [URL omitted from DDI.] on the use of sampling weights for additional information.

Concept:	Technical Person Variables -- PERSON
Start Position:	83
End Position:	91
Width:	9
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	SAMPWEIGHT is a 9-digit numeric variable.

Variable: "FWEIGHT"

Name:	FWEIGHT
Label:	Final annual family weight
Variable Text:	FWEIGHT is a variable based on the Final Annual Weight in the original NHIS public use files. This weight should be used for many analyses at the family level, particularly with variables for which information was collected about

family characteristics.

Creating FWEIGHT requires using independent estimates of the number of families from a reliable source such as the U.S. Census Bureau in order to perform post-stratification adjustments in a manner similar to what was done for the person-level weights. However, such independent estimates do not exist.

As a result, the NHIS used the "principle person" method to create family-level weights. The person weight with the smallest ratio adjustment within each family was used as a proxy for the family-level ratio adjustment. This method is believed to provide a more accurate estimate of the total number of U.S. families than either the use of other person weights within the family or the use of no ratio adjustments at all. Therefore, the Family weight contains factors for selection probabilities at the household level, household non-response adjustment, and several ratio adjustment factors that are applied to all person weights.

Users should review the documentation for extracted variables--most notably the "Weights" section toward the top of each variable description-- to ascertain which weight is the appropriate choice for a given survey year. See the User Notes [URL omitted from DDI.] on the use of sampling weights for additional information.

Concept:	Technical Person Variables -- PERSON
Start Position:	92
End Position:	97
Width:	6
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	FWEIGHT is a 6-digit numeric variable.

Variable: "SUPP1WT"

Name:	SUPP1WT
Label:	Supplemental Person Weight 1
Variable Text:	SUPP1WT is an IPUMS NHIS-constructed variable that harmonizes the sampling weights for a select subset of the supplements of the original NHIS public use files. In this case, harmonization refers to putting weights from

	various years and source supplement files into a single, consistently named variable.

The majority of weights included in SUPP1WT come from the supplement surveys for childhood immunization (years 1992-2003), smoking (1978-1980), family medical expenses (1975-1976), and AIDS knowledge and attitudes (1987-1995). In some cases, SUPP1WT represents a randomly selected person from a household; for example, a sample person age 18 and older was selected for the 1990 AIDS supplement. In other cases, the survey was also administered to all persons within a specific age group; for example, the 1998 childhood immunization supplement was administered to a sample child under 18 plus all children age 12-35 months. SUPP1WT represents the inverse probability of selection into a supplement, adjusted for non-response with additional post-stratification adjustments for age, race/ethnicity, and sex using the Census Bureau's population control totals.

Beginning in 2011, the weights included in SUPP1WT are associated with variables from the Functioning and Disability supplement.

Users should review the documentation for extracted variables--most notably the "Weights" section toward the top of each variable description--to ascertain which weight is the appropriate choice for a given survey year. See the User Notes [URL omitted from DDI.] on the use of sampling weights for additional information. |
Concept:	Technical Person Variables -- PERSON
Start Position:	98
End Position:	106
Width:	9
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	SUPP1WT is a 9-digit-numeric variable.

0: Not in Universe |

Variable: "ASTATFLG"

Name:	ASTATFLG
Label:	Sample adult flag
Variable Text:	ASTATFLG identifies the record of a sample adult. A sample adult is the one adult per family who was selected at random by the computerized survey instrument

to answer additional health-related questions, under the survey design instituted in 1997. All persons other than sample adults (those not having the value 1 in ASTATFLG) are coded as "not in universe" for variables derived from the additional questions asked only of sample adults. (Some additional questions were asked of both sample adults and sample children.) Every adult in each family, except for active duty armed forces members, was eligible to be selected as the sample adult.

ASTATFLG has the value "no one selected as sample adult" (code 4) for all adults in the family in the following two cases: 1) sample adult status was incorrectly assigned to someone in the armed forces, or 2) it could not be ascertained which adult in the family was chosen as sample adult.

A similar flag variable, CSTATFLG, identifies the record of a sample child, that is, the one person under 18 per family who was selected at random for additional health-related questions, beginning in 1997, for families that included children.

This variable is automatically included in all extracts, but only has valid values for 1997 forward.

Concept:	Technical Person Variables -- PERSON
Start Position:	107
End Position:	107
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Sample adult, has record
2	Sample adult, no record
3	Not selected as sample adult
4	No one selected as sample adult

5	Armed force member
6	AF member, selected as sample adult

Variable: "CSTATFLG"

Name:	CSTATFLG
Label:	Sample child flag
Variable Text:	CSTATFLG identifies the record of a sample child. A sample child is the one person under age 18 per family who was selected at random by the computerized survey instrument for additional health-related questions, under the survey design instituted in 1997. All persons other than sample children (those not having the value 1 in CSTATFLG) are coded as "not in universe" for variables derived from these additional questions asked only of sample children. (Some additional questions were asked of both sample adults and sample children.)

Every child in each family, except for active duty armed forces members and emancipated minors, was eligible to be selected as the sample child. Emancipated minors are persons age 14 to 17 who are married or living with a partner OR who live on their own without the supervision of a parent, other adult family member, or legal guardian.

CSTATFLG has the value "no one selected as sample child" (code 4) for all children in the family in the following two cases: 1) if sample child status was incorrectly assigned to someone who was ineligible, or 2) if it was unknown which child in the family was chosen as sample child.

A similar flag variable, ASTATFLG, identifies the record of a sample adult, that is, the one person age 18+ per family who was selected at random for additional health-related questions, under the survey design instituted in 1997.

This variable is automatically included in all extracts, but only has valid values for 1997 forward. |
Concept:	Technical Person Variables -- PERSON
Start Position:	108
End Position:	108
Width:	1
Variable Format:	numeric
	0

Implied Decimal Places:	

Categories

Value	Label
0	NIU
1	Sample child-has record
2	Sample child-no record
3	Not selected as sample child
4	No one selected as sample child
5	Emancipated minor

Variable: "AGE"

Name:	AGE
Label:	Age
Variable Text:	AGE reports the individual's age, in years since last birthday. Age is not coded as "unknown" for any persons included in the IPUMS NHIS data. As the public use file's codebooks for 1998 forward state, "Because age is an important variable for instrument check items and in developing the weights, all respondents must have data on age."
Concept:	Core Demographic Variables -- PERSON
Start Position:	109
End Position:	110
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Coder Instructions:	
	AGE is a 2-digit-numeric variable.
	85: Top code for 85 years or older (1963-1968 and 1997-forward) 90: Top code for 90 years or older (1969-1995) 99: Top code for 99 years or older (1996 only)

Variable: "SEX"

Name:	SEX
Label:	Sex
Variable Text:	SEX indicates whether the person was male or female.
Concept:	Core Demographic Variables -- PERSON
Start Position:	111
End Position:	111
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
1	Male
2	Female

Variable: "SEXORIEN"

Name:	SEXORIEN
Label:	Sexual orientation
Variable Text:	For sample adults ages 18 and older, SEXORIEN reports the person's sexual orientation. Respondents were asked "Which of the following best represents how you think of yourself?" Response options included: "gay" or "lesbian", "straight, that is, not lesbian or gay", "bisexual", "something else", and "I don't know the

answer". The wording of the question differed slightly for men and women, with men being asked if they are "gay" or "straight, that is, not gay" and women being asked if they are "lesbian or gay" or "straight, that is, not lesbian or gay". Persons who responded "something else" or "I don't know the answer" were asked follow-up questions about what they meant by "something else" or "don't know," but due to sample size constraints, those responses are not included in the publicly-available data.

SEXORIEN was first introduced in 2013. Users interested in learning more about the cognitive testing involved in developing the NHIS sexual orientation questions can refer to the NHIS question evaluation report [URL omitted from DDI.].

Concept:	Core Demographic Variables -- PERSON
Start Position:	112
End Position:	112
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Lesbian or gay
2	Straight, that is, not lesbian or gay
3	Bisexual
4	Something else
5	I don't know the answer
7	Unknown-refused
8	Unknown-not ascertained

Variable: "MARSTAT"

Name:	MARSTAT
Label:	Legal marital status
Variable Text:	MARSTAT reports the person's legal marital status.
Concept:	Core Demographic Variables -- PERSON
Start Position:	113
End Position:	114
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Married
11	Married - Spouse present
12	Married - Spouse not in household
13	Married - Spouse in household unknown
20	Widowed
30	Divorced
40	Separated
50	Never married
99	Unknown marital status

Variable: "MARST"

Name:	MARST
Label:	Current marital status
Variable Text:	MARST reports the person's current marital status.
Concept:	Core Demographic Variables -- PERSON
Start Position:	115
End Position:	116
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Married
11	Married - Spouse present
12	Married - Spouse not in household
13	Married - Spouse in household unknown
20	Widowed
30	Divorced
40	Separated
50	Never married
99	Unknown marital status

Variable: "MARSTCOHAB"

Name:	MARSTCOHAB
Label:	Marital status, including living with partner
Variable Text:	For all persons, MARSTCOHAB reports the person's marital status, including living with a partner. Persons ages 13 years and younger are automatically coded as being never married. For a person's legal marital status, see MARSTAT.
Concept:	Core Demographic Variables -- PERSON
Start Position:	117
End Position:	117
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	Married, spouse present
2	Married, spouse absent
3	Married, spouse in household unknown
4	Separated
5	Divorced
6	Widowed
7	Living with partner
8	Never married

9	Unknown marital status

Variable: "COHABMARST"

Name:	COHABMARST
Label:	Legal marital status of cohabiting person
Variable Text:	For persons age 14 and older who have ever been married and are living with a partner, COHABMARST reports the person's current legal marital status. Please see the Codes tab for response categories.
Concept:	Core Demographic Variables -- PERSON
Start Position:	118
End Position:	118
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Married
2	Widowed
3	Divorced
4	Separated
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "COHABEVMAR"

Name:	COHABEVMAR
Label:	Cohabiting person ever married
Variable Text:	For persons age 14 and older who are living with a partner, COHABEVMAR reports if the person has ever been married.
Concept:	Core Demographic Variables -- PERSON
Start Position:	119
End Position:	119
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not married
2	Married
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "BIRTHMO"

Name:	BIRTHMO

Label:	Month of birth
Variable Text:	For sample persons under 18 years old in 1981 and all persons in 1982 and forward, BIRTHMO reports the person's month of birth. According to personal communication between IPUMS NHIS and NHIS staff, releasing month of birth on the public use files was determined by staff at the National Center for Health Statistics to pose a disclosure risk. Person's month of birth was suppressed on the public use files beginning in 2015.
Concept:	Core Demographic Variables -- PERSON
Start Position:	120
End Position:	121
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August

09	September
10	October
11	November
12	December
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "BIRTHYR"

Name:	BIRTHYR
Label:	Year of birth
Variable Text:	For all persons, BIRTHYR reports the person's year of birth. Beginning in 2017, NHIS has suppressed birth year; this variable is no longer available on public use files.
Concept:	Core Demographic Variables -- PERSON
Start Position:	122
End Position:	125
Width:	4
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	BIRTHYR is a 4-digit-numeric variable. 9997: Unknown-Refused 9998: Not in Universe or Not Ascertained 9999: Unknown-Don't know BIRTHYR is bottom coded to 84 years before the survey year (e.g. for

1997, bottom code is 1913: birth year 1913 and before; for 1998, bottom code is 1914: birth year 1914 and before).

Variable: "FAMSIZE"

Name:	FAMSIZE
Label:	Number of persons in family
Variable Text:	FAMSIZE reports the number of persons in a family. FAMSIZE is generated by the National Center for Health Statistics, rather than based on a direct question to survey respondents. Analysts who wish to know the number of person records for a given household may wish to use the NUMPREC variable which was generated by the IPUMS NHIS project. The values for NUMPREC do not always agree with those for FAMSIZE. For example, a one-person household consistently has the value "1" in NUMPREC, while, as discussed below, a one-person household is coded "0" in FAMSIZE prior to 1982.
Concept:	Family Interrelationships Variables -- PERSON
Start Position:	126
End Position:	127
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	Unrelated Individuals
01	1 person
02	2 people
03	3 people

04	4 people
05	5 people
06	6 people
07	7 people
08	8 people
09	9 people
10	10 people
11	11 people
12	12 people
13	13 people
14	14 people
15	15 people
16	16 people
17	17 people
18	18 people
19	19 people
20	20 people
21	21 people
22	22 people
23	23 people
24	24 people
25	25 people
26	26 people
27	27 people

28	28 people
29	29 people
30	30 people
31	31 people
32	32 people
33	33 people
34	34 people
35	35 people
36	36 people
37	37 people
38	38 people
39	39 people
40	40 people
41	41 people
42	42 people
43	43 people
44	44 people
45	45 people
46	46 people
47	47 people
48	48 people
49	49 people
50	50 people
51	51 people

52	52 people
53	53 people
54	54 people
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56	56 people
57	57 people
58	58 people
59	59 people
60	60 people
61	61 people
62	62 people
63	63 people
64	64 people
65	65 people
66	66 people
67	67 people
68	68 people
69	69 people
70	70 people
71	71 people
72	72 people
73	73 people
74	74 people
75	75 people

76	76 people
77	77 people
78	78 people
79	79 people
80	80 people
81	81 people
82	82 people
83	83 people
84	84 people
85	85 people
86	86 people
87	87 people
88	88 people
89	89 people
90	90 people
91	91 people
92	92 people
93	93 people
94	94 people
95	95 people
96	96 people
97	97 people
98	98 people
99	NIU

Variable: "FAMKIDNO"

Name:	FAMKIDNO
Label:	Number of family members under 18 (fam record)
Variable Text:	For all persons, FAMKIDNO reports the number of family members under the age of 18, as documented on the family record.
Concept:	Family Interrelationships Variables -- PERSON
Start Position:	128
End Position:	129
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9

10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30

Variable: "FAMOLDNO"

Name:	FAMOLDNO

Label:	Number of family members age 65+ (family record)
Variable Text:	For all persons, FAMOLDNO reports the number of persons in the family aged 65 and older, as documented on the family record.
Concept:	Family Interrelationships Variables -- PERSON
Start Position:	130
End Position:	131
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11

12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30

Variable: "MOMED"

Name:	MOMED
Label:	Education of mother
Variable Text:	For all persons under age 18, MOMED reports the person's mother's education in intervalled groups.

Users may be interested in using the IPUMS NHIS family interrelationship variables instead of MOMED. These variables allow users to identify a person's (probable) coresident spouse/partner and/or parent(s), and make it easy to include characteristics about these family members as new variables in their data extracts. When using the IPUMS family interrelationship variables, not only can users attach information about a parent's education, but can also attach other characteristics of interest, such as parent's race, labor force status, and health insurance coverage, as new variables. The IPUMS variable MOMLOC reports the location number of the person's coresident mother.

Concept:	Family Interrelationships Variables -- PERSON
Start Position:	132
End Position:	133
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
99	Unknown-don't know
98	Unknown-not ascertained
97	Unknown-refused
08	Master's, professional, or doctoral degree
07	Bachelor's degree
06	AA degree, academic program
05	AA degree, technical or vocational
04	Some college, no degree
03	High school graduate/GED recipient

02	9-12th grade, no high school diploma
01	Less/equal to 8th grade
00	NIU

Variable: "RELPOP"

Name:	RELPOP
Label:	Type of relationship to father
Variable Text:	For all persons living with their father in the household, RELPOP reports the type of relationship the person has to her/his father. Please see the comparability tab for information about changes in response categories.
Concept:	Family Interrelationships Variables -- PERSON
Start Position:	134
End Position:	135
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Biological
11	Biological or Adoptive
20	Adoptive
30	Step

40	Foster
50	In-law
60	Other, or unknown
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "DADED"

Name:	DADED
Label:	Education of father
Variable Text:	For all persons under age 18, DADED reports the education level of the person's father in intervalled groups. Users may be interested in using the IPUMS NHIS family interrelationship variables instead of DADED. These variables allow users to identify a person's (probable) coresident spouse/partner and/or parent(s), and make it easy to include characteristics about these family members as new variables in their data extracts. When using the IPUMS family interrelationship variables, not only can users attach information about a parent's education, but can also attach other characteristics of interest, such as parent's race, labor force status, and health insurance coverage, as new variables. The IPUMS variable POPLOC reports the location number of the person's coresident father.
Concept:	Family Interrelationships Variables -- PERSON
Start Position:	136
End Position:	137
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
99	Unknown-don't know
98	Unknown-not ascertained
97	Unknown-refused
08	MA, professional, or PhD degree
07	Bachelor's degree
06	AA degree, academic program
05	AA degree, technical or vocational
04	Some college, no degree
03	High school grad or GED
02	9th to 12th grade, no high school diploma
01	8th grade or less
00	NIU

Variable: "RACEA"

Name:	RACEA
Label:	Main Racial Background (Pre-1997 Revised OMB Standards), self-reported or interviewer reported
Variable Text:	RACEA incorporates information from RACEID and RACESR. Accordingly, RACEA reports, for 1968-1977, the interviewer-identified race of all persons, and for 1978 forward, the self-reported, main racial background of all persons using the pre-1997 Office of Management and Budget's (OMB's) Statistical Policy Directive No. 15 (Race and Ethnic Standards for Federal Statistics and Administrative Reporting). More information on the OMB's Directive 15 can be found at Standards for the Classification of Federal Data on Race and Ethnicity [URL omitted from DDI.].
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	138

End Position:	140
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
100	White
200	Black/African-American
300	Aleut, Alaskan Native, or American Indian
310	Alaskan Native or American Indian
320	Alaskan Native/Eskimo
330	Aleut
340	American Indian
400	Asian or Pacific Islander
410	Asian
411	Chinese
412	Filipino
413	Korean
414	Vietnamese
415	Japanese
416	Asian Indian
420	Pacific Islander

421	Hawaiian	
422	Samoan	
423	Guamanian	
430	Other Asian or Pacific Islander	
431	Other Asian or Pacific Islander (1992-1995)	
432	Other Asian or Pacific Islander (1996)	
433	Other Asian or Pacific Islander (1997-1998)	
434	Other Asian (1999 forward)	
500	Other Race	
510	Other Race (1969-1977)	
520	Other Race (1978)	
530	Other Race (1979-1991)	
540	Other Race (1992-1995)	
550	Other Race (1996)	
560	Other Race (1997-1998)	
570	Other Race (1999-2002)	
580	Primary Race not releasable	
600	Multiple Race, No Primary Race Selected	
610	Multiple Race, including Asian, excluding Black and White	
611	Multiple Race, including Asian and Black, excluding White	
612	Multiple Race, including Asian and White, excluding Black	
613	Multiple Race, including Black, excluding Asian and White	

614	Multiple Race, including Black and White, excluding Asian
615	Multiple Race, including White, excluding Asian and Black
616	Multiple Race, including Asian, White, and Black
617	Multiple Race, excluding Asian, White, and Black
900	Unknown
970	Unknown-refused
980	Unknown-not ascertained
990	Unknown (1997forward: Don't know)

Variable: "HISPETH"

Name:	HISPETH
Label:	Hispanic ethnicity
Variable Text:	HISPETH identifies and classifies persons of Hispanic/Spanish/Latino origin or ancestry. According to the Field Representative's Manual for 1976-1981, "The term 'national origin or ancestry' refers to the national or cultural group from which the person is descended. A person may report his origin based on the origin of a parent, a grandparent, or some far-removed ancestor." The 1982 Field Representative's Manual noted, "There is no set rule as to how many generations are to be taken into account in determining origin."
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	141
End Position:	142
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
10	Not Hispanic/Spanish origin
20	Mexican
21	Mexican-Mexicano
22	Mexicano
23	Mexican-American
24	Chicano
30	Puerto Rican
40	Cuban/Cuban American
50	Dominican (Republic)
60	Other Hispanic
61	Central or South American
62	Other Latin American, type not specified
63	Other Spanish
64	Hispanic/Latino/Spanish, non-specific type
65	Hispanic/Latino/Spanish, type refused
66	Hispanic/Latino/Spanish, type not ascertained
67	Hispanic/Spanish, type don't know
70	Multiple Hispanic
90	Unknown
91	Unknown if Hispanic/Spanish origin
92	Two origins, unknown which is the main

93	Origin unknown, refused or not reported
99	NIU

Variable: "RACESR"

Name:	RACESR
Label:	Self-Reported Main Racial Background (Pre-1997 Revised OMB Standards)
Variable Text:	RACESR provides information on self-reported, main racial background of all persons, using the pre-1997 Office of Management and Budget's (OMB's) Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting.
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	143
End Position:	145
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
100	White
200	Black/African American
300	Aleut, Alaskan Native, or American Indian
310	Alaskan Native or American Indian
320	Alaskan Native

330	Aleut	
340	American Indian	
400	Asian or Pacific Islander	
410	Asian	
411	Chinese	
412	Filipino	
413	Korean	
414	Vietnamese	
415	Japanese	
416	Asian Indian	
417	Other Asian (1999-2005)	
420	Pacific Islander	
421	Hawaiian	
422	Samoan	
423	Guamanian	
430	Other Asian or Pacific Islander	
431	Other Asian or Pacific Islander (1992-1995)	
432	Other Asian or Pacific Islander (1996)	
433	Other Asian or Pacific Islander (1997-1998)	
500	Other race	
510	Other race (1978)	
520	Other race (1979-1991)	
530	Other race (1992-1995)	

540	Other race (1996)
550	Other race (1997-1998)
560	Other race (1999-2002)
570	Primary race not releasable
600	Multiple race, no primary race selected
900	Unknown
970	Unknown-refused
980	Unknown-not ascertained
990	Unknown

Variable: "YRSINUS"

Name:	YRSINUS
Label:	Number of years spent in the U.S.
Variable Text:	For individuals born outside the 50 United States and the District of Columbia, YRSINUS indicates how long such persons had been in the United States. In most cases, this information was collected via the question, "In what year did you come to the United States to stay?" If the response to this question was "refused" or "don't know," the interviewer tried to collect the information via an alternatively phrased question: "About how long have you been in the United States?" The data included in the public use files for YRSINUS are recodes of the responses to these questions, with each answer in the form of a calendar year converted to a number of years present. The calendar year format of the initial question would have increased the precision of responses by discouraging rounding; the recoded format (number of years present) is easier for researchers to analyze.
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	146
End Position:	146
Width:	1

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Less than 1 year
2	1 year to less than 5 years.
3	5 years to less than 10 years
4	10 years to less than 15 years
5	15 years or more
7	Refused
8	Don't Know
9	Not Ascertained

Variable: "HISPYN"

Name:	HISPYN
Label:	Hispanic ethnicity, dichotomous
Variable Text:	For all persons, HISPYN indicates if the respondent considers her/himself Hispanic or Latino.
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	147
End Position:	147
Width:	1

Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
1	No, not of Hispanic ethnicity
2	Yes, of Hispanic ethnicity
7	Unknown--refused
8	Unknown--not ascertained
9	Unknown--don't know

Variable: "HISPFLAG"

Name:	HISPFLAG
Label:	Hispanic imputation flag
Variable Text:	For all persons, HISPFLAG reports if the respondent provided information about her/his Hispanic origin, or if this information was imputed. Imputations are classified according to the raw data from when the respondent was asked if she/he was of Hispanic origin. Beginning in 2017, NHIS has suppressed imputation flag variables indicating whether an ethnicity or race response was imputed; these variables are no longer available on public use files.
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	148
End Position:	149
Width:	2
Variable Format:	numeric
	0

Categories

Value	Label
10	Hispanic origin given by respondent/proxy
20	Hispanic origin imputed
21	Hispanic origin imputed from reference person
22	Imputed: was 'refused' Hispanic Origin
23	Imputed: was 'not ascertained' Hispanic Origin
24	Imputed: was 'does not know' Hispanic Origin

Variable: "USBORN"

Name:	USBORN
Label:	Born in the United States
Variable Text:	USBORN indicates whether the respondent was born in the United States (i.e., in one of the 50 states or in the District of Columbia). To collect this information, interviewers asked, "Where were you born?" Responses were recoded in the original NHIS public use files into the categories included in this variable. Related Variables REGIONBR provides additional detail on the place of birth of respondents born outside the United States. In REGIONBR, respondents' reported countries of birth were recoded in the original NHIS public use files into 12 broad regional categories.
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	150
End Position:	151
Width:	2

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
10	No
11	No, born in U.S. territory
12	No, born outside U.S. and U.S. territories
20	Yes, born in U.S. state or DC
96	Inapplicable
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CITIZEN"

Name:	CITIZEN
Label:	U.S. citizenship
Variable Text:	CITIZEN indicates whether the individual was a U.S. citizen. This variable is a recode of more detailed information collected in response to the question, "Are you a citizen of the United States?" In the recoded CITIZEN variable, the affirmative value (IPUMS NHIS code 2) includes the following categories: Yes, born in one of 50 U.S. states or the District of Columbia; Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory; Yes, born abroad to American parent(s); and Yes, U.S. citizen by naturalization.
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	152

End Position:	152
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	No, not U.S. citizen
2	Yes, U.S. citizen
7	Unknown--refused
8	Unknown--not ascertained
9	Unknown--don't know

Variable: "RACEIMPUTE"

Name:	RACEIMPUTE
Label:	Race imputation flag
Variable Text:	For all persons, RACEIMPUTE reports if the respondent's race was reported in the survey, or if the respondent's race was imputed. Beginning in 2000, imputations are classified according to the raw data response from when the respondent was asked what race she/he considers her/himself to be. Beginning in 2017, NHIS has suppressed imputation flag variables indicating whether an ethnicity or race response was imputed; these variables are no longer available on public use files.
Concept:	Ethnicity/Nativity Variables -- PERSON
Start Position:	153
End Position:	154

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
10	No, race reported
20	Yes, race imputed
21	Imputed: was "refused"
22	Imputed: was "not ascertained"
23	Imputed: was "does not know"
24	Imputed: was "other race"
25	Imputed: was "unspecified multiple race"

Variable: "REGIONBR"

Name:	REGIONBR
Label:	Global region of birth
Variable Text:	REGIONBR reports region of birth of respondents, by recoding their reported country of origin into one of twelve categories. The initial, non-recoded responses were based on country of birth, which is not necessarily congruent with current citizenship or legal status. The CIA on-line World Factbook was used to place countries into regional categories. Respondents born in Canada were included in the "elsewhere" category to satisfy NCHS confidentiality requirements. In REGIONBR, the "United States" category includes only persons born in the fifty states and the District of Columbia. Persons born in a U.S. territory can be identified using USBORN for 2002 forward.
Concept:	Ethnicity/Nativity Variables -- PERSON
	155

Start Position:	
End Position:	156
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
01	United States
02	Mexico, Central America, Caribbean Islands
03	South America
04	Europe
05	Russia (and former USSR areas)
06	Africa
07	Middle East
08	Indian Subcontinent
09	Asia
10	SE Asia
11	Elsewhere
99	Unknown

Variable: "EDUCREC2"

Name:	EDUCREC2

Label:	Educational attainment recode, intervalled
Variable Text:	EDUCREC2 is a recoded combination of two other variables, HIGRADE2 and EDUC, which measure educational attainment in different ways. HIGRADE2, available for 1968-1996, reports the respondent's highest grade of school or year of college completed, in intervals (e.g., grouping together grades 1 through 4). EDUC, available beginning in 1997, classifies high school graduates according to their highest degree or diploma obtained. In EDUCREC2, the HIGRADE2 categories are given the same codes as their approximate equivalents in EDUC.
Concept:	Education Variables -- PERSON
Start Position:	157
End Position:	158
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Never attended/kindergarten only
20	Grade 1, 2, 3, or 4
30	Grade 5, 6, 7, or 8
31	Grade 5, 6, or 7
32	Grade 8
40	Grade 9, 10, 11, or 12
41	Grade 9, 10, or 11

42	Grade 12
50	1 to 4 years of college
51	1 to 3 years of college
52	1 to 2 years of college
53	3 to 4 years of college
54	4 years college/Bachelor's degree
60	5+ years of college
96	Unknown-not reported
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown (1996 forward - Don't know)

Variable: "EDUCREC1"

Name:	EDUCREC1
Label:	Educational attainment recode, nonintervalled
Variable Text:	EDUCREC1 is a recoded combination of two other variables, HIGRADE1 and EDUC, which measure educational attainment in different ways. HIGRADE1, available for 1982-1996, reports the respondent's highest grade of school or year of college completed, by single years. EDUC, available beginning in 1997, classifies high school graduates according to their highest degree or diploma obtained. In EDUCREC1, the HIGRADE1 categories are given the same codes as their approximate equivalents in EDUC.
Concept:	Education Variables -- PERSON
Start Position:	159
End Position:	160
Width:	2
	numeric

Variable Format:	
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	Never attended/kindergarten only
02	Grade 1
03	Grade 2
04	Grade 3
05	Grade 4
06	Grade 5
07	Grade 6
08	Grade 7
09	Grade 8
10	Grade 9
11	Grade 10
12	Grade 11
13	Grade 12
14	1 to 3 years of college
15	4 years college/Bachelor's degree
16	5+ years of college
96	Unknown--all causes

97	Unknown--refused
98	Unknown--not ascertained
99	Unknown--not known

Variable: "EDUC"

Name:	EDUC
Label:	Educational attainment
Variable Text:	EDUC reports the highest level of schooling an individual had completed, in terms of completed grades for persons with less than a high school degree, and in terms of degrees attained for high school graduates and those with higher education. Respondents were handed a card listing recognized categories and asked to identify the correct category. According to the Field Representative's Manuals for 1997-2000, only "regular schooling which advances a person toward an elementary or high school diploma, or a college/university/professional school (such as law, medicine, dentistry)" counted as education. Schooling in settings other than "regular schools" counted only if the credits obtained were acceptable in a regular school system. Thus, for example, "adult education" classes not taken for credit or for the attainment of a college degree did not count. For the end of high school, EDUC distinguishes between those who completed twelfth grade but did not attain a diploma (e.g., those who failed to pass state-mandated high school exit examinations), those who graduated from high school, and those passed the GED (General Equivalence Degree) Test (which certifies that the test taker has attained high school-level academic skills). Persons who attained a high school diploma in less than twelve years were to be recorded as "high school graduates," a guideline consistent with EDUC's emphasis on degrees attained rather than years spent in the classroom. The Field Representative's Manual for 1997-2000 directed interviewers to probe to determine whether persons who attended "post-graduate" high school classes but did not attend college had received a high school diploma. For nurses, interviewers were to determine whether training was received in a college or in a nursing school (with the grade completed at the last regular--non-nursing--school to be entered in the latter case). For a person attending special education classes or a school for persons with mental, physical, or developmental difficulties, interviewers were to ask which grade in a regular school most closely matched the individual's education level. Persons currently in school were generally assumed to have completed the previous grade.
Concept:	Education Variables -- PERSON
Start Position:	161
End Position:	163

Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
000	NIU
100	Grade 8 or less
101	Never attended/kindergarten only
102	Grade 1
103	Grade 2
104	Grade 3
105	Grade 4
106	Grade 5
107	Grade 6
108	Grade 7
109	Grade 8
200	Grade 9-12. no diploma
201	Grade 9
202	Grade 10
203	Grade 11
204	12th grade, no diploma
300	High school diploma or GED

301	High school graduate
302	GED or equivalent
400	Some college, no 4yr degree
401	Some college, no degree
402	AA degree: technical/vocational/occupational
403	AA degree: academic program
500	Bachelor's degree (BA,AB,BS,BBA)
600	Master's, Professional, or Doctoral Degree
601	Master's degree (MA,MS,Med,MBA)
602	Professional (MD,DDS,DVM,JD)
603	Doctoral degree (PhD, EdD)
604	Other degree
996	No degree, years of education unknown
997	Unknown--refused
998	Unknown--not ascertained
999	Unknown--don't know

Variable: "EMPSTAT"

Name:	EMPSTAT
Label:	Employment status in past 1 to 2 weeks
Variable Text:	EMPSTAT reports whether persons were part of the labor force--working or seeking work--and, if so, whether they worked, had a job or business from which they were temporarily absent, or were looking for work or on layoff during the preceding two weeks (for 1969-1996) or during the preceding week (for 1997 forward). In 1969-1996, EMPSTAT is a summary recode of responses to a series of questions.

In 1969-1973 interviewers first asked, "Did [person] work at any time last week or the week before - (For females): not counting work around the house?" This question was also asked in 1974-1981, but the wording in these years omitted the instructions "For females" before the phrase "not counting work around the house." In 1982-1996 the question wording was changed to, "During those 2 weeks, did [person] work at any time at a job or business, not counting work around the house? (Include unpaid work in the family farm/business.)

If the answer to the initial question asked in 1969-1996 was negative, interviewers asked whether the person had a job or business, even though he/she did not work during the reference period. The final questions used to categorize current employment status in 1969-1996 were, "Was he looking for work or on layoff from a job [during those 2 weeks]?" and, if yes, "Which-- looking for work or on layoff from a job?"

In 1997 forward, respondents were asked one general question to ascertain their employment status.

Interviewers asked, "Which of the following was [person] doing last week?" In 1997-2000 interviewers read the following possible responses: "Working at a job or business," "With a job or business but not at work," "Looking for work," and "Not working at a job or business." Beginning in 2001, the response category "Working at a job or business" was split into two separate categories, "Working for pay at a job or business" and "Working, but not for pay, at a job or business." The rest of the response categories in 2001 forward are the same as in 1997-2000.

Definitions and Instructions

1969-1981: Work

The Field Representative's Manuals for 1969-1981 stated that "work" included "paid work as an employee for someone else for wages, salary, commission, or pay 'in kind' (meals, living quarters, or supplies provided in place of cash wages)." The Manuals also instructed interviewers to include work in the person's own business, professional practice or farm and work without pay in a business or farm (or, beginning in 1980, a professional practice) run by a "relative" (1969-1970) or a "related household member" (1971-1981).

The Manuals instructed interviewers to exclude work around the house and volunteer or unpaid work. In 1971-1979 and 1981, interviewers were also instructed to exclude service in the Armed Forces. In 1980, however, interviewers were specifically instructed to include service in the Armed Forces as work.

According to the 1969-1981 Manuals, persons were to be counted as having worked if they worked at any time during the reference period, "even for an hour."

1982 forward: Work

The Manuals for 1982 forward included more detailed inclusion and exclusion criteria for what was to be counted as work. The types of activities included and excluded as work varied across different time periods, and several activities included as work in some years were excluded in other years (e.g., serving on jury duty). According to the Manuals, the following activities were to be included as work:

In 1982-2000

Working for pay (wages, salary, commission, piecework rates, tips, "pay-in-kind" such as meals, living quarters, or supplies provided in place of cash wages)
Working for profit or fees in one's own business, professional practice, partnership, or farm even though the effort may produce a financial loss
Working without pay in a business or farm operated by a related household member.

In 1982-2000

Working as a civilian employee of the National Guard or Department of Defense.

In 1982-1996

Participating in "exchange work" or "share work" on a farm.

In 1982-1986

Serving on jury duty.

In 1997 forward

Participating in a government sponsored work program such as Public Employment Program (PEP), Volunteers in Service to America (VISTA), Foster Grandparent Program, Work Incentive Program (WIN), etc.

In 2001 forward

Working as a military or civilian employee of the National Guard or Department of Defense.
At least 15 hours of work per week without pay in a business or farm operated by a related household member.

The Manuals instructed interviewers to exclude the following activities as work:

In 1982 forward

Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework)
Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation)
Unpaid work for an unrelated household member or for a relative who is not a household member
Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.
Owning a business solely as an investment to which no contribution is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates)

In 1982-2000

Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves

In 1987 forward

Serving on jury duty

In 1997 forward

Participating in a government sponsored program such as Job Training Partnership Act (JTPA) if it involves only training in a school or other institutional setting, and does not include on-the-job training (if it includes a combination of on-the-job training and classroom training, consider the person as working; count only the time spent on the job as working).

In 2001 forward

Unpaid internships.

As in earlier years, the Manuals for 1982-1996 instructed interviewers to count persons as having worked if they worked at any time during the reference period, "even for an hour."

1969-1981: Job

The 1969-1981 Field Representative's Manuals define a job as "when [a person] has a definite arrangement with one or more employers to work for pay (full-time or part-time)." The Manuals also provide instructions for seasonal jobs and persons "on call." The 1969 Manual reads:

Seasonal employment is considered a job only during the season and not during the off-season.
A person "on call" to work only when his services are needed is not considered to have a job during weeks when he does not work.

The Manuals for 1970-1981 include similarly worded instructions for "seasonal employment" and "persons 'on call'."

1982 forward: Job

The definition for "job" and instructions for "seasonal employment," and "persons 'on call'" included in the Field Representative's Manuals for 1982 forward are similar to those included in earlier years. The 1982 forward Manuals add, "A formal, definite arrangement with one or more employers to work a specified number of hours per week or days per month, but on an irregular schedule during the week or month, is also considered a job."

The Manuals also included the following additional instructions:

Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a "job" even though they may be on summer vacation.

Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a "job." This may be referred to as "sabbatical leave." Probe to determine if the person is receiving pay if this is not volunteered.

Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past 2 weeks as having a "job."

Do not consider persons who do not have a definite job to which they can return as having a "job." For example, do not consider a person to have a job if his/her job has been phased out or abolished, or if the company has closed down operations.

1969-1981: Business

The Field Representative's Manuals for 1969-1970 and 1974-1981 provide the following definition for business:

A person has his own business (including a farm operation or professional practice) if he does one of the following:

Maintains an office, store, or other place of business.
Uses machinery or equipment in which he has invested money for profit.
Advertises his business or profession.

The Manuals for 1969-1970 also stated, "Casual workers who work for themselves such as itinerant handymen or other odd job workers are not considered to have a business during weeks when they do not work."

No definition for business was included in the Manuals for 1971-1973.

1982 forward: Business

The definition for business included in the Field Representative's Manuals for 1982 forward was similar to that included in 1974-1981, with the following instructions added:

Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, magazines, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.

Do not consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is described in [the definition for work].

Do not consider the sale of personal property as a business.

For questionable or borderline cases, do not consider the persons as having their own business. Refer to [the definition for job] to determine whether the person is considered as having a job.

1969-1981: Having a Job or Business

As noted above, prior to 1997, respondents who did not report having worked during the reference period received a follow-up question that asked whether they had a job or business, even though they did not work during the reference period. For this question, the Field Representative's Manual for 1969-1979 instructed interviewers

[C]onsider as having a job or business a person who was temporarily absent from his job or business all of last week and the week before because of vacation, bad weather, labor dispute, or personal reasons such as illness but who expects to return when these events are ended. Also mark "Yes" for a person who says that he has a new job which he has not yet started but enter a footnote, "New job--not yet started."

The 1980-1981 Manuals included similarly worded instructions that also instructed interviewers to "consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work next fall as having a 'job,' even though they may be on summer vacation."

1982-1996: Having a Job or Business

As in earlier years, the Field Representative's Manuals for 1982-1996 instructed interviewers to consider as having a job or business persons who were temporarily absent but who expected to return to their job or business when the event ended.

The Manuals for 1982-1996 instructed interviewers not to consider persons to have a job if they were waiting to begin a new job. However, if the person was waiting to being his or her own business, professional practice, or farm, interviewers were to count the person as having a job or business if he or she spent any time during the reference period making or completing arrangements for the opening.

Persons on maternity/paternity leave were to be considered as having a job if they intended to return to work and the employer had agreed to hold the job or find him/her a place when he/she returned. Persons on layoff were not to be considered as having a job.

The 1982-1986 Manuals also provided the following general guidelines for how to determine employment status for enrollees in government-sponsored work and training programs:

Consider the person as working if he/she receives any pay for the work or on-the-job training.
Do not consider the person as working or with a job if he/she receives training at schools or other institutional settings.
Do not consider the person as working or with a job if he/she receives welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily.

Beginning in 1987, these guidelines were changed so that persons who received welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily were considered as working or with a job.

1969-1981: Looking for Work and On Layoff

The 1969-1981 Field Representative's Manuals provided the following definitions for "Looking for Work" and "On Layoff":

Looking for Work:

Looking for work refers to any effort to get a job or to establish a business or profession. A person was looking for work if he actually tried to find work during the past two weeks and also if he made such efforts previously (i.e., within the past 60 days) and was waiting during the past two weeks to hear the results of these earlier efforts.

Some examples of looking for work are: registering at an employment office; visiting, telephoning, or writing applications to prospective employers; placing or answering advertisements for a job; and being 'on call' at a personnel office or at a union hiring hall, etc.

On Layoff:

A person is said to be on layoff if he is waiting to be called back to a job from which he has been temporarily laid off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, seasonal factors, and the like. If a person was not working because of a labor dispute at his own place of employment, he is not to be considered 'on layoff' but with a job from which he is absent.

1982-1996: Looking for Work and On Layoff

The 1982-1996 Field Representative's Manuals provided the following definition for "Looking for Work":

Looking for Work:

Any effort to get a job or to establish a business or profession. A person was looking for work if he/she actually tried to find work during the past 2 weeks. Some examples of looking for work are:

Registering at a public or private employment office.
Meeting with or telephoning prospective employers.
Placing or answering advertisements (NOTE: simply reading want-ads does not qualify as looking for work).
Writing letters of application.
Visiting locations where prospective employers pick up temporary help.

Also, consider persons "on call" at a personnel office, union hiring hall, professional register, etc., as looking for work.

The definition for "On Layoff" included in the 1982-1996 Manuals was similar to that included in earlier years.

The 1982-1996 Manuals provided additional instructions concerning who should be counted as looking for work or on layoff in "special situations." These instructions are summarized below:

Retooling Operations/Plan Shutdowns

Some establishments go through a retooling operation before new models come out (e.g., automobile and boat manufacturers). Consider persons "on layoff" if they did not

work during the reference period for this reason.
Persons who were on vacation during a retooling operation/plant shutdown are not to be considered "on layoff."

School Personnel

Do not consider school personnel to be on layoff during the summer if they have a definite agreement to return to work in the fall, unless the person was laid off from a summer job or was looking for work.

Persons on Strike

Do not consider as on layoff, a person who is on strike, is locked out, or does not wish to cross a picket line, even though he/she is not a member of the group on strike. This applies only when the labor dispute is at the person's place of employment. If a person has been laid off because of a shortage of materials or slack work resulting from a strike in another plant and is not on strike him/herself, consider them as on layoff.

Persons Waiting to Start a New Job

Persons who are waiting to begin a new job within 30 days of the interview and were not on layoff during the reference period are considered "looking for work."
Persons are waiting to begin a job within 30 days but who were on layoff during the reference period are considered both "looking for work" and "on layoff."
Persons who are waiting to begin a new job within 31+ days of the interview are asked whether they were temporarily absent, on layoff, or looking for work during the reference period. Persons who answer "on layoff" and/or "looking for a job" are counted as such; persons who answer "temporarily absent" are not counted as "on layoff" or "looking for work."
Persons who are waiting to begin a new job within 31+ days of the interview and who were not temporarily absent or on layoff from a job or were not looking for work are not considered "looking for work" or "on layoff."

In 1984 the following special situation was added:

If a person has more than one job and was absent from both jobs for different reasons, [consider as "looking for work" or "on layoff] if he/she was on layoff from either job or was looking for work regardless of the reason absent from either job.

1997 forward: Looking for Work

The Field Representative's Manuals for 1997-2000 provided the following definition for "looking for work":

To be looking for work, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:

Filled out applications or sent out resumes
Placed or answered classified ads
Checked union/professional registers
Bid on a contract or auditioned for a part in a play
Contacted friends or relatives about possible jobs
Contacted school/college university employment office
Contacted employment directly

Job search methods that are not active include:

Looked at ads without responding to them
Picked up a job application without filling it out

The Manuals for 2001 forward provide a similarly worded definition for "looking for work."

Coding Instructions

The first digit of the coding system for EMPSTAT groups all adults (age 17+ in 1969-1981, age 18+ in 1982 forward) into one of four main categories: employed, with a job but not at work, unemployed, and not in the labor force. These categories correspond to main employment status categories recognized by the U.S. Bureau of Labor Statistics and are used in other sources such as the Current Population Survey and the U.S. census. The second digit supplies additional detail, such as whether the person was looking for work versus being on lay-off, was working for pay or without pay, or straddled two categories, such as simultaneously having a job from which they were absent and looking for work.

Concept:	Work Variables -- PERSON
Start Position:	164
End Position:	165
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label

00	NIU
10	Working
11	Working for pay at job/business
12	Working, w/out pay, at job/business
20	With job, but not at work
21	With job, not at work: not laid-off, not looking
22	With job, not at work: looking
30	Unemployed
31	Unemployed: On layoff
32	Unemployed: On layoff and looking
33	Unemployed: Unk if looking or laid off
34	Unemployed: Looking or on layoff
35	Unemployed: Have job to return to
36	Unemployed: Had job during the round
37	Unemployed: No job during reference period
40	Not in labor force
90	Unknown-all causes
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "OCC"

Name:	OCC

Label:	Detailed occupation
Variable Text:	OCC reports the sample person's primary occupation, coded into a contemporary Classified Index of Occupation (from 1969 to 1982) and the Standard Occupational Classification (from 1983 and forward). Please see the Comparability and Universe tabs for more information on how this variable was constructed. To increase comparability over time, the IPUMS NHIS provides OCC1995, which applies a common occupational classification system over time. This recoded variable is also discussed at the "User Note on Occupation and Industry Variables" [URL omitted from DDI.].
Concept:	Work Variables -- PERSON
Start Position:	166
End Position:	167
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	

Variable: "IND"

Name:	IND
Label:	Detailed industry recode, 1969-2003
Variable Text:	IND reports the sample person's primary industry, coded into a contemporary Standard Industrial Classification (from 1969 to 2003) and into the North American Industry Classification System (from 2004 and forward). Please see the Comparability and Universe tabs for more information on how this variable was constructed. To increase comparability over time, the IPUMS NHIS provides IND1995, which

applies a common industrial classification system over time. This recoded variable is also discussed at the "User Note on Occupation and Industry Variables" [URL omitted from DDI.].

Concept:	Work Variables -- PERSON
Start Position:	168
End Position:	169
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU

Variable: "HOURSWRK"

Name:	HOURSWRK
Label:	Total hours worked last week or usually
Variable Text:	For sample persons aged 17+ in 1979 who, during the past 2 weeks, worked, had a job or business from which they were temporarily absent, or looked for work or were on layoff; sample persons aged 18+ in 1991 who were employed in the past 2 weeks and worked for a private company or the federal, state, or local government; sample persons aged 18+ from 1997 to 2000 who worked at a job or business last week; sample persons aged 18+ from 2001 to 2003 who worked at a paid or unpaid job or business last week, or were not working last week because they were on vacation, on family/maternity leave, or unable to work for health reasons; sample persons aged 18+ from 2004 forward who worked at a paid or unpaid job or business last week, or were not working last week because they were on vacation, on family/maternity leave, unable to work for health reasons, or had a job off-season, HOURSWRK reports the total hours that the sample person worked in the past week or in the past two weeks at all jobs/businesses or at the main job/business. Please refer to the COMPARABILITY tab for more information about the time period and the types of jobs that HOURSWRK refers to.

Concept:	Work Variables -- PERSON
Start Position:	170
End Position:	171
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12

13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
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68	68
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70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84

85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95+ hours
97	Unknown-- refused
98	Unknown-- not ascertained
99	Unknown-- don't know

Variable: "PAIDSICK"

Name:	PAIDSICK
Label:	Paid sick leave at current job
Variable Text:	For sample adults aged 18 and over who worked during the previous week or (in 2011-foward) have ever worked, PAIDSICK indicates whether the sample adult has paid sick leave on his/her main job, or on the job that he/she held the longest, or on the job the he/she held most recently.

For more information about other related variables, please use the IPUMS NHIS search function and drop-down menus. |
| Concept: | Work Variables -- PERSON |
| | |

Start Position:	172
End Position:	172
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "USUALFT"

Name:	USUALFT
Label:	Usually work full time
Variable Text:	For sample persons aged 18 and over from 1997 to 2000 and from 2004 forward who worked last week for less than 35 hours or for an unknown number of hours and, sample persons aged 18 and over from 2001 to 2003 who worked last week for less than 35 hours, USUALFT indicates whether the sample person usually works a total of at least 35 hours per week at all of his/her jobs or businesses. For more information about other related variables, please use the IPUMS NHIS search function and drop-down menus.

Concept:	Work Variables -- PERSON
Start Position:	173
End Position:	173
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown--refused
8	Unknown--not ascertained
9	Unknown--don't know

Variable: "CLASSWK2"

Name:	CLASSWK2
Label:	Class of worker, current or longest job
Variable Text:	For sample persons aged 18 and older who were working or temporarily absent from a job last week, or who ever worked, CLASSWK2 reports the type of job that the person held most recently. Please refer to the code tab for more detailed information on different types of jobs recorded.
Concept:	Work Variables -- PERSON

Start Position:	174
End Position:	174
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Employee of private company for wages
2	Federal government employee
3	State government employee
4	Local government employee
5	Self-employed, own bus/prof/farm
6	Working w/out pay in family bus/farm
7	Refused
8	Not ascertained
9	Don't know

Variable: "WORKEV"

Name:	WORKEV
Label:	Ever worked

Variable Text:	For sample persons aged 18 and over from 2001 to 2013 who were looking for work or not working last week and sample persons aged 18 and over from 2004 forward who were not working and not looking for work, or were looking for work last week, WORKEV indicates whether the sample person has ever held a job or worked at a business. For more information about other related variables, please use the IPUMS NHIS search function and drop-down menus.
Concept:	Work Variables -- PERSON
Start Position:	175
End Position:	175
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
9	Unknown-don't know
8	Unknown-not ascertained
2	Yes
7	Unknown-refused
0	NIU
1	No

Variable: "POORYN"

Name:	POORYN
Label:	Above or below poverty threshold

Variable Text:	POORYN indicates whether family income was above or below poverty level. The poverty status of a family group is assigned to each member of the family, thus making POORYN a person-level variable. Poverty status is also calculated for adults who live alone or with persons they are not related to; in such cases, POORYN is calculated based on the individual's income.
	Data Collection
	Respondents were asked to look at a card listing broad income categories and to identify the category that most closely matched their family's before-tax total combined money income from all sources during the preceding calendar year.
	Total combined family income included the respondent's own income plus the income of all co-resident family members, including cohabiting partners and related armed forces members living at home. It did not include the value of noncash benefits such as Food Stamps, Medicaid, Medicare, and public housing.
	To determine poverty status, the reported total family income was compared to the U.S. Census Bureau's poverty thresholds for the year in question. These thresholds are based not only on income but also on family size and the number of children under age 18.
	If the reported family income figure was the same or higher than the poverty threshold for families of that size and age composition, the individual (and all members of the family) was considered "above poverty" and received a code of 1 in POORYN. If the reported family income figure was less than the Census Bureau's poverty cut-off for families of that size and age composition, the individual (and all other members of the family) was classified as "poor" and received a code of 2 in POORYN.
	Basis of Poverty Definition
	Poverty data in IPUMS NHIS and in U.S. government statistics generally are based on a definition established by the Social Security Administration in 1964 and subsequently modified by Federal interagency committees in 1969 and 1980. The Office of Management and Budget's (OMB) Directive 14 prescribes this definition as the official poverty measure for federal agencies to use in their statistical work.
	At the core of this definition was the 1961 economy food plan, the least costly of four nutritionally adequate food plans designed by the Department of Agriculture. It was determined from the Agriculture Department's 1955 survey of food consumption that families of three or more persons spend approximately one-third of their income on food; hence, the poverty level for these families was set at three times the cost of the economy food plan. For smaller families and for persons living alone, the cost of the economy food plan was multiplied by factors that were slightly higher, to compensate for the relatively larger fixed expenses for these smaller households. The federally established poverty thresholds are revised annually to allow for changes in the cost of living, as reflected in the Consumer Price Index. The poverty thresholds are the same for all parts of the country; they are not adjusted for regional, state, or local variations in the cost of living.
Concept:	Total Income and Earnings Variables -- PERSON
Start Position:	176

End Position:	176
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
1	At or above poverty threshold
2	Below poverty threshold
9	Unk (1997+: incl. Undefined)

Variable: "CPI2009"

Name:	CPI2009
Label:	CPI conversion factor
Variable Text:	For all persons, CPI2009 provides the Consumer Price Index multiplier (available from the Bureau of Labor Statistics [URL omitted from DDI.]) to convert dollar figures to constant 2009 dollars. Multiplying dollar amounts by this variable (which is constant within years) will render them comparable across time and thus suitable for multivariate analysis.

For IPUMS NHIS, 2009 dollars represent data in 2010 as income is asked about for the previous year.

For more information on how to use CPI2009, please see the IPUMS NHIS User Notes on Consumer Price Index [URL omitted from DDI.]. |
Concept:	Total Income and Earnings Variables -- PERSON
Start Position:	177
End Position:	180

Width:	4
Variable Format:	numeric
Implied Decimal Places:	3

Variable: "INCIMP1"

Name:	INCIMP1
Label:	Imputed total combined family income (1997+ grouping)
Variable Text:	INCIMP1 is a variable that includes imputed values to replace missing data for the original variable INCFAM97ON2, a recoded variable of total combined family income (from all sources) in the previous calendar year. The complementary imputation flag variable IMPYFAMFLAG1 indicates whether responses in INCIMP1 were reported or imputed.
	Related Variables and Sources of Additional Information
	INCIMP1 is the first of five variables that contain imputed values for total family income. It was created as part of a set of variables that provide complete (i.e., without missing values) data on family income.
	One of the purposes of NHIS data is to study relationships between income and health and to monitor health and health care for persons at different income levels. However, as the technical documentation on "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey: Methods and Examples" [URL omitted from DDI.] describes, non-response rates are high for questions on total family income in the previous calendar year and personal earnings from employment in the previous calendar year. For more information on the imputation methodology, see EMPSTATIMP1.
	Before using the imputed income and earnings variables, researchers are strongly advised to read the NCHS documentation on imputed income, such as 2018 Imputed Family/Personal Earnings Files [URL omitted from DDI.]. This documentation cautions that each of the five datasets must be merged with other data from the survey to form a single completed dataset. For IPUMS NHIS data users, the imputed income files have already been merged with other data from each survey year for 1997 through the current year of data, as part of the process of adding these imputed income files and variables to the IPUMS NHIS database.
	The NCHS documentation for the imputed income files directs that analysis of the five versions of each imputed income variable should be done separately, using methods and software that are appropriate for such survey data (for example, SAS-callable SUDAAN or SAS-callable IVEware).
	Only then can estimates and standard errors be combined using the combining rules described in the aforementioned document on "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey." The 2018 imputed income file documentation further warns:

The extra variability due to imputation CANNOT be incorporated by simply analyzing a SINGLE completed data set as if the imputed values were true values. Moreover, analysts SHOULD NOT create a single competed data set using the AVERAGE of the five sets of imputed values.

Examples of correct data analyses and additional information about the procedures used to create the imputed data are provided in the technical documentation referred to above.

Concept:	Total Income and Earnings Variables -- PERSON
Start Position:	181
End Position:	182
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
01	$0-$4,999
02	$5,000-$9,999
03	$10,000-$14,999
04	$15,000-$19,999
05	$20,000-$24,999
10	$25,000-$34,999
11	$25,000-$29,999
12	$30,000-$34,999
20	$35,000-$44,999

21	$35,000-$39,999
22	$40,000-$44,999
30	$45,000-$54,999
31	$45,000-$49,999
32	$50,000-$54,999
40	$55,000-$64,999
41	$55,000-$59,999
42	$60,000-$64,999
50	$65,000-$74,999
51	$65,000-$69,999
52	$70,000-$74,999
60	$75,000 and over
61	$75,000-$79,999
62	$80,000-$84,999
63	$85,000-$89,999
64	$90,000-$94,999
65	$95,000-$99,999
66	

	$100,000 and over
67	$100,000-$104,999
68	$105,000-$109,999
69	$110,000-$114,999
70	$115,000 and over

Variable: "INCIMP2"

Name:	INCIMP2
Label:	Imputed total combined family income (1997+ grouping)
Variable Text:	INCIMP2 is a variable that includes imputed values to replace missing data for the original variable INCFAM97ON2, a recoded variable of total combined family income (from all sources) in the previous calendar year. The complementary imputation flag variable IMPYFAMFLAG2 indicates whether responses in INCIMP2 were reported or imputed. Related Variables and Sources of Additional Information INCIMP2 is the second of five variables that contain imputed values for total family income. It was created as part of a set of variables that provide complete (i.e., without missing values) data on family income. One of the purposes of NHIS data is to study relationships between income and health and to monitor health and health care for persons at different income levels. However, non-response rates are high for questions on total family income and personal earnings from employment in the previous calendar year. To obtain estimates of these variables for all survey participants, the National Center for Health Statistics created variables with values imputed for missing data for 1997 forward, using multiple-imputation methodology. The NHIS public use files with multiply imputed data consist of five files (and thus five versions of variables containing imputed values for missing data), one for each set of imputed values, to allow the assessment of variability due to imputation. For more information on the imputation methodology, see EMPSTATIMP1. Before using the imputed income and earnings variables, researchers are strongly advised to read the NCHS documentation on imputed income, such as 2018 Imputed Family/Personal Earnings Files [URL omitted from DDI.] and "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey: Methods and Examples" [URL omitted from DDI.].
Concept:	Total Income and Earnings Variables -- PERSON
	183

Start Position:	
End Position:	184
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
01	$0-$4,999
02	$5,000-$9,999
03	$10,000-$14,999
04	$15,000-$19,999
05	$20,000-$24,999
10	$25,000-$34,999
11	$25,000-$29,999
12	$30,000-$34,999
20	$35,000-$44,999
21	$35,000-$39,999
22	$40,000-$44,999
30	$45,000-$54,999
31	$45,000-$49,999
32	$50,000-$54,999

40	$55,000-$64,999
41	$55,000-$59,999
42	$60,000-$64,999
50	$65,000-$74,999
51	$65,000-$69,999
52	$70,000-$74,999
60	$75,000 and over
61	$75,000-$79,999
62	$80,000-$84,999
63	$85,000-$89,999
64	$90,000-$94,999
65	$95,000-$99,999
66	$100,000 and over
67	$100,000-$104,999
68	$105,000-$109,999
69	$110,000-$114,999
70	$115,000 and over

Variable: "INCIMP3"

Name:	INCIMP3
Label:	Imputed total combined family income (1997+ grouping)
Variable Text:	INCIMP3 is a variable that includes imputed values to replace missing data for the original variable INCFAM97ON2, a recoded variable of total combined family income (from all sources) in the previous calendar year. The complementary imputation flag variable IMPYFAMFLAG3 indicates whether responses in INCIMP3 were reported or imputed. Related Variables and Sources of Additional Information INCIMP3 is the third of five variables that contain imputed values for total family income. It was created as part of a set of variables that provide complete (i.e., without missing values) data on family income. One of the purposes of NHIS data is to study relationships between income and health and to monitor health and health care for persons at different income levels. However, non-response rates are high for questions on total family income and personal earnings from employment in the previous calendar year. To obtain estimates of these variables for all survey participants, the National Center for Health Statistics created variables with values imputed for missing data for 1997 forward, using multiple-imputation methodology. The NHIS public use files with multiply imputed data consist of five files (and thus five versions of variables containing imputed values for missing data), one for each set of imputed values, to allow the assessment of variability due to imputation. For more information on the imputation methodology, see EMPSTATIMP1. Before using the imputed income and earnings variables, researchers are strongly advised to read the NCHS documentation on imputed income, such as 2018 Imputed Family/Personal Earnings Files [URL omitted from DDI.] and "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey: Methods and Examples" [URL omitted from DDI.].
Concept:	Total Income and Earnings Variables -- PERSON
Start Position:	185
End Position:	186
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
01	$0-$4,999
02	$5,000-$9,999
03	$10,000-$14,999
04	$15,000-$19,999
05	$20,000-$24,999
10	$25,000-$34,999
11	$25,000-$29,999
12	$30,000-$34,999
20	$35,000-$44,999
21	$35,000-$39,999
22	$40,000-$44,999
30	$45,000-$54,999
31	$45,000-$49,999
32	$50,000-$54,999
40	$55,000-$64,999
41	$55,000-$59,999
42	$60,000-$64,999
50	$65,000-$74,999
51	$65,000-$69,999
52	$70,000-$74,999
60	$75,000 and over
61	$75,000-$79,999
62	$80,000-$84,999

63	$85,000-$89,999
64	$90,000-$94,999
65	$95,000-$99,999
66	$100,000 and over
67	$100,000-$104,999
68	$105,000-$109,999
69	$110,000-$114,999
70	$115,000 and over

Variable: "INCIMP4"

Name:	INCIMP4
Label:	Imputed total combined family income (1997+ grouping)
Variable Text:	INCIMP4 is a variable that includes imputed values to replace missing data for the original variable INCFAM97ON2, a recoded variable of total combined family income (from all sources) in the previous calendar year. The complementary imputation flag variable IMPYFAMFLAG4 indicates whether responses in INCIMP4 were reported or imputed.

Related Variables and Sources of Additional Information

INCIMP4 is the fourth of five variables that contain imputed values for total family income. It was created as part of a set of variables that provide complete (i.e., without missing values) data on family income.

One of the purposes of NHIS data is to study relationships between income and health and to monitor health and health care for persons at different income levels. However, non-response rates are high for questions on total family income and personal earnings from employment in the previous calendar year. To obtain estimates of these variables for all survey participants, the National Center for Health Statistics created variables with values imputed for missing data for 1997 forward, using multiple-imputation methodology. The NHIS public use files with multiply imputed data consist of five files (and thus five versions of variables containing imputed values for missing data), one for each set of imputed values, to allow the assessment of variability due to imputation. For more information on the imputation methodology, see EMPSTATIMP1. |

Before using the imputed income and earnings variables, researchers are strongly advised to read the NCHS documentation on imputed income, such as 2018 Imputed Family/Personal Earnings Files [URL omitted from DDI.] and "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey: Methods and Examples" [URL omitted from DDI.].

Concept:	Total Income and Earnings Variables -- PERSON
Start Position:	187
End Position:	188
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
01	$0-$4,999
02	$5,000-$9,999
03	$10,000-$14,999
04	$15,000-$19,999
05	$20,000-$24,999
10	$25,000-$34,999
11	$25,000-$29,999
12	$30,000-$34,999
20	$35,000-$44,999
21	$35,000-$39,999

22	$40,000-$44,999
30	$45,000-$54,999
31	$45,000-$49,999
32	$50,000-$54,999
40	$55,000-$64,999
41	$55,000-$59,999
42	$60,000-$64,999
50	$65,000-$74,999
51	$65,000-$69,999
52	$70,000-$74,999
60	$75,000 and over
61	$75,000-$79,999
62	$80,000-$84,999
63	$85,000-$89,999
64	$90,000-$94,999
65	$95,000-$99,999
66	$100,000 and over
67	

	$100,000-$104,999
68	$105,000-$109,999
69	$110,000-$114,999
70	$115,000 and over

Variable: "INCIMP5"

Name:	INCIMP5
Label:	Imputed total combined family income (1997+ grouping)
Variable Text:	INCIMP5 is a variable that includes imputed values to replace missing data for the original variable INCFAM97ON2, a recoded variable of total combined family income (from all sources) in the previous calendar year. The complementary imputation flag variable IMPYFAMFLAG5 indicates whether responses in INCIMP5 were reported or imputed.

Related Variables and Sources of Additional Information

INCIMP4 is the fifth of five variables that contain imputed values for total family income. It was created as part of a set of variables that provide complete (i.e., without missing values) data on family income.

One of the purposes of NHIS data is to study relationships between income and health and to monitor health and health care for persons at different income levels. However, non-response rates are high for questions on total family income and personal earnings from employment in the previous calendar year. To obtain estimates of these variables for all survey participants, the National Center for Health Statistics created variables with values imputed for missing data for 1997 forward, using multiple-imputation methodology. The NHIS public use files with multiply imputed data consist of five files (and thus five versions of variables containing imputed values for missing data), one for each set of imputed values, to allow the assessment of variability due to imputation. For more information on the imputation methodology, see EMPSTATIMP1.

Before using the imputed income and earnings variables, researchers are strongly advised to read the NCHS documentation on imputed income, such as 2018 Imputed Family/Personal Earnings Files [URL omitted from DDI.] and "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey: Methods and Examples" [URL omitted from DDI.]. |
Concept:	Total Income and Earnings Variables -- PERSON
Start Position:	189
	190

End Position:	
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
01	$0-$4,999
02	$5,000-$9,999
03	$10,000-$14,999
04	$15,000-$19,999
05	$20,000-$24,999
10	$25,000-$34,999
11	$25,000-$29,999
12	$30,000-$34,999
20	$35,000-$44,999
21	$35,000-$39,999
22	$40,000-$44,999
30	$45,000-$54,999
31	$45,000-$49,999
32	$50,000-$54,999
40	$55,000-$64,999
41	$55,000-$59,999

42	$60,000-$64,999
50	$65,000-$74,999
51	$65,000-$69,999
52	$70,000-$74,999
60	$75,000 and over
61	$75,000-$79,999
62	$80,000-$84,999
63	$85,000-$89,999
64	$90,000-$94,999
65	$95,000-$99,999
66	$100,000 and over
67	$100,000-$104,999
68	$105,000-$109,999
69	$110,000-$114,999
70	$115,000 and over

Variable: "EARNINGS"

Name:	EARNINGS
Label:	Person's total earnings, previous calendar year

Variable Text:	EARNINGS reports the individual's total earnings during the previous calendar year. Persons age 18 and older who had worked for pay during the previous calendar year, and, in 1997-2000 only, who reported having worked at a job or business last week (EMPSTAT) were asked, "What is your best estimate of [person's] earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs or businesses in [last calendar year]?" Interviewers recorded responses in non-intervalled amounts (ranging from 1 to 999,995+ dollars), but the data were recoded into 11 broad intervals in the original NHIS public use files.

Definitions of Earnings

The Field Representative's Manuals for 1997 forward provided detailed instructions for what to include and exclude as earnings. The types of income included and excluded as earnings varied across time, and several types of income included as earnings in some years were excluded in other years (e.g., Veteran's payments).

According to the Manuals, the following types of income were to be included as earnings:

In 1997 forward:

Wages and salaries including tips, commissions, Armed Forces pay and cash bonuses, as well as subsistence allowances.
Net income from unincorporated businesses, professional practices, farms, or from rental property. ("Net" means after deducting business expenses, but before deducting personal taxes.)

In 1997-2000:

Social Security, or Supplemental Security Income.
Retirement, disability, and survivors pensions.
Interest and dividends.
Cash public assistance payments (welfare), excluding food stamps.
Veteran's payments.
Unemployment or workman's compensation.
Alimony and child support.'
Money regularly received from friends or relatives not living in the household.
Other periodic money income.

The Manuals instructed interviewers to exclude the following as earnings:

In 1997 forward:

Income " in kind", such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc.
Lump sum payments of any kind, such as insurance payments, inheritances, or retirement.
Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household.
Money received from selling one's own house, car, or other personal property.
Withdrawals of savings from banks, retirement funds, or loans.
Tax refunds or any other refund or rebate.

In 2001 forward:

Social Security, or Supplemental Security Income
Income from retirement, disability, and survivors pensions
Income from interest and dividends |

	Cash public assistance payments (welfare)
	Veteran's payments
	Unemployment or workman's compensation
	Alimony and child support
	Money regularly received from friends or relatives not living in the household
	Other periodic money income

Concept:	Total Income and Earnings Variables -- PERSON
Start Position:	191
End Position:	192
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	$01 to $4999
02	$5000 to $9999
03	$10000 to $14999
04	$15000 to $19999
05	$20000 to $24999
06	$25000 to $34999
07	$35000 to $44999
08	$45000 to $54999
09	$55000 to $64999

10	$65000 to $74999
11	$75000 and over
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "POVERTY"

Name:	POVERTY
Label:	Ratio of family income to poverty threshold
Variable Text:	POVERTY reports the ratio of family income to the U.S. Census Bureau's poverty thresholds for the year in question. The poverty status of a family group is assigned to each member of the family, thus making POVERTY a person-level variable. The ratio of income to the poverty threshold is also calculated for adults who live alone or with persons they are not related to; in such cases, POVERTY is based on the individual's income. Values for POVERTY range from less than half of the poverty threshold for a family of a given size and age structure (i.e., with a given number of children under 18) to five or more times the poverty threshold for a family of a given size and age structure. For families where the number of children under age 18 in the family is equivalent to the number of family members, family income is presumed to be nonexistent, and the ratio of such nonexistent income to the poverty line is undefinable (with a code of 98 in POVERTY). The ratio of family income to the official poverty threshold in POVERTY is available only for 1997 forward. The dichotomous variable POORYN, which distinguishes persons with family income at or above the poverty threshold from persons with family income below the poverty threshold, is available for 1982 forward. For detailed discussion of the basis of the Census Bureau's official poverty thresholds, users should consult the variable description for POORYN.
Concept:	Material Hardship Variables -- PERSON
Start Position:	193
End Position:	194
Width:	2
Variable Format:	numeric

Implied Decimal Places:	0	

Categories

Value	Label
10	Less than 1.0
11	Under .50
12	.50 to .74
13	.75 to .99
14	Less than 1.0 (no other detail)
20	1.00 to 1.99
21	1.00 to 1.24
22	1.25 to 1.49
23	1.50 to 1.74
24	1.75 to 1.99
25	1.00 - 1.99 (no further detail)
30	2.00 and over
31	2.00 to 2.49
32	2.50 to 2.99
33	3.00 to 3.49
34	3.50 to 3.99
35	4.00 to 4.49
36	4.50 to 4.99
37	5.00 and over
38	2.00 and over (no other detail)

98	Undefinable
99	Unknown

Variable: "POVERTY2"

Name:	POVERTY2
Label:	Ratio of family income to poverty threshold (4 categories)
Variable Text:	POVERTY2 reports the ratio of family income to the U.S. Census Bureau's poverty threshold for the year in question. The poverty status of a family group is assigned to each member of the family, thus making POVERTY2 a person-level variable. The ratio of income to the poverty threshold is also calculated for adults who live alone or with persons they are not related to; in such cases, POVERTY2 is based on the individual's income.

Values for POVERTY2 range from less than half of the poverty threshold for a family of a given size and age structure (i.e., with a given number of children under 18) to five or more times the poverty threshold for a family of a given size and age structure. For families where the number of children under age 18 is equivalent to the number of family members, family income is presumed to be nonexistent, and the ratio of such nonexistent income to the poverty line is undefinable (with a code of 98 in POVERTY2). POVERTY2 differs from an alternate poverty ratio variable POVERTY, because POVERTY2 provides additional categories with greater income detail.

The ratio of family income to the official poverty threshold in POVERTY2 is available only for 1997 forward. The dichotomous variable POORYN, which distinguishes persons with family income at or above the poverty threshold from persons with family income below the poverty threshold, is available for 1982 forward. For a detailed discussion of the basis of the Census Bureau's official poverty thresholds, users should consult the variable description for POORYN. |
Concept:	Material Hardship Variables -- PERSON
Start Position:	195
End Position:	196
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
10	Less than 1.00
11	Under .50
12	.50 to .74
13	.75 to .99
20	1.00 to 1.99
21	1.00 to 1.24
22	1.25 to 1.49
23	1.50 to 1.74
24	1.75 to 1.99
30	2.00 to 3.99
31	2.00 to 2.49
32	2.50 to 2.99
33	3.00 to 3.49
34	3.50 to 3.99
40	4.00 and over
41	4.00 to 4.49
42	4.50 to 4.99
43	5.00 and over
98	Undefinable
99	Unknown

Variable: "POVIMP5"

Name:	POVIMP5
Label:	Ratio of imputed family income to poverty threshold
Variable Text:	POVIMP5 is a variable that includes imputed values to replace missing data for the original variable POVERTY, which reports the ratio of family income to the U.S. Census Bureau's poverty thresholds for the year in question. Values were imputed for families who did not supply adequate income information and for families where the number of children equaled the number of family members. (See POVIMP1 for a more detailed discussion.) The complementary imputation flag variable IMPOVFLAG5 indicates whether responses in POVIMP5 were reported or imputed. Related Variables and Sources of Additional Information POVIMP5 is the fifth of five variables with imputed values for the ratio of family income to the poverty threshold. It was created as part of a set of variables that provide complete (i.e., without missing values) data on family income. One of the purposes of NHIS data is to study relationships between income and health and to monitor health and health care for persons at different income levels. However, non-response rates are high for questions on total family income and personal earnings from employment in the previous calendar year. To obtain estimates of these variables for all survey participants, the National Center for Health Statistics created variables with values imputed for missing data for 1997 forward, using multiple-imputation methodology. The NHIS public use files with multiply imputed data consist of five files (and thus five versions of variables containing imputed values for missing data), one for each set of imputed values, to allow the assessment of variability due to imputation. For more information on the imputation methodology, see EMPSTATIMP1. Before using the imputed income and earnings variables, researchers are strongly advised to read the NCHS documentation on imputed income. This includes such sources as 2018 Imputed Family/Personal Earnings Files [URL omitted from DDI.] and "Multiple Imputation of Family Income and Personal Earnings in the National Health Interview Survey: Methods and Examples" [URL omitted from DDI.].
Concept:	Material Hardship Variables -- PERSON
Start Position:	197
End Position:	198
Width:	2
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
01	Under .50
02	.50 to .74
03	.75 to .99
04	1.00 to 1.24
05	1.25 to 1.49
06	1.50 to 1.74
07	1.75 to 1.99
08	2.00 to 2.49
09	2.50 to 2.99
10	3.00 to 3.49
11	3.50 to 3.99
12	4.00 to 4.49
13	4.50 to 4.99
14	5.00 and over
98	Undefinable

Variable: "FSATELESS"

Name:	FSATELESS
Label:	Ever ate less than felt should because not enough money, last 30 days
Variable Text:	For persons in families for whom, in the past 30 days, reported it was sometimes or often true that they couldn't afford to eat balanced meal, or that they worried

that food would run out before getting to buy more, or that the food they bought did not last and they did not have money to buy more, FSATELESS reports whether the person (or any other adults in the family in quarters 3 and 4 of 2013) ate less than the person felt she/he should because there wasn't enough money for food in the past 30 days.

The variable FSATELESS combines different versions of this question which were tested in different quarters; for more details see the comparability tab as well as the "universe" tab and the "code" tab for more information on changes in the universe and the responses.

Concept:	Material Hardship Variables -- PERSON
Start Position:	199
End Position:	200
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	No
11	No, family respondent only
12	No, family respondent or any other adults in the family
20	Yes
21	Yes, family respondent only
22	Yes, family respondent or any other adults in the family
90	Unknown
97	Unknown-refused

| 98 | Unknown-not ascertained |
| 99 | Unknown-don't know |

Variable: "FSBALANC"

Name:	FSBALANC
Label:	Family could not afford to eat balanced meals, last 30 days
Variable Text:	FSBALANC indicates whether in the last 30 days, it was often true, sometimes true or never true that the family could not afford to eat balanced meals. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Material Hardship Variables -- PERSON
Start Position:	201
End Position:	201
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
1	Often True
2	Sometimes true
3	Never true
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FSHUNGRY"

Name:	FSHUNGRY
Label:	Ever hungry but did not eat because not enough money, last 30 days
Variable Text:	For persons in families for whom, in the past 30 days, reported it was sometimes or often true that they couldn't afford to eat balanced meal, or that they worried that food would run out before getting to buy more, or that the food they bought did not last and they did not have money to buy more, FSHUNGRY reports whether the person (or any other adults in the family in quarters 3 and 4 of 2013) was ever hungry but did not eat because there was not enough money for food in the last 30 days. The variable FSHUNGRY combines different versions of this question which were tested in different quarters; for more details see the comparability tab as well as the "universe" tab and the "code" tab for more information on changes in the universe and the responses.
Concept:	Material Hardship Variables -- PERSON
Start Position:	202
End Position:	203
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	No
11	No, family respondent only
12	No, family respondent or any other adults in the family

20	Yes
21	Yes, family respondent only
22	Yes, family respondent or any other adults in the family
90	Unknown
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "FSNOTEAT"

Name:	FSNOTEAT
Label:	Any family members not eat for a whole day because not enough money for food, last 30 days
Variable Text:	FSNOTEAT indicates, for families where adult(s) reduced the size or skipped meals, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food, whether in the last 30 days, any adult(s) in family did not eat for a whole day because there wasn't enough money for food. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Material Hardship Variables -- PERSON
Start Position:	204
End Position:	204
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FSNOTEATNO"

Name:	FSNOTEATNO
Label:	Number of days any family member did not eat due to lack of money, last 30 days
Variable Text:	FSNOTEATNO reports, for families in which at least one adult did not eat for a whole day because of a lack of money for food (FSNOTEAT==2), the number of days in the last 30 days where the adult(s) in family did not eat for a whole day because there wasn't enough money for food.
Concept:	Material Hardship Variables -- PERSON
Start Position:	205
End Position:	206
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22

23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "FSNOTLAST"

Name:	FSNOTLAST
Label:	Food did not last until family had money to get more, last 30 days
Variable Text:	FSNOTLAST indicates whether in the last 30 days, it was often true, sometimes true or never true that food the family bought did not last until the family had money to get more. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Material Hardship Variables -- PERSON
Start Position:	207
End Position:	207
Width:	1
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
1	Often True
2	Sometimes true
3	Never true
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FSRAWSCORE"

Name:	FSRAWSCORE
Label:	Family's raw score on the 30-day food security scale
Variable Text:	FSRAWSCORE reports family's raw score on the 30-day food security scale. It ranges from 0-10 and reflects the number of affirmative responses to the ten food insecurity questions that correspond with the following variables: FSRUNOUT, FSNOTLAST, FSBALANC, FSSKIP, FSSKIPNO, FSATELESS, FSHUNGRY, FSWEIGHT, FSNOTEAT, and FSNOTEATNO. For more information on how affirmative responses were determined, please select more. Please see the comparability tab for details on possible changes in comparability over time. Although FSSKIPNO and FSNOEATNO are continuous variables, a response is considered affirmative if number of days ranges from 1-30. For the other 8 variables, responses including "often true," "sometimes true," and "yes" are considered affirmative. The purpose of the Food Security supplement in the Family Questionnaire is to assess whether the individual's family has been able to afford adequate food for all adults during the previous 30 days. These questions are sponsored by the Economic Research Service at the U.S. Department of Agriculture.
Concept:	Material Hardship Variables -- PERSON

Start Position:	208
End Position:	209
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
99	Unknown

Variable: "FSRUNOUT"

Name:	FSRUNOUT

Label:	Family worried food would run out before got money to buy more, last 30 days
Variable Text:	FSRUNOUT indicates whether in the last 30 days, it was often true, sometimes true or never true that the family worried their food would run out before they got money to buy more. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Material Hardship Variables -- PERSON
Start Position:	210
End Position:	210
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	Often True
2	Sometimes true
3	Never true
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FSSKIP"

Name:	FSSKIP
Label:	

	Family members cut size or skipped meals because not enough money, last 30 days.
Variable Text:	FSSKIP reports, for families for whom it was often or sometimes true in the last 30 days that they worried that their food would run out before they got money to buy more, or that their food didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals, whether in the last 30 days, there are adults in the family for whom it was often or sometimes true that they cut size or skipped meals because there wasn't enough money. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Material Hardship Variables -- PERSON
Start Position:	211
End Position:	211
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FSSKIPNO"

Name:	FSSKIPNO
Label:	Number of days any family members cut size or skipped meals for financial reasons, last 30 days.
Variable Text:	FSSKIPNO reports, for persons in families with members who cut the size of their meals or skipped meals in the last 30 days because there wasn't enough money for food (FSSKIP==2), the number of days in the last 30 days where the adult(s) in family cut size or skipped meals for financial reasons.
Concept:	Material Hardship Variables -- PERSON
Start Position:	212
End Position:	213
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1
02	2
03	3
04	4
05	5
06	6
07	7

08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
97	Unknown-refused

| 98 | Unknown-not ascertained |
| 99 | Unknown-don't know |

Variable: "FSSTAT"

Name:	FSSTAT
Label:	Family-level food security status for 30-day food security
Variable Text:	FSSTAT indicates a family's food security status based on their raw score (FSRAWSCORE) in the 30-day food security scale. Food security statuses include food secure, low food security, and very low food security. For a more detailed version of food security status, please see FSSTATDET.
Concept:	Material Hardship Variables -- PERSON
Start Position:	214
End Position:	214
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	Food secure (raw score 0-2)
2	Low food security (raw score 3-5)
3	Very low food security (raw score 6-10)
9	Unknown

Variable: "FSSTATDET"

Name:	FSSTATDET
Label:	Detailed family-level food security status on the 30-day food security scale
Variable Text:	FSSTATDET indicates a family's food security status based on their raw score (FSRAWSCORE) in a 30-day food security scale. Food security statuses include high food security, marginal food security, low food security, and very low food security. For a more simple version of food security status, please see FSSTAT.
Concept:	Material Hardship Variables -- PERSON
Start Position:	215
End Position:	215
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	High food security (raw score 0)
2	Marginal food security (raw score 1-2)
3	Low food security (raw score 3-5)
4	Very low food security (raw score 6-10)
9	Unknown

Variable: "FSWEIGHT"

Name:	FSWEIGHT

Label:	Ever lost weight because not enough money for food, last 30 days
Variable Text:	For persons in families for whom it whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or that they couldn't afford to eat balanced meals, FSWEIGHT indicates whether the family respondent (or any other adults in the family in quarters 3 and 4 of 2013 only) lost weight because there wasn't enough money for food in the past 30 days. The variable FSWEIGHT combines different versions of this question which were tested in different quarters in 2013; for more details see the comparability tab as well as the "universe" tab and the "code" tab for more information on changes in the universe and the responses.
Concept:	Material Hardship Variables -- PERSON
Start Position:	216
End Position:	217
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
10	No
11	No, family respondent only
12	No, family respondent or other adults in the family
20	Yes
21	Yes, family respondent only
22	Yes, family respondent or other adults in the family

90	Unknown
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "OWNERSHIP"

Name:	OWNERSHIP
Label:	Family's home owned or rented
Variable Text:	For sample adults aged 55 and older in 1984 and for all persons from 1993 forward, OWNERSHIP indicates whether the house/apartment that the sample person is living in is owned or being bought, rented, or is occupied by some other arrangement by the person or someone in her/his family or household. This variable was first introduced in 1984 as part of the Supplement on Aging. From 1993 to 1996, this variable is part of the Family Resources supplement that provides information on individuals' health benefits, amount of coverage and income received from employment, welfare benefits, public assistance, and savings. Questions in the Family Resources supplement are different from those in the core survey in terms of the content and the treatment of missing data. Questions in the Family Resources were normally asked of the month prior to the interview while the core survey asked of the last calendar year. All missing data in the Family Resources supplement were imputed by NHIS. Users can refer to the imputation flag variables OWNFL, RENTMONEYFL, and RENTFREEFL to identify persons with imputed data.
Concept:	Housing Variables -- PERSON
Start Position:	218
End Position:	219
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Owned or being bought
11	Owned
12	Being bought
20	Rented
30	Other arrangement
40	Rent free
97	Unknown--refused
98	Unknown--not ascertained
99	Unknown--don't know

Variable: "LOWRENT"

Name:	LOWRENT
Label:	Family pays lower rent due to government program
Variable Text:	For sample persons living in a rented house or apartment, LOWRENT indicates whether the respondent or anyone in the respondent's family was paying lower rent because the federal, state, or local government was paying part of the cost.
	Government housing assistance may come in the form of monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.
	For related variables, please use the IPUMS NHIS search function or drop-down menus.
Concept:	Housing Variables -- PERSON
Start Position:	220

End Position:	220
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HEALTH"

Name:	HEALTH
Label:	Health status
Variable Text:	HEALTH rates an individual's general health (as self-reported by the person in question or evaluated by a family member] on a four-point (1972-81) or five-point (1982 forward) Likert scale, ranging from "excellent" to "poor" (along with an unrated "unknown" category). For 1997 forward, HSTATYR reports whether the health status of sample adults and sample children was better, worse, or about the same as one year ago.
Concept:	General Health Variables -- PERSON
Start Position:	221

End Position:	221
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
0	NIU
1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HEIGHT"

Name:	HEIGHT
Label:	Height in inches without shoes
Variable Text:	HEIGHT reports the approximate height of adults, in inches. The values for this variable are based on self-reports or proxy reports/estimates by respondents for other household members, supplied in response to the question, "About how tall is [person] without shoes?" Such data are less accurate than, and thus not fully comparable to, data on height gleaned via direct measurement in other surveys, such as NHANES (the National Health and Nutrition Examination Survey fielded by the National Center for Health Statistics).

Concept:	General Health Variables -- PERSON
Start Position:	222
End Position:	223
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23

24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47

48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58 (1996: 58 inches or less)
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71

72	72
73	73
74	74
75	75
76	76
77	77 (1996: 77+ inches)
78	78
79	79
80	80
81	81
82	82
83	83
84	84 (1976 - 1981: 84+ inches)
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94+

95	Unknown-all causes
96	Exceptionally short or tall
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "WEIGHT"

Name:	WEIGHT
Label:	Weight in pounds without clothes or shoes
Variable Text:	WEIGHT reports the approximate weight of adults, in pounds. The values for this variable are based on self-reports or proxy reports/estimates by respondents for other household members, supplied in response to the question, "About how much does [person] weigh without shoes?" Such verbally reported data are less accurate than, and thus not fully comparable to, data on weight gleaned via direct measurement in other surveys, such as NHANES (the National Health and Nutrition Examination Survey fielded by the National Center for Health Statistics). Indeed, the Field Representative's Manual for 1991 specified that one rationale for collecting height and weight data in the NHIS was to compare respondents' answers to the distribution of actual body measurements obtained in the Health and Nutrition Examination Survey, "to determine the reliability of self-reported or proxy-reported heights and weights."
Concept:	General Health Variables -- PERSON
Start Position:	224
End Position:	226
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

| Coder Instructions: | WEIGHT is a 3-digit-numeric variable. The upper and lower weight thresholds for public data suppression vary over time. User should carefully review the codes below before making cross-year comparisons or interpreting results.

1997-forward codes
000: Not in Universe
99: 99 pounds or less (FEMALES only, 1997-2005)
100: 100 pounds or less (FEMALES only, 2006-forward)
126: 126 pounds or less (MALES only, 1997-forward)
259: 259 pounds or more (FEMALES only, 1997-2005)
274: 274 pounds or more (FEMALES only, 2006-forward)
285: 285 pounds or more (MALES only, 1997-2005)
299: 299 pounds or more (MALES only, 2006-forward)
996: Exceptionally low or high weight
997: Unknown-refused
998: Unknown-not ascertained
999: Unknown-don't know

In 1997-forward, data are NOT top and bottom coded, but instead cases outside of these upper and lower bounds are assigned to a code of "996: Exceptionally low or high weight". Additionally, these thresholds differ by sex.

Pre-1997 codes:
000: Not in Universe (includes 2 reported "0" values in 1974, which has no bottom-code)
50: 50 pounds or less (1976-1995)
97: 97 pounds or less (1996)
290: 290 pounds or more (1996)
300: 300 pounds or more (1976 and 1978)
400: 400 pounds or more (1977, 1979-1981)
500: 500 pounds or more (1982-1995)
997: 997 pounds or more (1974)
995: Unknown - all causes |

Variable: "BMICALC"

Name:	BMICALC
Label:	Body Mass Index, calculated from publicly released height and weight variables
Variable Text:	BMICALC reports the Body Mass Index, a measure of body fat based on height and weight that applies to adult men and women, as calculated by IPUMS NHIS from the public use file data on height and weight. BMICALC was calculated using the following formula: [Weight in pounds/(Height in inches, squared)] multiplied by 703 and rounded to one digit past the implied decimal point. Individuals not asked their weight and height are coded "000" (for "Not in universe") for BMICALC. Individuals whose weight or height was topcoded, bottomcoded, or, for 1997 forward, an outlying value that was suppressed for confidentiality reasons, receive a code of "996" for BMICALC.

The website of the Centers for Disease Control and Prevention on BMI reports the following "standard weight status categories associated with BMI ranges for adults." BMI below 18.5 is associated with "underweight" weight status; BMI 18.5 to 24.9 is associated with "normal" weight status; BMI 25.0 to 29.9 |

is associated with "overweight" weight status; BMI 30.0 and above is associated with "obese" weight status.

The CDC website also notes, "the correlation between the BMI number and body fatness is fairly strong; however, the correlation varies by sex, race, and age." For example, women tend to have more body fat than men at the same BMI; older people, on average, tend to have more body fat than young adults; and highly trained athletes may have a high BMI because of increased muscularity rather than increased body fatness. The CDC adds, "It is important to remember that BMI is only one factor related to risk for disease," and that other predictors, such as waist circumference and levels of blood pressure and physical activity, are also important.

Concept:	General Health Variables -- PERSON
Start Position:	227
End Position:	230
Width:	4
Variable Format:	numeric
Implied Decimal Places:	1
Coder Instructions:	BMICALC is a variable with three columns and one implied decimal place. 0.0 = NIU 996 = Not calculable

Variable: "HSTATYR"

Name:	HSTATYR
Label:	Health status compared to 1 year ago
Variable Text:	HSTATYR reports responses to the question, "Compared with 12 months ago, would you say that [your/sample child's] health is better, worse, or about the same?" Rating of the individual's current state of health on a four-point (1972-81) or five-point scale (1982 forward) --based on self-evaluation or evaluation by a family member--is reported in HEALTH.
Concept:	General Health Variables -- PERSON
Start Position:	231

End Position:	231
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Better
2	Worse
3	About the same
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WLDAYR"

Name:	WLDAYR
Label:	Work loss days, past 12 months
Variable Text:	WLDAYR reports the number of days the respondent missed work because of an illness or injury in the last 12 months. Responses were reported as a value between 0 and 366. Absence due to maternity leave was not included.

The 1997 Field Representative's Manual describes work loss day as missing more than one-half of the usual work day from a job or business because of illness or injury. Interviewers were instructed to "always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask 'Could you give me a more exact number?'"

The universe for this question includes those who worked without pay. |

Concept:	General Health Variables -- PERSON
Start Position:	232
End Position:	234
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
000	None
001	1 day
002	2 days
003	3 days
004	4 days
005	5 days
006	6 days
007	7 days
008	8 days
009	9 days
010	10 days
011	11 days
012	12 days

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026	26 days
027	27 days
028	28 days
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031	31 days
032	32 days
033	33 days
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042	42 days
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047	47 days
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067	67 days
068	68 days
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358	358 days
359	359 days
360	360 days
361	361 days
362	362 days
363	363 days
364	364 days
365	365 days
366	366 days
996	NIU
997	Unknown-refused
998	Unknown-not ascertained
999	Unknown-unknown

Variable: "USUALPL"

Name:	USUALPL
Label:	Has usual place for medical care
Variable Text:	USUALPL indicates whether individuals have a place (or more than one place) that they usually go when they are sick or need advice about their health. Text from the Field Representative's Manual for 1997 (which was not routinely read to respondents) clarified this inquiry by noting, "This is not necessarily the doctor most recently contacted. (For example, the most recent contact may have been with a specialist never seen before.) Additionally, it need not be a doctor or clinic the Sample Adult has ever contacted. In this case, the question refers to the doctor or place the Sample Adult would contact if he/she is sick or needs advice about his/her own health."
Concept:	Access to Care Variables -- PERSON
Start Position:	235
End Position:	235
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	There is no place or No
2	Yes, has a usual place or Yes
3	There is more than one place
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "TYPPLSICK"

Name:	TYPPLSICK
Label:	Kind of usual place for medical care
Variable Text:	TYPPLSICK reports the type of place respondents usually go to when they are sick or need advice about their health. (Responses were collected only if respondents acknowledged having one or more usual places to go when sick, as reported in USUALPL.)
	If there was a "yes" response to the question about whether there is a place that the person usually goes when sick, interviewers asked, "What kind of place is it--a clinic, doctor's office, emergency room, or some other place?" If the response to the question was "there is more than one place," interviewers asked, "What kind of place do you go to most often--a clinic, doctor's office, emergency room, or some other place?"
	Definitions
	The Field Representative's Manual for 1997-2000 states, "A place to USUALLY go when sick or in need of advice about one's health includes: Walk-in clinic, Doctor's office, Clinic, Health Center, Health Maintenance Organization, Hospital - Emergency room or outpatient clinic, Military or VA health care facility." The survey form recognized a smaller number of options: "Clinic or health center"; "Doctor's office or HMO"; "Hospital Emergency Room"; "Hospital outpatient department"; and "Some other place."
	The Manual for 1995-2000 provided directions on distinguishing between a doctor's office and a clinic or health center. If the respondent used the term "clinic" or "health center," the interviewer was to record this. However, if the respondent was unable to classify the place as a doctor's office, clinic or health center, the interviewer was instructed to probe to determine how many doctors work out of the "place." A "place" with 3 or less doctors was to be considered a doctor's office.
	Related Variables
	Interviewers also asked whether persons usually go to the same place identified in TYPPLSICK for their routine or preventive care (ROUTCARE) and, if not, the type of place where the person normally receives routine preventive care (PLACECAR). Other questions covered whether the person has changed the usual place of health care in the past twelve months, (if so) whether this change was for reason related to health insurance, and (in 1999) how long subject had been going to their usual source of health care and why some persons lacked a usual source of care.
Concept:	Access to Care Variables -- PERSON
Start Position:	236

End Position:	237
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Clinic or health center
11	Health center
12	Public health clinic
13	Clinic, unspecified type
14	Community/immigrant/rural clinic
15	Company or school clinic/center
16	Urgent care/walk-in clinic
17	Migrant clinic
18	Rural health center
19	Community or family health center
20	Doctor's office or HMO
21	Doctor's office
22	HMO
23	Doctor's clinic
30	Hospital emergency room

40	Hospital outpatient department
41	County/city/public/county hospital outpatient
42	Private/other hospital outpatient clinic
50	Some other place
51	Psychiatric hospital/clinic
52	VA hospital/clinic
53	Military health care facility
54	Military or VA health care facility
55	At home
56	Non-hospital place
57	Other places (1985: Includes known HMOs)
60	Doesn't go to one place most often
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "ROUTCARE"

Name:	ROUTCARE
Label:	Goes to same place for routine care as for sick care
Variable Text:	ROUTCARE indicates whether the place sample adults and sample children usually went for routine or preventive care was the same place they usually went to when sick or when they needed advice about their health (see also USUALPL). As examples of routine care, the question for sample adults mentioned "a physical examination or checkup"; the question for sample children mentioned "a physical examination or well baby/child check-ups."
	The Field Representative's Manual defined "routine or preventive care" as "a health procedure or series of health procedures done to help a person avoid illness or to detect problems early" (for 1997) or as "a doctor visit or health

procedure to prevent illness or to detect problems early, such as immunization or a physical exam" (for 1998 forward).

The Manual consistently defined "a general physical exam or check-up" as "an examination not for a specific condition or problem. This may include the following: a periodic health examination, a complete medical examination, an annual health check-up or a comprehensive physical examination. It does NOT include dental exams and vision tests." These definitions were not routinely shared with respondents.

Concept:	Access to Care Variables -- PERSON
Start Position:	238
End Position:	238
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DELAYCOST"

Name:	DELAYCOST

Label:	Medical care delayed due to cost, past 12 months
Variable Text:	DELAYCOST indicates whether, during the past twelve months, individuals delayed seeking medical care because of worry about the cost. For 1997 forward, respondents were told not to include dental care when answering this question.

The Field Representative's Manual for 1993 forward noted, "Delayed assumes that medical care has been or will eventually be received." This definition of the term was not routinely shared with respondents.

Related Variables

Several other variables available for 1997 forward address reasons other than "worry about the cost" that caused sample adults and sample children to delay getting medical care. The non-financial reasons for delays in getting medical care identified in these variables are: "you couldn't get an appointment soon enough" (DELAYAPPT); "the clinic/doctor's office wasn't open when you could get there" (DELAYHRS); "you couldn't get through on the telephone" (DELAYPHONE); "you didn't have transportation" (DELAYTRANS); and "once you get there, you have to wait too long to see the doctor" (DELAYWAIT).

Available for 1997 forward, YBARCARE, which identifies individuals who needed but did not get medical care because they could not afford it during the past 12 months, covers some of the same ground as DELAYCOST. However, the wording of the question for YBARCARE implies that medical care was foregone for financial reasons, while the wording of the question for DELAYCOST refers to care delayed for financial reasons. The difference in these two variables may, however, be less than is implied by this semantic distinction. In the case of some acute illnesses (such as respiratory infections and "stomach flu"), medical care that was delayed was doubtless ultimately foregone in many cases. |
Concept:	Access to Care Variables -- PERSON
Start Position:	239
End Position:	239
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know (1993-96: DK or refused)

Variable: "CHANGEIN"

Name:	CHANGEIN
Label:	Changed usual place for health care for insurance reasons
Variable Text:	For sample adults and sample children with one or more than one usual place to go when sick or need health advice who changed their usual place for health care in past 12 months, CHANGEIN indicates the reason for this change was related to health insurance. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Access to Care Variables -- PERSON
Start Position:	240
End Position:	240
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FAMDELAYCONO"

Name:	FAMDELAYCONO
Label:	Number of family members who delayed seeking medical care due to cost, past 12 months
Variable Text:	For persons in families in which any member delayed seeking medical care due to cost, FAMDELAYCONO is a recoded variable that reports the number of family members who delayed seeking care in past 12 months. Interviewers instructed respondents not to include dental care.
Concept:	Access to Care Variables -- PERSON
Start Position:	241
End Position:	242
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label

00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15

Variable: "FAMDELAYCOST"

Name:	FAMDELAYCOST
Label:	Any family member delayed seeking medical care due to cost, past 12 months
Variable Text:	For all persons, FAMDELAYCOST reports whether any member delayed seeking medical care due to cost in past 12 months. Interviewers instructed respondents not to include dental care.
Concept:	Access to Care Variables -- PERSON
Start Position:	243

End Position:	243
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FAMYBARCAR"

Name:	FAMYBARCAR
Label:	Any family member need and not get medical care (due to cost), past 12 months
Variable Text:	For all persons FAMYBARCAR reports if any family member needed but did not get medical care (due to cost) in the past 12 months. Interviewers instructed respondents not to include dental care.
Concept:	Access to Care Variables -- PERSON
Start Position:	244
End Position:	244
Width:	1
Variable Format:	numeric

Implied Decimal Places:	0

Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "FAMYBARCARNO"

Name:	FAMYBARCARNO
Label:	Number of family members who needed and did not get medical care (due to cost) , past 12 months
Variable Text:	For all persons FAMYBARCARNO reports the number of family members who needed but did not get medical care (due to cost) in the past 12 months. Interviewers instructed respondents not to include dental care.
Concept:	Access to Care Variables -- PERSON
Start Position:	245
End Position:	246
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	0
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15

Variable: "PLACECAR"

Name:	PLACECAR
Label:	Place usually go for routine care
Variable Text:	PLACECAR reports where, if anywhere, the sample adult or sample child usually went "when you need routine or preventive care, such as a physical examination or check up."

Definitions

The Field Representative's Manual defined "routine or preventive care" as "a health procedure or series of health procedures done to help a person avoid illness or to detect problems early" (for 1997) or as "a doctor visit or health procedure to prevent illness or to detect problems early, such as immunization or a physical exam" (for 1998 forward).

The Manual consistently defined "a general physical exam or check-up" as "an examination not for a specific condition or problem. This may include the following: a periodic health examination, a complete medical examination, an annual health check-up or a comprehensive physical examination. It does NOT include dental exams and vision tests." These definitions were not routinely shared with respondents.

Data Collection

For both sample adults and sample children, the NHIS question associated with PLACECAR ("What kind of place [do/does] [you/sample child] usually go to when [you/sample child] need[s] routine preventive care, such as a physical examination or [well baby/child] check-up?") was asked only if specific criteria were satisfied.

The question was asked if any of the following criteria were satisfied:

(1) USUALPL (whether the sample adult or sample child had a place (or more than one place) that they usually went when they were sick or needed advice about their health) is not coded as either "Yes" (2), or "More than one place" (3).
(2) TYPPLSICK (the type of place sample adults and sample children usually went when they were sick or needed advice about their health) is coded as either "Unknown-Refused" (97), "Unknown-not ascertained" (98), or "Unknown-don't know" (99).
(3) ROUTCARE (whether the place that the sample adult and sample child usually went for routine or preventive care was the same place that they usually went when sick or when they needed advice about their health) is not coded as "Yes" (2).

However, because of the interrelationships between these variables, the question associated with PLACECAR is asked whenever ROUTCARE is not coded as "Yes" (i.e., the place where the sample adult/child usually went for routine or preventive care was not the same place where they usually went when sick or needed advice about their health).

Concept:	Access to Care Variables -- PERSON
Start Position:	247
End Position:	248
Width:	2
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	No usual place for routine care
11	Doesn't get preventive care anywhere
12	Doesn't go one place most often
20	Clinic or health center
21	Company or school clinic
22	Migrant clinic
23	Community or family health center
24	Rural health center
25	Walk-in or emergency care center
26	Other clinic
30	Doctor's office or HMO
31	Doctor's office
32	HMO/Prepaid group
40	Hospital emergency room
50	Hospital outpatient department
60	Some other place
61	Home
62	Other place, n.e.c.
97	Unknown-refused

98	Unknown-not ascertained
99	Unknown-don't know

Variable: "DELAYAPPT"

Name:	DELAYAPPT
Label:	Delayed care because couldn't get appointment soon
Variable Text:	DELAYAPPT identifies sample children and sample adults who had delayed getting medical care during the past twelve months because they "couldn't get an appointment soon enough." DELAYAPPT is one of several variables identifying barriers to getting medical care promptly. Interviewers began the series of questions by saying, "There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?" Other (non-financial) reasons for delayed access to care identified in the survey are: "the clinic/doctor's office wasn't open when you could get there" (DELAYHRS); "you couldn't get through on the telephone" (DELAYPHONE); "you didn't have transportation" (DELAYTRANS); and "once you get there, you have to wait too long to see the doctor" (DELAYWAIT). This series of questions was not intended to elicit instances when needed medical care was foregone entirely; the Field Representative's Manual states, "Delayed assumes that medical care has been or will eventually be received."
Concept:	Access to Care Variables -- PERSON
Start Position:	249
End Position:	249
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label

0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DELAYHRS"

Name:	DELAYHRS
Label:	Delayed care because doctor's office not open
Variable Text:	DELAYHRS identifies sample children and sample adults who had delayed getting medical care during the past 12 months because "the clinic/doctor's office wasn't open when you could get there." DELAYHRS is one of several variables identifying barriers to getting medical care. Interviewers began the series of questions by saying, "There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?" Other (non-financial) reasons for delayed access to care identified in the survey are: "you couldn't get an appointment soon enough" (DELAYAPPT); "you couldn't get through on the telephone" (DELAYPHONE); "you didn't have transportation" (DELAYTRANS); and "once you get there, you have to wait too long to see the doctor" (DELAYWAIT). This series of questions was not intended to elicit instances when needed medical care was foregone entirely; the Field Representative's Manual states, "Delayed assumes that medical care has been or will eventually be received."
Concept:	Access to Care Variables -- PERSON
Start Position:	250
End Position:	250
Width:	1
Variable Format:	numeric
	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DELAYPHONE"

Name:	DELAYPHONE
Label:	Delayed care because couldn't get through by phone
Variable Text:	DELAYPHONE identifies sample children and sample adults who had delayed getting medical care during the past 12 months because they "couldn't get through on the telephone." DELAYPHONE is one of several variables identifying barriers to getting medical care. Interviewers began the series of questions by saying, "There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?" Other (non-financial) reasons for delayed access to care identified in the survey are: "you couldn't get an appointment soon enough" (DELAYAPPT); "the clinic/doctor's office wasn't open when you could get there" (DELAYHRS); "you didn't have transportation" (DELAYTRANS); and "once you get there, you have to wait too long to see the doctor" (DELAYWAIT). This series of questions was not intended to elicit instances when needed medical care was foregone entirely; the Field Representative's Manual states, "Delayed assumes that medical care has been or will eventually be received."
Concept:	Access to Care Variables -- PERSON
Start Position:	251

End Position:	251
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DELAYTRANS"

Name:	DELAYTRANS
Label:	Delayed care because lacked transportation
Variable Text:	DELAYTRANS identifies sample children and sample adults who had delayed getting medical care during the past 12 months because they "didn't have transportation."
	DELAYTRANS is one of several variables identifying barriers to getting medical care. Interviewers began the series of questions by saying, "There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?" Other (non-financial) reasons for delayed access to care identified in the survey are: "you couldn't get an appointment soon enough" (DELAYAPPT); "the clinic/doctor's office wasn't open when you could get there" (DELAYHRS); "you couldn't get through on the telephone" (DELAYPHONE); and "once you get there, you have to wait too long to see the doctor" (DELAYWAIT).
	This series of questions was not intended to elicit instances when needed medical

care was foregone entirely; the Field Representative's Manual states, "Delayed assumes that medical care has been or will eventually be received."

Concept:	Access to Care Variables -- PERSON
Start Position:	252
End Position:	252
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DELAYWAIT"

Name:	DELAYWAIT
Label:	Delayed care because wait too long in doctor's office
Variable Text:	DELAYWAIT identifies sample children and sample adults who had delayed getting medical care during the past 12 months because "once you get there (the clinic or doctor's office), you have to wait too long to see the doctor." The Field Representative's Manual for 1997 forward states, "Waiting time to see the doctor includes only time from arrival until the health care provider is seen."

DELAYWAIT is one of several variables identifying barriers to getting medical care. Interviewers began the series of questions by saying, "There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the past 12 months?" Other (non-financial) reasons for delayed access to care identified in the survey are: "you couldn't get an appointment soon enough" (DELAYAPPT); "the clinic/doctor's office wasn't open when you could get there" (DELAYHRS); "you couldn't get through on the telephone" (DELAYPHONE; and "you didn't have transportation" (DELAYTRANS).

This series of questions was not intended to elicit instances when needed medical care was foregone entirely; the Field Representative's Manual states, "Delayed assumes that medical care has been or will eventually be received."

Concept:	Access to Care Variables -- PERSON
Start Position:	253
End Position:	253
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YBARCARE"

Name:	YBARCARE
Label:	Needed but couldn't afford medical care, past 12 months
Variable Text:	YBARCARE indicates whether, at any time during the past 12 months, individuals needed medical care but did not get it because they could not afford it. Respondents were told not to include dental care when answering this question. For 1997 forward, the survey also collected information about whether, at any time during the past twelve months, sample adults and sample children needed but did not get specific types of medical care because they could not afford it. The specific types of medical care foregone for financial reasons that the survey identified were mental health care or counseling (YBARMENTAL, prescription medicines (YBARMEDS), eyeglasses (YBARGLASS), dental care, including check-ups (YBARDENTAL, available for 1999 forward), follow-up care (YBARFOLLOW, available for 2011 forward), and specialist care (YBARSPECL, available for 2011 forward).
Concept:	Access to Care Variables -- PERSON
Start Position:	254
End Position:	254
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "YBARDENTAL"

Name:	YBARDENTAL
Label:	Needed but couldn't afford dental care, past 12 months
Variable Text:	YBARDENTAL indicates whether, at any time during the past 12 months, sample adults and sample children needed dental care (including check-ups) but didn't get it because they couldn't afford it.
	The Field Representative's Manual for 1999-2000 instructed interviewers to "include all types of financial limitations that prevented the person from getting medical services."
	YBARDENTAL was one of a series of questions intended to determine if the family's access to health care was restricted because of financial concerns. The survey also collected information about whether, at any time in the past 12 months, sample adults and sample children needed but did not get eyeglasses (YBARGLASS), prescription medicines (YBARMEDS), mental health care or counseling (YBARMENTAL), follow-up care (YBARFOLLOW), and specialist care (YBARSPECL).
Concept:	Access to Care Variables -- PERSON
Start Position:	255
End Position:	255
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No

2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YBARGLASS"

Name:	YBARGLASS
Label:	Needed but couldn't afford eyeglasses, past 12 months
Variable Text:	YBARGLASS indicates whether, at any time during the past 12 months, sample adults and sample children needed eyeglasses but didn't get them because they couldn't afford them. The Field Representative's Manual for 1999-2000 instructed interviewers to "include all types of financial limitations that prevented the person from getting medical services." YBARGLASS was one of a series of questions intended to determine if the family's access to health care was restricted because of financial concerns. The survey also collected information about whether, at any time in the past 12 months, sample adults and sample children needed but did not get prescription medicines (YBARMEDS), mental health care or counseling (YBARMENTAL), dental care, including checkups (YBARDENTAL), follow-up care (YBARFOLLOW), and specialist care (YBARSPECL).
Concept:	Access to Care Variables -- PERSON
Start Position:	256
End Position:	256
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YBARMEDS"

Name:	YBARMEDS
Label:	Needed but couldn't afford prescription medicines, past 12 months
Variable Text:	YBARMEDS indicates whether, at any time during the past 12 months, sample adults and sample children needed prescription medicines but didn't get them because they couldn't afford them. The Field Representative's Manual for 1999-2000 instructed interviewers to "include all types of financial limitations that prevented the person from getting medical services." The Manual for 1997-2003 also included a definition of prescription medicine as "medication which can only be obtained with the approval of a licensed health care professional. The medication is usually obtained through a pharmacy using a written note or telephoned instruction" to the pharmacy from a doctor, dentist, or other health care professional. A similar definition was included in the 2004-2006 Manuals. These points in the documentation were not routinely shared with respondents. YBARMEDS was one of a series of questions intended to determine if the family's access to health care was restricted because of financial concerns. The survey also collected information about whether, at any time in the past 12 months, sample adults and sample children needed but did not get eyeglasses (YBARGLASS), mental health care or counseling (YBARMENTAL), dental care, including checkups, (YBARDENTAL), follow-up care (YBARFOLLOW), and specialist care (YBARSPECL).
Concept:	Access to Care Variables -- PERSON
Start Position:	257
End Position:	257

Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YBARMENTAL"

Name:	YBARMENTAL
Label:	Needed but couldn't afford mental health care, past 12 months
Variable Text:	YBARMENTAL indicates whether, at any time during the past 12 months, sample adults and sample children needed mental health care or counseling but didn't get it because they couldn't afford it. "Mental health care or counseling" were defined by the survey respondent. The Field Representative's Manual for 1999-2000 instructed interviewers to "include all types of financial limitations that prevented the person from getting medical services." YBARMENTAL was one of a series of questions intended to determine if the family's access to health care was restricted because of financial concerns. The survey also collected information about whether, at any time in the past 12 months, sample adults and sample children needed but did not get eyeglasses (YBARGLASS), prescription medicines (YBARMEDS), dental care, including checkups, (YBARDENTAL), follow-up care (YBARFOLLOW), and specialist care (YBARSPECL).
Concept:	Access to Care Variables -- PERSON

Start Position:	258
End Position:	258
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YBARFOLLOW"

Name:	YBARFOLLOW
Label:	Needed but couldn't afford follow-up care, past 12 months
Variable Text:	YBARFOLLOW indicates whether, at any time during the past 12 months, sample adults and sample children needed follow-up care but did not get it because they could not afford it. YBARFOLLOW was one of a series of questions intended to determine if the family's access to health care was restricted because of financial concerns. The survey also collected information about whether, at any time in the past 12 months, sample adults and sample children needed but did not get eyeglasses (YBARGLASS), prescription medicines (YBARMEDS), medical care (YBARCARE), dental care (YBARDENTAL), mental health care or counseling (YBARMENTAL),

and specialist care (YBARSPECL).

This variable can be used to monitor the effects of the Affordable Care Act (ACA).

Concept:	Access to Care Variables -- PERSON
Start Position:	259
End Position:	259
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YBARSPECL"

Name:	YBARSPECL
Label:	Needed but couldn't afford specialist, past 12 months
Variable Text:	YBARSPECL indicates whether, at any time during the past 12 months, sample adults and sample children needed to see a specialist but did not do so because they could not afford it.

YBARSPECL was one of a series of questions intended to determine if the family's access to health care was restricted because of financial concerns. The survey also collected information about whether, at any time in the past 12 months, sample adults and sample children needed but did not get eyeglasses (YBARGLASS), prescription medicines (YBARMEDS), medical care (YBARCARE), dental care (YBARDENTAL), mental health care or counseling (YBARMENTAL), and follow-up care (YBARFOLLOW).

This variable can be used to monitor the effects of the Affordable Care Act (ACA).

Concept:	Access to Care Variables -- PERSON
Start Position:	260
End Position:	260
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WORMEDBILL"

Name:	WORMEDBILL

Label:	Worried about paying medical bills
Variable Text:	For sample adults, WORMEDBILL indicates how worried the respondent is about being able to pay medical bills if she or he got sick or had an accident. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Access to Care Variables -- PERSON
Start Position:	261
End Position:	261
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Very worried
2	Somewhat worried
3	Not at all worried
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YCHEAPMEDYR"

Name:	YCHEAPMEDYR

Label:	Asked doctor for lower cost medication, past 12 months
Variable Text:	For sample adults, YCHEAPMEDYR indicates if the respondent, concerning the use of prescription medication, asked doctor for a lower cost medication to save money in the past 12 months. This variable can be used to monitor the effects of the Affordable Care Act (ACA). In order to save money, other behaviors mentioned are: Skipped medication doses (YSKIPMEDYR) Took less medicine (YSKIMPMEDYR) Delayed filling a prescription (YDELAYMEDYR) Bought prescription drugs from another country (YFORNMEDYR) Used alternative therapies (YALTMEDYR)
Concept:	Access to Care Variables -- PERSON
Start Position:	262
End Position:	262
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YDELAYMEDYR"

Name:	YDELAYMEDYR
Label:	Delayed refilling prescription to save money, past 12 months
Variable Text:	For sample adults, YDELAYMEDYR indicates if the respondent, concerning the use of prescription medication, delayed filling a prescription to save money in the past 12 months. This variable can be used to monitor the effects of the Affordable Care Act (ACA). In order to save money, other behaviors mentioned are: Skipped medication doses (YSKIPMEDYR) Took less medicine (YSKIMPMEDYR) Asked doctor for lower cost medication (YCHEAPMEDYR) Bought prescription drugs from another country (YFORNMEDYR) Used alternative therapies (YALTMEDYR)
Concept:	Access to Care Variables -- PERSON
Start Position:	263
End Position:	263
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No

2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YFORNMEDYR"

Name:	YFORNMEDYR
Label:	Bought medication from other country to save money, past 12 months
Variable Text:	For sample adults, YFORNMEDYR indicates if the respondent, concerning the use of prescription medication, bought prescription drugs from another country to save money in the past 12 months. This variable can be used to monitor the effects of the Affordable Care Act (ACA). In order to save money, other behaviors mentioned are: Skipped medication doses (YSKIPMEDYR) Took less medicine (YSKIMPMEDYR) Delayed filling a prescription (YDELAYMEDYR) Asked doctor for lower cost medication (YCHEAPMEDYR) Used alternative therapies (YALTMEDYR)
Concept:	Access to Care Variables -- PERSON
Start Position:	264
End Position:	264
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YSKIMPMEDYR"

Name:	YSKIMPMEDYR
Label:	Took less medication to save money, past 12 months
Variable Text:	For sample adults, YSKIMPMEDYR indicates if the respondent, concerning the use of prescription medication, took less medicine to save money in the past 12 months. This variable can be used to monitor the effects of the Affordable Care Act (ACA). In order to save money, other behaviors mentioned are: Skipped medication doses (YSKIPMEDYR) Delayed filling a prescription (YDELAYMEDYR) Asked doctor for lower cost medication (YCHEAPMEDYR) Bought prescription drugs from another country (YFORNMEDYR) Used alternative therapies (YALTMEDYR)
Concept:	Access to Care Variables -- PERSON
Start Position:	265
End Position:	265

Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YSKIPMEDYR"

Name:	YSKIPMEDYR
Label:	Skipped medication doses to save money, past 12 months
Variable Text:	For sample adults, YSKIPMEDYR indicates if the respondent, concerning the use of prescription medication, skipped medication doses to save money in the past 12 months. In order to save money, other behaviors mentioned are: Took less medicine (YSKIMPMEDYR) Delayed filling a prescription (YDELAYMEDYR) Asked doctor for lower cost medication (YCHEAPMEDYR) Bought prescription drugs from another country (YFORNMEDYR) Used alternative therapies (YALTMEDYR)

Concept:	Access to Care Variables -- PERSON
Start Position:	266
End Position:	266
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "YALTMEDYR"

Name:	YALTMEDYR
Label:	Used alternative therapy to save money, past 12 months
Variable Text:	For sample adults, YALTMEDYR indicates if the respondent, concerning the use of prescription medication, used alternative therapies to save money in the past 12 months. This variable can be used to monitor the effects of the Affordable Care Act (ACA). In order to save money, other behaviors mentioned are:

Skipped medication doses
(YSKIPMEDYR)
Took less medicine
(YSKIMPMEDYR)
Delayed filling a prescription
(YDELAYMEDYR)
Asked doctor for lower cost medication
(YCHEAPMEDYR)
Bought prescription drugs from another country
(YFORNMEDYR)

Concept:	Access to Care Variables -- PERSON
Start Position:	267
End Position:	267
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIPAYMEDBIL"

Name:	HIPAYMEDBIL
Label:	Currently paying medical bills over time

Variable Text:	For all families, HIPAYMEDBIL reports if they or anyone in their family had (at the time of the survey) any medical bills that were being paid off over time. This included medical bills being paid off with a credit card, through personal loans, or bill-paying arrangements with hospitals or other providers. It also included bills from earlier years that were still being paid. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Access to Care Variables -- PERSON
Start Position:	268
End Position:	268
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIPROBPAYR"

Name:	HIPROBPAYR
Label:	Problems paying or unable to pay medical bills, past 12 months

| Variable Text: | For all families, HIPROBPAYR reports if the family had problems paying or were unable to pay any medical bills in the past 12 months. This included bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

This variable can be used to monitor the effects of the Affordable Care Act (ACA). |
|---|---|
| Concept: | Access to Care Variables -- PERSON |
| Start Position: | 269 |
| End Position: | 269 |
| Width: | 1 |
| Variable Format: | numeric |
| Implied Decimal Places: | 0 |

Categories

Value	Label
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HCSATIS12M"

Name:	HCSATIS12M
Label:	Satisfaction with health care, past 12 mos.
Variable Text:	For sample adults aged 18 and older, HCSATIS12M reports their general satisfaction with the health care they received in the past 12 months. This

	variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013.
Concept:	Access to Care Variables -- PERSON
Start Position:	270
End Position:	270
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Very satisfied
2	Somewhat satisfied
3	Somewhat dissatisfied
4	Very dissatisfied
5	Haven't had health care in the past 12 mos.
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIUNABLEPAY"

Name:	HIUNABLEPAY

Label:	Unable to pay medical bills
Variable Text:	For all persons except those who said they do not have problems paying their medical bills, (responses of "yes," "refused," "not ascertained," or "don't know" on HIPROBPAYR) reports whether the person or anyone in their family has medical bills that they are unable to pay at all. This variable can be used to monitor the effects of the Affordable Care Act (ACA).
Concept:	Access to Care Variables -- PERSON
Start Position:	271
End Position:	271
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HINOTCOVE"

Name:	HINOTCOVE

Label:	Health Insurance coverage status
Variable Text:	HINOTCOVE indicates whether the person currently lacks health insurance coverage. HINOTCOVE is a recoded variable created by the National Center for Health Statistics (NCHS) and included in the original NHIS public use data. HINOTCOVE, like other recoded health insurance variables in these data, is based on responses to a series of questions and on back editing carried out by NCHS staff. For the 1997 sample only, HINOTCOVE is constructed by IPUMS NHIS staff using back edited variables from the original NHIS public use data. The component variables used by IPUMS NHIS staff are available in IPUMS NHIS as HIPRIVATEE, HIMILITE, HIMCAIDE, HIMCAREE, HISTATEE, and HIOTHGOVE.
Concept:	General Coverage Variables -- PERSON
Start Position:	272
End Position:	272
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No, has coverage
2	Yes, has no coverage
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIPUBCOVE"

Name:	HIPUBCOVE
Label:	Has any Medicaid/other public assistance/State sponsored plan or CHIP (recode)
Variable Text:	HIPUBCOVE is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons, whether the individual had health insurance coverage through Medicaid, any other state or other local government program that pays for health care, or, for 1999 forward, the Children's Health Insurance Program. For all years, the period of coverage refers to at the time of the survey. The component variables used to construct it are: HIMCAIDE, HISTATEE , HICHIPE, and HIOTHGOVE. HIPUBCOV excludes military coverage (HIMILITE), Medicare (HIMCAREE), and Indian Health Service coverage (HIHSE). Data Collection For 1997 forward, HIPUBCOVE is based on a direct question about what kind of insurance the person had. Respondents were shown a flashcard listing insurance types and told to pick which one(s) they (and their family members) had. For 1997 forward, interviewers began by asking whether each family member had any kind of health insurance coverage. For 1997 to 1999, only persons with an affirmative response to this initial question have responses to follow-up questions about the kind of health insurance and details of coverage For 1997 to 1999, those who did not answer the initial question affirmatively are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance"). Various definitions of Medicaid were provided to respondents, but the changes in the definition were not substantial. In essence, for 1976 to 1996, Medicaid was defined as a health insurance program that provides medical assistance to persons in need. The Field Representative's Manuals for 1997 forward defined Medicaid as "a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the States." Survey Questions The order and wording of NHIS questions on health insurance coverage changed over time to reflect the availability of different types of coverage and issues of interest. From 1976 to 1996, respondents were asked a series of questions on whether family members had each of several types of coverage. Starting in 1997, respondents selected the relevant types of coverage from a list on a flashcard. The contents of the flashcard list reflected the types of public programs available at the time. Users are encouraged to read the User Note on "Changes in the Insurance Data Collection Process" for further information. The survey questions used to collect the information included in HIPUBCOV changed over time.

1997 forward
Interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" For individuals who had an affirmative response, the interviewer asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a flashcard listing various types of insurance coverage, including Medicaid. The options on the card were as follows:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance, and interviewers were instructed to mark all that applied.

Concept:	General Coverage Variables -- PERSON
Start Position:	273
End Position:	273
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No

2	Yes
9	Unknown/refused

Variable: "HIPRIVATEE"

Name:	HIPRIVATEE
Label:	Covered by private health insurance: Recode
Variable Text:	HIPRIVATEE indicates whether the person currently had private health insurance coverage. Private health care plans may be provided in part or in full by an individual's employer or union, and they may also be purchased directly by a person.
	HIPRIVATEE is a recoded variable created by the National Center for Health Statistics (NCHS) and included in the original NHIS public use data. HIPRIVATEE, like other recoded health insurance variables in these data, is based on responses to a series of questions and by editing carried out by the NCHS.
	Definitions
	The Field Representative's Manual for 1998 defines a private health insurance plan as "any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs in categories (4) and (6)-(11)" (of the flash card used by respondents in that year to report their type(s) of insurance coverage). In other words, private health insurance is, in the NCHS, defined as insurance other than Medicare, Medi-Gap, Medicaid, Military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, State-sponsored health plans, and health insurance from other government programs (including CHIP, the Children's Health Insurance Plan, which was added to the card in 1999).
	The flash card specified distinct kinds of private health insurance coverage in certain years: private health insurance plan from employer or workplace; Medi-Gap (i.e., private health insurance purchased to supplement Medicare), and private insurance plan through a state or local government program or community program.
	This last category, which was first added to the card in 1998, was defined in the Manual for that year as follows:
	Private Health Insurance Plan through a State or Local Government program or community Program is a type of private insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay health insurance coverage. (Beginning in 1999, the example changed to "a private company providing insurance for 500 uninsured children at little or no cost.")
	Single service plans are another type of insurance usually classified as private health insurance, but single service plan coverage did not count as private

insurance coverage in HIPRIVATEE.

Single service insurance was first defined in the 1999 Field Representative's Manual as "health insurance coverage paid for by the individual that provides for only one type of service. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization."

Initially, the NHIS specifically directed respondents to exclude such private single service plans from their reports of private insurance coverage. In 1997-1998, the flashcard listing general types of insurance coverage and handed to respondents stated, "EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, this policy changed. The category "Single Service Plan (e.g., dental, vision, prescriptions)" was added to the flash card, and the card directed respondents to "INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care), exclude private plans that only provide extra cash while hospitalized."

While information on most kinds of single service plans was collected in the survey from 1999 forward, these privately purchased single service health insurance plans were not treated as "private insurance coverage" in HIPRIVATEE. As the Field Representative's Manual for 2001 forward explained, "In trying to determine the appropriate type of health care coverage that an individual has, it is important to remember that for purposes of this survey, Single Service Plans are not considered private health insurance and should not be recorded as such. For individuals who indicate that they are covered by a Single Service Plan, simply record them as being covered by a single service plan, and the appropriate follow up questions will be asked."

2001 marked the first year that the Field Representative's Manual provided guidance to interviewers on recording responses relating to two other types of private insurance coverage--COBRA and TCC--that were included in HIPRIVATEE (under the subheading, "Private Health Insurance Plan from employer or workplace").

The Manual's discussion of COBRA and TCC was as follows:

If a respondent indicates that he/she is covered by COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TTC (Temporary Consolidation of Coverage), this should be coded as a Private Health Insurance Plan from employer or workplace. COBRA provides a bridge between health plans for qualified workers, their spouses and their dependent children when their health insurance might otherwise be cut off. Under this act, if a person voluntarily resigns from a job or is terminated for any reason other than 'gross misconduct' they are guaranteed the right to continue in their former employers group health insurance plan as an individual or family health care coverage for up to 18 months at one's own expense. In some cases, a spouse and dependent children are also eligible for COBRA coverage for as long as three years.

The TCC program is similar to COBRA. This program is available to federal employees. If a person loses Federal Employees Health Benefit (FEHB) coverage because of separation from federal service, they may enroll under the TCC provision of FEHB law to continue coverage for up to 18 months at their own expense in a FEHB plan. Family members who lose coverage because they are no longer eligible may enroll under TCC to continue FEHB coverage for up to 36 months at their own expense.

Data Collection Process

In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

The categories listed were:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Instructions regarding single service plans changed over time.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized." In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

Follow-up questions were used to collect information about plan names and to verify non-coverage.

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS or CHAMPVA coverage, or any private insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage.

Data Editing and Recoding

During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card.

Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, such as HIPRIVATEE, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

In addition to HIPRIVATEE, IPUMS NHIS contains other recoded insurance variables.

These are: HIHSE (Covered by Indian Health Service: Recode); HIMILITE (Covered by military health insurance: Recode); HIMILITE (Covered by military health insurance: Recode); HIMCAIDE (Covered by Medicaid: Recode); HIMCAREE (Covered by Medicare: Recode); HISTATEE (Covered by other state-sponsored health plan: Recode); HIOTHGOVE (Covered by other government program: Recode); and HINOTCOVE (No coverage of any type: Recode).

Concept:	General Coverage Variables -- PERSON
Start Position:	274
End Position:	274
Width:	1
Variable Format:	numeric
	0

Categories

Value	Label
1	No
2	Yes, information
3	Yes, but no information
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIMILITE"

Name:	HIMILITE
Label:	Covered by military health insurance: Recode
Variable Text:	HIMILITE indicates whether the person currently had health insurance coverage through some form of military health insurance. For those with military health insurance, HIMILITE distinguishes between those who had: 1) Military or VA health insurance only; 2) those who had CHAMPUS, TRICARE, or CHAMP-VA coverage only; 3) those with military health insurance coverage from both of these groups; and 4) those who had military health insurance of an unspecified type.

Definitions of Types of Military Health Insurance

Military Health Care provides medical care on military bases to current armed forces members and their dependents. Medical care from the VA is available to honorably discharged veterans who either have a service connected illness, injury, or disability, or whose incomes are near or below poverty. The Field Representative's Manual for 1997-2003 provided the following definition for this first set of military health care programs: "Military health care/VA refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments."

The Civilian Health and Medical Program Uniform Service of the Department of Defense (CHAMPUS) is a health care benefits program that provides in-patient and out-patient care from civilian sources and Military Treatment Facilities, on a cost sharing basis. In the late 1990s, a managed care approach was phased in,

under the name TRICARE. Retired members of the military are eligible for such coverage, as are the dependents of active-duty, retired, and deceased military.

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of health care services and supplies with eligible beneficiaries. Persons eligible for TRICARE/CHAMPUS are not eligible for CHAMPVA coverage. Persons potentially eligible for CHAMPVA coverage are: the spouse or child of a veteran who has been rated permanently and totally disabled for a service-connected disability by the VA; the surviving spouse or child of a veteran who died from a VA-rated service connected disability; the surviving spouse or child of a veteran who was at the time of death rated permanently and totally disabled; or the surviving spouse or child of a military member who died in the line of duty.

The Field Representative's Manual provided two definitions for this second set of military health care programs. For 1997-2000, the Manual stated, "CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the 'managed care' version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability." The definition in the Manual for 2001 was more extensive:

TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. Under TRICARE, there are three options for health care: TRICARE Prime, TRICARE Extra, and TRICARE Standard. CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) is an older name which is used sometimes. CHAMPUS is now called TRICARE Standard. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total permanent service-connnected disability.

Data Editing and Recoding

During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had.

This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card.

Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, such as HIMILITE, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

In addition to HIMILITE, IPUMS NHIS contains the following recoded insurance variables: HIHSE (Covered by Indian Health Service: Recode); HIPRIVATEE

	(Covered by private health insurance: Recode); HICHIPE (Covered by Children's Health Insurance Program: Recode); HIMCAIDE (Covered by Medicaid: Recode); HIMCAREE (Covered by Medicare: Recode); HISTATEE (Covered by other state-sponsored health plan: Recode); and HIOTHGOVE (Covered by other government program: Recode).
Concept:	General Coverage Variables -- PERSON
Start Position:	275
End Position:	276
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
10	No
20	Yes
21	Yes, Military/VA only
22	Yes, CHAMPUS/TRICARE/CHAMP-VA only
23	Yes, both Military/VA and CHAMPUS/TRICARE
24	Yes, unknown type
25	Yes, information
26	Yes, no information
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "HIOTHGOVE"

Name:	HIOTHGOVE
Label:	Covered by other government program: Recode
Variable Text:	HIOTHGOVE indicates, from 1997 forward, whether the person currently has health care coverage provided by a public program at the time of the interview other than Medicare, Medicaid, CHIP/SCHIP (1999 forward), Military health care/VA, TRICARE/CHAMPUS/CHAMP-VA, Indian Health Service, or a State-sponsored public health insurance plan.

In 1992, this variable refers to insurance coverage during the month prior to the interview. All missing data in 1992 were imputed by the NHIS. Please refer to HIOTHGOVEFL to identify persons with imputed data.

HIOTHGOVE is a recoded variable created by the National Center for Health Statistics (NCHS) and included in the original NHIS public use data. HIOTHGOVE, like other recoded health insurance variables in these data, is based on responses to a series of questions and editing carried out by the NCHS.

Definitions

According to the Field Representative's Manual for 1997 forward, the expression "Other Government Program" is a "catch-all category for any public program providing health care other than those" already categorized. More specifically, "other government program" refers to public health insurance coverage from a source other than the following: Medicare (HIMCAREE); Medicaid (HIMCAIDE); Children's Health Insurance Program (HICHIPE); military health insurance (including Military Health Care/VA and TRICARE/CHAMPUS/CHAMP-VA) (HIMILITE); Indian Health Service (HIHSE); and State-sponsored public health care coverage plans (HISTATEE).

Data Collection Process

In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?"

Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

Choices included:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003) |

Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized," while the treatment of single service plans varied by year.

In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

Follow-up questions collected information about the names of coverage plans and confirmed the lack of any type of coverage for the uninsured.

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS or CHAMPVA coverage, or any private insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage.

Data Editing and Recoding

During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had.

This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card.

Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, such as HIOTHGOVE, the data are back-edited, taking into account such factors as the proper classification of the

verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

In addition to HIOTHGOVE, IPUMS NHIS contains the following recoded insurance variables: HIPRIVATEE (Covered by private health insurance: Recode); HIHSE (Covered by Indian Health Service: Recode); HICHIPE (Covered by Children's Health Insurance Program: Recode); HIMILITE (Covered by military health insurance: Recode); HIMCAIDE (Covered by Medicaid: Recode); HIMCAREE (Covered by Medicare: Recode); HISTATEE (Covered by other state-sponsored health plan: Recode)

Concept:	General Coverage Variables -- PERSON
Start Position:	277
End Position:	278
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
10	No
20	Yes
21	Yes, information
22	Yes, but no information
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "HISTATEE"

Name:	HISTATEE
Label:	Covered by other state-sponsored health plan: Recode
Variable Text:	HISTATEE indicates whether a person currently had health insurance coverage from a State-sponsored health plan. The Field Representative's Manual for 1997 forward defined this type of insurance plan as "any other health care coverage run by a specific state, including public assistance programs other than 'Medicaid' that pay for health care."
	The "other" in the HISTATEE definition must be interpreted as "other than" the state health care coverage plans identified in their own recoded variables in IPUMS NHIS.
	HIMCAIDE (Covered by Medicaid: Recode) identifies persons who have insurance coverage through Medicaid, a state- and federally-funded program administered by state agencies. Medicaid pays for medical care for low-income families with dependent children and for aged, blind, or permanently and totally disabled individuals with incomes insufficient to meet the costs of medical care. HICHIPE (Covered by Children's Health Insurance Program: Recode) also refers to a state-administered program, which in this case uses federal funds to expand health insurance coverage to uninsured low-income children.
	The names of the health care programs run by states differed from state to state, so interviewers were supplied with cards listing "State Names for Medicaid, CHIP, State-/Local-Sponsored, and Other Health Insurance Programs." These linked broad categories of insurance that were studied in the survey to recognizable public health insurance program names. For example, one of the State-sponsored health plans in place in Arkansas in 1999 was the "Arkansas Comprehensive Health Insurance Plan."
	HISTATEE is a recoded variable created by the National Center for Health Statistics (NCHS) and included in the original NHIS public use data. HISTATEE, like other recoded health insurance variables in these data, is based on responses to a series of questions and by editing carried out by the NCHS.
	Data Collection Process
	In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?"
	Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."
	Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.
	Choices included:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized," but the treatment of single service plans varied by year.

In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

Follow-up questions collected information about the names of coverage plans and confirmed the lack of any type of coverage for the uninsured.

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS or CHAMPVA coverage, or any private insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage.

Data Editing and Recoding

During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had.

This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person

selected from the categories on the card.

Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, such as HISTATEE, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

In addition to HISTATEE, IHIS contains the following recoded insurance variables: HIHSE (Covered by Indian Health Service: Recode); HIPRIVATEE (Covered by private health insurance: Recode); HIMILITE (Covered by military health insurance: Recode); HIMCAIDE (Covered by Medicaid: Recode); HIMCAREE (Covered by Medicare: Recode); HISTATEE (Covered by Children's Health Insurance Program: Recode); and HIOTHGOVE (Covered by other government program: Recode).

Concept:	General Coverage Variables -- PERSON
Start Position:	279
End Position:	280
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
10	No
20	Yes
21	Yes, information
22	Yes, but no information
97	Unknown-refused

| 98 | Unknown-not ascertained |
| 99 | Unknown-don't know |

Variable: "HIMCAIDE"

Name:	HIMCAIDE
Label:	Covered by Medicaid: Recode
Variable Text:	HIMCAIDE indicates whether the person currently had health insurance coverage through Medicaid. Medicaid pays for medical assistance to low-income families with dependent children and to aged, blind, or permanently and totally disabled individuals with incomes insufficient to meet the costs of medical services. The program became law in 1965. Medicaid is administered by state agencies and is jointly funded by the federal, state, and, sometimes, local governments. Eligibility requirements for this means-tested program vary across states. Most recipients of public welfare income programs such as TANF (Temporary Assistance to Needy Families) and SSI (Supplemental Security Income) are eligible for Medicaid coverage. In some states, other persons qualify, such as needy unemployed persons who have children and who are not receiving cash assistance, and medically needy persons whose income and assets are too low to cover their medical costs. Many Medicaid recipients are inmates of medical institutions, such as low-income elderly persons in nursing homes. Such institutionalized persons are not included in the NHIS sample, which covers the civilian non-institutionalized population of the United States. The Field Representative's Manual for 1997 forward defined Medicaid as "a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the States." As the Manuals noted, the name for the Medicaid program varies across states. Interviewers were supplied with cards listing "State Names for Medicaid, CHIP, State-/Local-Sponsored, and Other Health Insurance Programs" in their state. These linked broad categories of insurance that were studied in the survey to recognizable public health insurance program names. For example, in 1999, the California Medicaid program was called the "Medi-Cal" or "Medi-Cal Managed Care" or "The Two-Plan Model." HIMCAIDE is a recoded variable created by the National Center for Health Statistics (NCHS) and was included in the original NHIS public use data. HIMCAIDE, like other recoded health insurance variables in these data, is based on responses to a series of questions and by editing carried out by the NCHS. Data Collection Process In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?"

Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

Categories included:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized," but the treatment of single service plans varied across years.

In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

Follow-up questions collected information about the names of coverage plans and confirmed the lack of any type of coverage for the uninsured.

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS

or CHAMPVA coverage, or any private insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage.

Data Editing and Recoding

During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had.

This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card.

Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, such as HIMCAIDE, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

In addition to HIMCAIDE, IPUMS NHIS contains the following recoded insurance variables: HICHIPE (Covered by Children's Health Insurance Program: Recode); HIPRIVATEE (Covered by private health insurance: Recode); HIMILITE (Covered by military health insurance: Recode); HIHSE (Covered by Indian Health Service: Recode); HIMCAREE (Covered by Medicare: Recode); HISTATEE (Covered by other state-sponsored health plan: Recode); and HIOTHGOVE (Covered by other government program: Recode).

Concept:	General Coverage Variables -- PERSON
Start Position:	281
End Position:	281
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	No
2	Yes, information
3	Yes, but no information
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIMCAREE"

Name:	HIMCAREE
Label:	Covered by Medicare: Recode
Variable Text:	HIMCAREE indicates whether the person currently had health insurance coverage through Medicare. Medicare provides health coverage to almost all Americans aged 65 or older. Disabled persons who received cash benefits for 24 months under the Social Security program and persons suffering from end-stage renal disease also have Medicare coverage. Medicare's Basic Hospital Insurance Plan pays for hospital costs and post-hospitalization services. The Medical Insurance Plan is a voluntary plan covering physicians' services and a variety of medical and health services received either inside or outside hospitals. This second part of Medicare is financed by monthly premium payments and subsidies from federal funds. The Field Representative's Manual for 1997 forward defined Medicare as "the federal health insurance coverage for persons age 65+ years of age and certain disabled persons under age 65." HIMCAREE is a recoded variable created by the National Center for Health Statistics [NCHS] and is included in the original NHIS public use data. HIMCAREE, like other recoded health insurance variables in these data, is based on responses to a series of questions and by editing carried out by the NCHS. Data Collection Process In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003

the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

Categories listed were:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized," but the treatment of single service plans varied by year.

In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

Follow-up questions collected information about the names of coverage plans and confirmed the lack of any type of coverage for the uninsured.

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP [beginning in 2000], by a state-sponsored health plan, or by another public program [other than Medicaid] that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS or CHAMPVA coverage, or any private insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage.

Data Editing and Recoding

During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had.

This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card.

Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, such as HIMCAREE, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

In addition to HIMCAREE, IPUMS NHIS contains the following recoded insurance variables: HICHIPE [Covered by Children's Health Insurance Program: Recode]; HIPRIVATEE [Covered by private health insurance: Recode]; HIMILITE [Covered by military health insurance: Recode]; HIHSE [Covered by Indian Health Service: Recode]; HIMCAIDE [Covered by Medicaid: Recode]; HISTATEE [Covered by other state-sponsored health plan: Recode]; and HIOTHGOVE [Covered by other government program: Recode].

Concept:	General Coverage Variables -- PERSON
Start Position:	282
End Position:	282
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label

1	No
2	Yes, information
3	Yes, but no information
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIHSE"

Name:	HIHSE
Label:	Covered by Indian Health Service: Recode
Variable Text:	HIHSE indicates whether the person currently had health insurance coverage through the Indian Health Service (IHS).
	The Indian Health Service provides medical assistance to eligible American Indians at IHS facilities and helps pay the cost of selected health care services from other facilities. The Field Representative's Manual for 1997 forward defined the Indian Health Service as "the Federal health care program for Native Americans."
	In Health, United States, an annual report on the health status of the nation submitted by the Secretary of the Department of Health and Human Services to the President and Congress, persons with only Indian Health Service coverage are considered uninsured.
	HIHSE is a recoded variable created by the National Center for Health Statistics (NCHS) and included in the original NHIS public use data. HIHSE, like other recoded health insurance variables in these data, is based on responses to a series of questions and by editing carried out by the NCHS.
	Data Editing and Recoding
	During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had.
	This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card.
	Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, such as HIHSE, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. The NCHS strongly advises analysts to use these recoded insurance

variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

In addition to HIHSE, IPUMS NHIS contains the following recoded insurance variables: HICHIPE (Covered by Children's Health Insurance Program: Recode); HIPRIVATEE (Covered by private health insurance: Recode); HIMILITE (Covered by military health insurance: Recode); HIMCAIDE (Covered by Medicaid: Recode); HIMCAREE (Covered by Medicare: Recode); HISTATEE (Covered by other state-sponsored health plan: Recode); and HIOTHGOVE (Covered by other government program: Recode).

Concept:	General Coverage Variables -- PERSON
Start Position:	283
End Position:	283
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
9	Unknown-don't know
7	Unknown-refused
8	Unknown-not ascertained
1	No
2	Yes

Variable: "SINGLEE"

Name:	SINGLEE

Label:	Single service plan recode
Variable Text:	For all persons, SINGLEE reports whether the respondent currently had a single health insurance plan. Interviewers handed respondents a card with categories of insurance types, and single service plan was among the recognized responses. Respondents were then asked what type of single service plan they had and handed a list with different types of single service insurance coverage. Interviewers instructed them to mark all that applied. For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A person who responded to either SINGLE or SSPROB,single service plan probe response, were asked about the type of service. Related variables In follow-up questions, interviewers about the type of services provided: SSAIDS, Single service plan for AIDS care SSCANCER, Single service plan for cancer treatment SSCATAST, Single service plan for catastrophic care SSDISABL, Single service plan for disability insurance SSDRUGS, Single service plan for prescriptions SSHOSPIC, Single service plan for hospice care SSHOSPIT, Single service plan for hospitalization SSLONGT, Single service plan for long term care SSVISION, Single service plan for vision care SSOTHER, Single service plan for some other type of care
Concept:	General Coverage Variables -- PERSON
Start Position:	284
End Position:	284
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	No

2	Yes, with detail
3	Yes, with no detail
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "SDENTALE"

Name:	SDENTALE
Label:	Single service plan for dental care
Variable Text:	For persons covered by a single service plan (SINGLEE), SDENTALE reports whether the person was covered for dental care. Respondents were asked what type of single service plan the person had and handed a list with different types of single service insurance coverage. Interviewers instructed them to mark all that applied. For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A person who responded to either HISINGLE or SSPROB,single service plan probe response, were asked about the type of service. For variables indicating other types of single service variables, please see the SINGLEE variable description.
Concept:	General Coverage Variables -- PERSON
Start Position:	285
End Position:	285
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't ask

Variable: "HINOTCOV"

Name:	HINOTCOV
Label:	Has no health insurance (excluding single service plans)
Variable Text:	HINOTCOV is a recoded variable created by the IPUMS NHIS staff that indicates, for all persons, whether the individual had any general health insurance coverage. Uninsured persons include those without any private insurance, or without public health insurance coverage through Medicaid, Medicare, military health care (1976 forward), Children's Health Insurance Program (CHIP) (1999 forward), or a state-sponsored or other government program (1997 forward). Persons covered only by a private plan that paid for one type of service, such as accidents or dental care, are also considered uninsured. Persons covered only by the Indian Health Service (1993 forward) are coded as having no health insurance.

For most years, HINOTCOV refers to a current lack of insurance coverage; for 1990 to 1996, the variable refers coverage status during the previous month.

Methods of Determining Lack of Insurance

The process used to ascertain the lack of insurance coverage reported in HINOTCOV changed over time. A brief description is provided below, while further information on the data collection process appears in the User Note on "Changes in Insurance Data Collection."

For 1976 to 1999, lack of health insurance was ascertained indirectly. In other words, having no coverage was inferred from responses to a series of questions on various forms of coverage. Interviewers asked about coverage through Medicare, Medicaid or other public assistance programs, military health care, and private insurance. Persons not covered by any of these types of insurance were coded as having no health insurance.

For 1980 to 1996, persons who received Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) were assumed to have health insurance coverage, since they were eligible for health care coverage (i.e., |

Medicaid) through these programs.

For 2000 forward, HINOTCOV reflects a response of "no coverage of any kind" to a direct question about what type of insurance the person had.

Survey questions

The specific questions used to determine coverage status changed over time.

These questions are as follows:

1997 forward:
{Are you/Is anyone} covered by any kind of health insurance or some other kind of health care plan?

1993-1996
In (month) was anyone in the family covered by Medicare?
In (month), was anyone in the family covered by Medicaid?
In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is the only source of care.
In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office?
In (month), did anyone in the family receive Supplemental Security Income or SSI?
Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?
In (month) was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS or TRICARE (in 1995 and 1996), or CHAMP-VA?
In (month) was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?
(Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan?
What was the MAIN reason -- was without coverage?

1990-1992
In (month) was anyone in the family covered by Medicare?
In (month), did anyone in the family receive Supplemental Security Income or SSI?
In (month), was anyone in the family covered by Medicaid or (local name)?
Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?
In (month), was anyone in the family covered by military health care, CHAMPUS, CHAMPVA, or the VA?

1992
In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care?
In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office?
(Not counting Medicare) In (month), was anyone in the family covered by a health insurance plan that pays any part of hospital or doctor's bills? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.
Is anyone in the family now covered by any OTHER health insurance plan?

1990-1991
Health insurance can also be obtained privately or through a current or former

employer or union. Was anyone in the family covered by private health insurance or by membership in a health maintenance organization in (month)?

1980, 1982-1984, 1986, 1989
Is anyone in this family, that is (read names) now covered by Medicare?
Does anyone in the family now receive assistance through the "Aid to Families with Dependent Children" program, sometimes called "AFDC" or "ADC"?
Does anyone in the family now receive the "Supplemental Security Income" or "SSI"?
Does anyone in the family now have a Medicaid {or (name)} card?

1982-1984, 1986, 1989
Is anyone in the family now covered by any other public assistance program that pays for health care?
Which of those statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? Circle all reasons given.
Response categories: Military dependent, (CHAMPUS), veterans' benefits.

1980
Which of those statements describes why-- is not covered by any health insurance plan? Any other reason? Response categories: Care received through Medicaid or Welfare; Military dependent, (CHAMPUS), veterans' benefits.

1976
Which of these statements (Hand card) best describes why -- is not covered by any (private) health insurance plan? Any other reasons?
Response categories: Care received through Social Security Medicare; Care received through Medicaid or Welfare; Military dependent, (CHAMPUS), veteran's benefits

Concept:	General Coverage Variables -- PERSON
Start Position:	286
End Position:	287
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label

00	NIU
01	No, has coverage
02	Yes, has no coverage
09	Unknown/refused

Variable: "HIPUBCOV"

Name:	HIPUBCOV
Label:	Has any public insurance (Medicaid/other public assistance/State sponsored plan or CHIP)
Variable Text:	HIPUBCOV is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons, whether the individual was covered by a public health insurance program. For all years except 1990-1996, HIPUBCOV refers to coverage at the time of the survey; for 1990-1996, the variable refers to coverage in the past month. Variable Meaning HIPUBCOV indicates whether the person had health insurance coverage through Medicaid, any other state or other local government program that pays for health care, or, for 1999 forward, the Children's Health Insurance Program. For 1980 to 1996, HIPUBCOV also includes those who received Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI), because persons in those programs were automatically enrolled in Medicaid. HIPUBCOV does not indicate coverage through any military health care program (see HIMILANY), Medicare (see HIMCARE) or the Indian Health Service (see HIHSE). Data Collection For 1976 to 1996, HIPUBCOV reflects responses to questions about whether the person had insurance coverage through Medicaid or some other public assistance program. For 1976 and 1980, HIPUBCOV is also based on responses to a question about why the person did not have private health insurance or Medicare coverage (see HINORMCAID). For 1980 to 1989, those who reported having a Medicaid card (including those whose cards may have been expired) were given an affirmative response in HIPUBCOV. For 1997 forward, HIPUBCOV is based on a direct question about what kind of insurance the person had. Respondents were shown a flashcard listing insurance types and told to pick which one(s) they (and their family members) had. For 1997 forward, interviewers began by asking whether each family member had any kind of health insurance coverage. For 1997 to 1999, only persons with an affirmative response to this initial question have responses to follow-up questions about the kind of health insurance and details of coverage For 1997 to 1999, those who did not answer the initial question affirmatively are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including

those with an affirmative response to HINONE or "no insurance").

Various definitions of Medicaid were provided to respondents, but the changes in the definition were not substantial.

In essence, for 1976 to 1996, Medicaid was defined as a health insurance program that provides medical assistance to persons in need. The Field Representative's Manuals for 1997 forward defined Medicaid as "a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the States."

Survey Questions

The order and wording of NHIS questions on health insurance coverage changed over time to reflect the availability of different types of coverage and issues of interest. From 1976 to 1996, respondents were asked a series of questions on whether family members had each of several types of coverage. Starting in 1997, respondents selected the relevant types of coverage from a list on a flashcard. The contents of the flashcard list reflected the types of public programs available at the time. Users are encouraged to read the User Note on "Changes in the Insurance Data Collection Process" for further information.

The survey questions used to collect the information included in HIPUBCOV changed over time.

1976
For 1976, HIPUBCOV indicates Medicaid coverage or welfare received, with the information ascertained indirectly from responses about the person's reasons for not having private insurance or Medicare. Such indirect measurement of public coverage tends to be less accurate than direct questions about coverage, with a bias towards fewer affirmative responses for public coverage. Which of these statements (Hand card) best describes why -- is not covered by any (private) health insurance plan? Any other reasons? Response categories: Care received through Medicaid or Welfare

1980, 1982-1984,1986, 1989
For these years, coverage is indicated by receipt of welfare (AFDC or SSI) and by persons reporting having a Medicaid card. Interviewers read a definition of Medicaid ("There is a program called Medicaid that pays for health care for persons in need"), then asked if any family member had a Medicaid card. If the response was affirmative, the interviewer asked to see the Medicaid card to verify coverage.
Does anyone in the family now receive assistance through the "Aid to Families with Dependent Children" program, sometimes called "AFDC" or "ADC"?
Does anyone in the family now receive the "Supplemental Security Income" or "SSI"?
Does anyone in the family now have a Medicaid {or (name)} card?

In addition, the following questions were asked in these survey years:
1980
Which of those statements describes why -- is not covered by any health insurance plan? Any other reason? Response categories: Care received through Medicaid or Welfare.

1982-1984,1986, 1989
Is anyone in the family now covered by any other public assistance program that pays for health care?

1990-1992
In (month), was anyone in the family covered by Medicaid or (local name)?
Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?
1992 only
In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care?
In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office?

1993 to 1996
For 1993 to 1996, interviewers read a description of Medicaid to respondents and then asked the following questions:
In (month), was anyone in the family covered by Medicaid?
In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is the only source of care.
In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office?
In (month), did anyone in the family receive Supplemental Security Income or SSI?
Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?

1997 forward
Interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" For individuals who had an affirmative response, the interviewer asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a flashcard listing various types of insurance coverage, including Medicaid. The options on the card were as follows:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance, and interviewers were instructed to mark all that applied.

Concept:	General Coverage Variables -- PERSON
Start Position:	288
End Position:	289

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
00	NIU
01	No
02	Yes
09	Unknown/refused

Variable: "HIPRIVATE"

Name:	HIPRIVATE
Label:	Has any private health insurance
Variable Text:	For all persons, HIPRIVATE is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person was covered by a comprehensive private health insurance plan. For all years, those with single service plans only (i.e., those that paid for one type of care, such as nursing home care, accidents, or dental care) are not considered to have private health insurance. However, private plans that pay extra cash while hospitalized were considered to be health insurance until 1989.

For all years except 1990-1996, insurance coverage refers to coverage at the time of the survey; for 1990-1996, the reference period is the previous month.

Changing Definition of Private Health Insurance

Along with changes in question order and wording, the definition of private insurance changed over time, to reflect the changes in the availability of different types of private coverage and issues of interest. Users are strongly encouraged to review these changes in the User Notes " Changes in Insurance Data Collection" and "Changes in the Definition of Private Insurance". A summary of such changes is provided below.

For 1976-1989, plans that only provide extra cash while the person was hospitalized were considered to be health insurance. However, the Field |

Representative's Manuals for these years instructed interviewers to exclude other forms of single service plans, such as "[those covering] dread diseases (cancer, polio), plans that pay only for accidents, plans that pay only for dental bills, [and] "income maintenance" (which pay a fixed amount both in and out of the hospital). Interviewers were also instructed to exclude public programs, including Medicaid, Medicare, public welfare, "Crippled Children's Program," care given to military personnel, and veterans' benefits.

For 1976 to 1992, the survey questions on private insurance asked about coverage for hospital, surgeon or doctor's bills. For 1986 and 1989, the question also included coverage for dentists' bills. The1986 Manual defined dental coverage as "any insurance which pays all or part of a dentist's bill for any dental services other than oral surgery." The 1989 and 1992 Manuals noted that dental coverage had to be part of a comprehensive plan, and not a single service plan, to count. For 1989 and 1992, single service plans were not considered to be private health insurance.

For 1993 to 1996, the Manuals instructed interviewers to consider single service plans as a form of private health insurance.

For 1997 forward, private health care plans are any insurance other than public programs. Such plans may be provided in part or in full by an individual's employer or union, and they may also be purchased directly. For 1997 forward, respondents were asked what kind of health insurance they had and shown a flashcard that listed types of insurance coverage. Respondents could pick more than one type of insurance, and interviewers were instructed to mark all that applied.

Beginning in 2004, the Field Representative's Manuals instructed interviewers to treat COBRA and TCC coverage as private insurance. The Manuals discussion of COBRA and TCC was as follows:

If a respondent indicates that he/she is covered by COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Consolidation of Coverage), this should be coded as a Private Health Insurance Plan from employer or workplace. COBRA provides a bridge between health plans for qualified workers, their spouses and their dependent children when their health insurance might otherwise be cut off. Under this act, if a person voluntarily resigns from a job or is terminated for any reason other than 'gross misconduct,' they are guaranteed the right to continue in their former employer's group health insurance plan as an individual or family health care coverage for up to 18 months at one's own expense. In some cases, a spouse and dependent children are also eligible for COBRA coverage for as long as three years.

The TCC program is similar to COBRA. This program is available to federal employees. If a person loses Federal Employees Health Benefit (FEHB) coverage because of separation from federal service, they may enroll under the TCC provision of FEHB law to continue coverage for up to 18 months at their own expense in a FEHB plan. Family members who lose coverage because they are no longer eligible may enroll under TCC to continue FEHB coverage for up to 36 months at their own expense.

Survey Questions

The survey questions collecting information about private insurance coverage changed over time.

1976, 1980
Is anyone in the family covered by hospital insurance, that is, a health

insurance plan which pays any part of a hospital bill?
Is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor or surgeon's bill?

1980, 1982-1984,1986,1989
(Not counting Medicare) is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor or surgeon's bill?
1986, 1989: or dentist bills, dental bills
1989: Do NOT include plans that pay for ONLY ONE type of service such as nursing home care or accidents.

1990-1991
Health insurance can also be obtained privately or through a current or former employer or union. Was anyone in the family covered by private health insurance or by membership in a health maintenance organization in (month)?

1992
(Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.

1993-1996
(Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan?

1997 forward
Interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" Individuals who had an affirmative response were asked, "What kind of health insurance or health care coverage do you have?" Respondents were handed a flashcard that listed various insurance types and told to mark all that applied; response categories for private insurance included:
Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)

For 1997 to 1999, only persons with an affirmative answer to the initial question about having insurance have responses to follow-up questions about the type of health insurance and the details of coverage; for 1997 to 1999, those who did not answer the initial question affirmatively are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

Concept:	General Coverage Variables -- PERSON
Start Position:	290
End Position:	291

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
00	NIU
01	No
02	Yes
07	Unknown-refused
08	Unknown-not ascertained
09	Unknown-don't know

Variable: "HISTATE"

Name:	HISTATE
Label:	Has state-sponsored health plan insurance
Variable Text:	HISTATE indicates whether a person had health insurance coverage from a State-sponsored health plan. The Field Representative's Manual for 1997 forward defined this type of insurance plan as "any other health care coverage run by a specific state, including public assistance programs other than Medicaid that pay for health care."
	The names of the health care programs run by states differed from state to state. For 1999 forward, interviewers also supplied respondents with cards listing the state names for Medicaid, CHIP, State sponsored, and other government programs.
	HISTATE is different from HISTATEE in that it is not edited to reflect any errors in a person's report of insurance type. HISTATEE is a recoded variable created by the National Center for Health Statistics (NCHS) that has been edited for accuracy of coverage type based on plan name.
	Data Editing and Recoding

During the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. Respondents sometimes misclassified the type of insurance they had. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. NCHS created a series of recoded insurance variables, such as HISTATEE, which is the edited variable corresponding to HISTATE. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Concept:	General Coverage Variables -- PERSON
Start Position:	292
End Position:	292
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HICHIP"

Name:	HICHIP
Label:	Has Children's Health Insurance Program
Variable Text:	HICHIP indicates whether the person had health insurance coverage under the Children's Health Insurance Program (CHIP). The Field Representative's Manual for 1999 defined CHIP as "a joint federal and state program, administered by each State that offers health care coverage to low-income, uninsured children. This law was passed in 1997." The Manual for 2001 forward added that the program is for children under age 19 who are not currently eligible for Medicaid or covered by private health insurance. CHIP programs have distinct names in many states. The state names for CHIP were listed on a flashcard shown to the respondent. Data Editing and Recoding HICHIP is not corrected for reporting errors. The NCHS strongly advises analysts to use recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type. The IPUMS NHIS provides the recoded insurance variable for HICHIP under HICHIPE. During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, the data are edited based on the verbatim names of insurance plans. HICHIP is not corrected for reporting errors. Analysis done by IHIS staff indicates that between 1999 to 2009, about 8 percent respondents either reported having CHIP but were found to be not covered by CHIP or reported they did not have CHIP but did have CHIP coverage, based on the plan name they provided.
Concept:	General Coverage Variables -- PERSON
Start Position:	293
End Position:	293
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIMILANY"

Name:	HIMILANY
Label:	Has any military health care coverage
Variable Text:	For all persons, HIMILANY indicates whether the individual had military health care or coverage through the Department of Veterans' Affairs (VA). For 1986 forward, HIMILANY includes persons who had coverage through TRICARE (or CHAMPUS), CHAMP-VA, or some other military insurance. For 1980 to 1989, HIMILANY also includes respondents who had a disability-related health benefit due to service in the Armed Forces. In addition, for 1980 and 1976, HIMILANY reflects the response "military dependent" to a question about the reason for not having private insurance or Medicare. HIMILANY relates to any form of military health care coverage (apart from VA disability compensation). This variable is thus broader in scope than HICHAMPANY (which addresses military health coverage through CHAMPUS and CHAMP-VA) and HIMILVA (which refers to health care for military dependents through other programs). It also includes responses for 1980 and 1976 of military coverage as reason for not having any other form of insurance. For definitions of the various forms of military health coverage, as reported in the NHIS Field Representatives Manuals, see HICHAMPANY. Users are strongly encouraged to review the user note Insurance Data Collection [URL omitted from DDI.] . Survey Questions There were changes over time in how information was collected on military health coverage. One such change was in the treatment of people who did not have an affirmative response to an opening question about whether they had health insurance.

For 1997 forward, respondents were first asked if they (or anyone in the family) were covered by any kind of health insurance or some other kind of health care plan. For 1997 to 1999, only people who answered this initial question affirmatively have responses in the data to follow-up questions about their kind of health insurance and the details of their coverage; for 1997 to 1999, those who did not answer "yes" are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

The wording of questions relating to military health coverage also changed.

1976
Respondents were asked, "Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Those who responded "Military dependent, (CHAMPUS), veterans' benefits" were considered to be covered by military health care.

1982, 1984 1986, 1989
Interviewers asked about each of several types of military health care, including benefits from the Armed Forces or Veterans' Administration (1989), receipt of military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration (excluding VA disability compensation), coverage by CHAMPUS (1986 and 1989), and coverage by CHAMP-VA or any other type of coverage for military dependents or survivors of military persons. They also asked whether the person had a disability related to military service and, if so, whether he or she received compensation from the Veterans' Administration.

1992
Interviewers asked whether anyone in the family was covered by military health care, CHAMPUS, CHAMPVA, or the VA.

1993 to 1996
Interviewers asked about coverage in the previous month by military health care, including armed forces retirement benefits, the VA, CHAMPUS or TRICARE (in 1995 and 1996), or CHAMP-VA. Follow-up questions clarified whether the care was via CHAMPUS, CHAMP-VA, or any other military health care.

1997 forward
Interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" If the response was affirmative, they asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response(s) from a flashcard listing the following types of insurance coverage:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)

Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance, and interviewers were instructed to mark all that applied.

Concept:	General Coverage Variables -- PERSON
Start Position:	294
End Position:	295
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	Not mentioned
02	Mentioned
07	Unknown-refused
08	Unknown-not ascertained
09	Unknown-don't know

Variable: "HICHAMPANY"

Name:	HICHAMPANY
Label:	Has CHAMPUS, TRICARE, or CHAMP-VA insurance

Variable Text:	HICHAMPANY reports if the person was covered by CHAMPUS, TRICARE, or CHAMP-VA health insurance. Please see the Comparability and Universe tabs for important information on changes to the Universe and component types of military coverage included in this variable over time.
Concept:	General Coverage Variables -- PERSON
Start Position:	296
End Position:	297
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	Not mentioned
02	Mentioned
07	Unknown-refused
08	Unknown-not ascertained
09	Unknown-don't know

Variable: "HIMILVA"

Name:	HIMILVA
Label:	Has Military health care/VA insurance
Variable Text:	For all persons, HIMILVA indicates whether the individual had military health care or insurance coverage from the Department of Veterans' Affairs (VA) through a program providing health care for military dependents other than CHAMP-VA or

CHAMPUS (or TRICARE for 1995 forward).

Military Health Care provides medical care on military bases to current armed forces members and their dependents. Medical care from the VA is available to honorably discharged veterans who either have a service-connected illness, injury, or disability, or whose incomes are near or below poverty.

Question Format for Military Health Care

For 1982 to 1996, interviewers first asked about coverage under CHAMPUS and CHAMP-VA. Then, to collect the information reported in HIMILVA, they asked about coverage by any other program that provides health care for military dependents or survivors of military persons.

For 1997 forward, interviewers handed out a flashcard that listed various types of insurance and asked respondents to identify their kind(s) of coverage. For 1997 to 2003, this list included separate categories for "Military health care/VA" and "TRICARE/CHAMPUS/CHAMP-VA" coverage. Persons with an affirmative response in HIMILVA chose the category "Military health care/VA."

Beginning in 2004, the response categories on the flashcard changed, so all military health care categories were collapsed into one: "Military health care (TRICARE/VA/CHAMP-VA)." For persons who selected this category, interviewers asked a follow-up question about their type of military health care, with possible choices being TRICARE, VA, CHAMP-VA, or other military coverage. For 2004 forward, HIMILVA identifies those who chose "Has other military health care" and "Has Military health care/VA insurance."

The Field Representative's Manual for 1997 to 2003 referred to military health care/VA as "health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments." For a description of the various types of Military Health Care, see HICHAMPANY.

Survey Questions

Wording of the questions about Military Health Care coverage changed over time.

1982, 1984 1986, 1989
To ascertain military coverage, questions in these years asked about each of several types of military health care, including benefits from the Armed Forces or Veterans' Administration (1989), receipt of military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration (excluding VA disability compensation), coverage by CHAMPUS (1986 and 1989), coverage by CHAMP-VA, or any other type of coverage for military dependents or survivors of military personnel. Interviewers also asked about whether the person had a disability related to military service and whether they receive compensation from the Veterans' Administration.

For 1993 to 1996 interviewers asked about coverage in the previous month by military health care, including armed forces retirement benefits, the VA CHAMPUS or TRICARE (in 1995 and 1996), or CHAMP-VA. Interviewers then asked whether whether the care was either CHAMPUS or CHAMP-VA and other military health care.

For 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" Individuals who had an affirmative response were asked, "What kind of health insurance or health

care coverage do you have?" Respondents selected the appropriate response from a flashcard listing the following types of insurance coverage:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance, and interviewers were instructed to mark all that applied.

In 2000, another change in the question format occurred, relating to the treatment of people who did not initially report having insurance.

For 1997 forward, interviewers first asked whether the person was covered by any kind of health insurance or some other kind of health care plan, before asking about the details of private insurance coverage. For 1997 to 1999, only people with an affirmative answer to this initial question have responses to follow-up questions about their kind of health insurance and the details of coverage; for 1997 to 1999, those who did not say "yes" are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

Concept:	General Coverage Variables -- PERSON
Start Position:	298
End Position:	298
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIMCAID"

Name:	HIMCAID
Label:	Has Medicaid insurance
Variable Text:	For all respondents, HIMCAID indicates whether the respondent had Medicaid coverage. For 1990 to 1996, it reflects coverage during the previous month. For 1997 forward, it reflects coverage at the time of the survey. Users who want to compare Medicaid coverage over time should review the variable description HIPUBCOV, which may more accurately capture all respondents who were covered by Medicaid. Note that the universe changed between 1999 and 2000, although this should not affect affirmative responses for this variable. For 1997 to 1999, it reflects responses of all persons who already indicated they had some form of health insurance. For 2000 forward it reflects responses of all persons. Various definitions for Medicaid were provided to respondents over time, but the changes in definition were not substantial. Medicaid was generally defined as a health insurance program which provides medical care for persons in need. The Field Representative's Manual for 1997 forward defined Medicaid as "a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the States." Medicaid pays for medical assistance to low-income families with dependent children and to aged, blind, or permanently and totally disabled individuals with incomes insufficient to meet the costs of medical services. The program became law in 1965. Medicaid is administered by state agencies and is jointly funded by the federal, state, and, sometimes, local governments. Eligibility requirements for this means-tested program vary across states. Most recipients of public welfare income programs such as TANF (Temporary Assistance to Needy Families) and SSI (Supplemental Security Income) are eligible for Medicaid coverage. In some

states, other persons qualify, such as needy unemployed persons who have children and who are not receiving cash assistance, and medically needy persons whose income and assets are too low to cover their medical costs. Many Medicaid recipients are residents of medical institutions, such as low-income elderly persons in nursing homes. Such institutionalized persons are not included in the NHIS sample, which covers the civilian, non-institutionalized population of the United States.

As the manuals noted, the name for the Medicaid program varies across states. Interviewers were supplied with cards listing "State Names for Medicaid, CHIP, State-/Local-Sponsored, and Other Health Insurance Programs" in their state. These linked broad categories of insurance that were studied in the survey to recognizable public health insurance program names. For example, in 1999, the California Medicaid program was called the "Medi-Cal" or "Medi-Cal Managed Care" or "The Two-Plan Model."

The definition, order and wording of private health insurance changed over time to reflect changes in the availability of different types of coverage and issues of interest. Users are strongly encouraged to review the user note Insurance Data Collection [URL omitted from DDI.].

This variable is not comparable with the recoded variable HIMCAIDE, which reflects responses edited for accuracy by the NCHS. See the comparability tab for more details.

Concept:	General Coverage Variables -- PERSON
Start Position:	299
End Position:	299
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned

7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIMCARE"

Name:	HIMCARE
Label:	Has Medicare insurance
Variable Text:	For all persons (only those 65 and older in 1976), HIMCARE indicates whether the person had Medicare coverage. It reflects the verbatim response to a question on whether the person (or family member) had Medicare (for 1976 to 1996) or what kind of insurance the respondent (or family member) had. It is not comparable with the recoded variable HIMCAREE, which reflects responses edited for accuracy by the NCHS. See the comparability tab for more details. Note that the universe changed between 1999 and 2000, although this should not affect affirmative responses for this variable. For 1997 to 1999, it reflects responses of all persons who already indicated they had some form of health insurance. For 2000 forward it reflects responses of all persons. Various definitions for Medicare were provided to respondents over time, but the changes in definition were not substantial. Medicare was defined as a health insurance program for certain disabled persons and for persons age 65 years old and older. Medicare provides health coverage to almost all Americans aged 65 or older. Disabled persons who received cash benefits for 24 months under the Social Security program and persons suffering from end-stage renal disease also qualify for Medicare coverage. Medicare's Basic Hospital Insurance Plan pays for hospital costs and post-hospitalization services. The Medical Insurance Plan is a voluntary plan covering physicians' services and a variety of medical and health services received either inside or outside hospitals. This second part of Medicare is financed by monthly premium payments and subsidies from federal funds In 1976, Medicare coverage for persons under 65 was inferred from answers to questions for reasons why the person had no insurance (HINORMCARE, care received through Social Security Medicare). The definition, order, and wording of private health insurance changed over time to reflect changes in the availability of different types of coverage and issues of interest. Users are strongly encouraged to review the user note Insurance Data Collection [URL omitted from DDI.].
Concept:	General Coverage Variables -- PERSON
Start Position:	300

End Position:	300
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned or No
2	Mentioned or Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIMEDIGAP"

Name:	HIMEDIGAP
Label:	Has Medi-Gap insurance
Variable Text:	HIMEDIGAP indicates whether a person has Medi-Gap (Medicare Supplement Insurance) policy.
	For 1997 to 1999, only people who were covered by any kind of health insurance were asked questions about the type of coverage (and are in the universe for HIMEDIGAP). Beginning in 2000, persons could indicate "no insurance" but nonetheless received follow-up questions on insurance coverage.
	Definition Though no definition is provided to respondents, Medi-Gap is a term for insurance policies that are designed to cover the health care not covered by Medicare.
	Policy owners pay a monthly premium for this extra coverage. The plans offer

standardized levels of coverage (set by the U.S. government) and are sold by private companies. Thus, although different insurance companies sell these policies, the benefits of each class of Medi-gap plan are always the same. However, the cost may vary by type of plan, and insurance companies are allowed to set their own prices and rules about eligibility.

According to Medicare.gov, some Medi-gap policies are used to cover prescription drugs. As of 2006, when the Medicare Prescription Drug Coverage (Medicare Part D) went into effect, Medi-gap plans no longer offer prescription drug coverage. However, persons with a Medi-gap plans that covered prescriptions were allowed to keep this benefit.

Concept:	General Coverage Variables -- PERSON
Start Position:	301
End Position:	301
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIOTHGOV"

Name:	HIOTHGOV

Label:	Has other government program insurance
Variable Text:	In all years, HIOTHGOV indicates whether the person had health insurance coverage through a public program other than Medicare or Medicaid. For 1997 forward, in addition to excluding Medicare and Medicaid, HIOTHGOV refers to public coverage other than a State-sponsored health care program, and for 1999 forward, also other than the Children's Health Insurance Program (CHIP).

Over the years, the term "other" always referred to public insurance apart from the public programs already asked about in the survey. The question order and the specific programs included in the interview prior to the question on "other public program" changed over time.

Except for 1992-1996, HIOTHGOV refers to coverage at the time of the interview; for 1992-1996, HIOTHGOV refers to coverage in the previous month.

Users are strongly encouraged to review the user note Insurance Data Collection [URL omitted from DDI.] .

Survey questions

For 1982 to 1996, respondents were asked a series of questions about whether family members had each of several types of public assistance coverage. For 1997 forward, respondents could select "other government program" from a list of different types of coverage.

The specific questions used to determine coverage through some other government program changed over time.

1999 forward
What kind of health insurance or health care coverage {do/does} {you/subject's name} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care), exclude private plans that only provide extra cash while hospitalized.
1997-1998
What kind of health insurance or health care coverage {do/does} {you/subject's name} have? EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type of service (nursing home care, accidents, or dental care).
1993-1996
In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? (Do NOT include use of public or free clinics if that is the ONLY source of care.)
1992
(In (month), was anyone in the family covered by) any OTHER public assistance program, other than Medicaid, that pays for health care?
1982-1984,1986,1989
Is anyone in the family now covered by any other public assistance program that pays for health care?

For 1997 forward respondents were first asked if they (and each family member) were covered by any kind of health insurance or some other kind of health care plan. For 1997 to 1999, only those with an affirmative answer to this initial question have responses to follow-up questions about the type of health insurance and the details of coverage. |

For 1997 to 1999, those who did not answer the initial question affirmatively are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

For years prior to 1997, the relevant questions for HIOTHGOV referred to "public assistance" programs.

The Field Representative's Manuals for 1982 through 1989 indicate that other public assistance programs include welfare which may provide health care benefits. For 1984 to 1989, interviewers were instructed not to include church-sponsored programs or "charitable foundations" (such as Shriner's Children's Hospitals or the American Cancer-Society), if this information was volunteered. The Manuals for 1992 to 1996 do not provide a specific definition of "other public assistance."

Prior to 1997, questions on coverage through military health care programs occurred after the question for HIOTHGOV.

As such, it is possible that respondents covered by such programs indicated a "yes" response for HIOTHGOV. Analysis by IPUMS NHIS staff indicates that a very small fraction of respondents who indicated coverage through HIOTHGOV were also covered by a military health care program. These persons may have had both types of coverage.

For 1997 forward, Field Representative's Manuals describe "other government program" as a "catch-all category for any public program providing health care other than those" already categorized.

In other words, HIOTHGOV for 1997 forward refers to some government program other than Medicare, Medi-gap, Medicaid, SCHIP (Children's Health Insurance Program), Military health care, Indian Health Service, or a State sponsored health plan.

Concept:	General Coverage Variables -- PERSON
Start Position:	302
End Position:	302
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HINDIAN"

Name:	HINDIAN
Label:	Has Indian Health Service insurance
Variable Text:	For all persons (or persons covered by some kind of health care plan for 1997-1999), HINDIAN reports whether the respondent had Indian Health Insurance coverage at the time of the interview. The Indian Health Service (IHS) provides medical assistance to eligible American Indians at IHS facilities and helps pay the cost of selected health care services from other facilities. The Field Representative's Manual for 1997 forward defined the Indian Health Service as "the Federal health care program for Native Americans."
	Persons with only Indian Health Service coverage are considered to be uninsured, and included in the frequencies in the variable HINOTCOVE.
	Data Collection Process
	1997 forward interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" and individuals who had an affirmative responses were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage:
	Private health insurance (2004 forward) Private health insurance plan from employer or workplace (1997-2003) Private health insurance plan purchased directly (1997-2003) Private health insurance plan through a state or local government program or community program (1998-2003) Medicare (1997 forward) Medi-Gap (1997 forward) Medicaid (1997 forward) CHIP (Children's Health Insurance Program) (1999 forward) Military Health Care/VA (1997-2003) Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)

Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Concept:	General Coverage Variables -- PERSON
Start Position:	303
End Position:	303
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HINONE"

Name:	HINONE
Label:	Has no health insurance

Variable Text:	For all persons, HINONE reports whether the person did not currently have any health insurance coverage. Interviewers handed persons a card with categories of insurance types listed on it, as well as the category of "no coverage of any type." HINONE indicates the person chose this latter category.

Users are strongly encouraged to review the user notes Insurance Data Collection [URL omitted from DDI.] for changes in the response categories listed on the card.

Data Collection Process

1997 forward interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" and individuals who had an affirmative responses were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a state or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied. |
Concept:	General Coverage Variables -- PERSON
Start Position:	304
End Position:	304
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISINGLE"

Name:	HISINGLE
Label:	Single service plan
Variable Text:	For all persons, HISINGLE indicates whether the person currently had a single health insurance plan, such as a plan for dental, vision, or prescriptions. Respondents were asked what kind of health insurance they had and shown a flash card which listed different types of insurance coverage. Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied. Prior to 1999, single service plans were not considered a form of health insurance and respondents were asked to exclude such plans when responding to a question on whether they had insurance coverage. This policy changed for 1999 forward, and the category of single service plan was added to the list of possible responses. The Field Representative's Manual for 1999 described single service plans as: "health insurance coverage paid for by the individual that provides for only one type of service. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization." Users are strongly advised to review the variable, SINGLEE, a recoded variable indicating single service plan that has been edited by the National Center for Health Statistics (NCHS). During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. The NCHS reassigned respondents to the appropriate category based on the plan name. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Related Variables

For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A
person who responded to either HISINGLE or SSPROB received the single service detail questions.
SSPROB, Single service plan probe response

In follow-up questions, interviewers about the type of services provided; variables for these services are:
SSACCID, Single service plan for accidents
SSAIDS, Single service plan for AIDS care
SSCANCER, Single service plan for cancer treatment
SSCATAST, Single service plan for catastrophic care
SDENTALE, Single service plan for dental care
SSDISABL, Single service plan for disability insurance
SSDRUGS, Single service plan for prescriptions
SSHOSPIC, Single service plan for hospice care
SSHOSPIT, Single service plan for hospitalization only
SSLONGT, Single service plan for long term care
SSVISION, Single service plan for vision care
SSOTHER, Single service plan for other [type of care]

Users may also want to see the variable description for SINGLE, which indicates any single service coverage for 1989 and for 1993 forward.

Users are also encouraged to review the user note Insurance Data Collection [URL omitted from DDI.] .

Concept:	General Coverage Variables -- PERSON
Start Position:	305
End Position:	305
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU

1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "SINGLE"

Name:	SINGLE
Label:	Any single service plan (recode)
Variable Text:	SINGLE is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person was covered by an insurance plan that only paid expenses for one type of health care service. In 1989 and for 1999 forward, having such a single service plan did not count as having health insurance. For 1993 to 1996, by contrast, the NHIS recognized single service plans as a form of insurance coverage. In 1993-1996, persons who reported having any form of private insurance were asked for clarification of whether their plan paid for "a variety of health care services" (i.e., was comprehensive coverage) or "for only one type of service or care" (i.e., was a single service plan).
	Users are strongly encouraged to review the user notes Insurance Data Collection [URL omitted from DDI.] and Private Insurance Definitions [URL omitted from DDI.].
	Related variables
	For 1999 forward, the following variables reflect the type of single service plans available:
	SSAIDS: Single service plan for AIDS care
	SSCANCER: Single service plan for cancer treatment
	SSCATAST: Single service plan for catastrophic care
	SDENTALE: Single service plan for dental care
	SSDISABL: Single service plan for disability insurance
	SSDRUGS: Single service plan for prescriptions
	SSHOSPIC: Single service plan for hospice care
	SSHOSPIT: Single service plan for hospital care
	SSLONGT: Single service plan for long-term care
	SSVISION: Single service plan for vision care
	SSOTHER: Single service plan for some other type of care
	Definition and Classification of Single Service Plans
	The Field Representative's Manuals for 1989 and 1999 forward stated that single service plans were not a form of private comprehensive insurance.
	The 1989 Manual defined single service plans ("specialty health care" plans) as "usually limited to one type of service and frequently obtained to supplement a

comprehensive plan that may not provide that type of coverage." 1989 was the first year in which information on single service plans was collected, for the Manual noted they were a "relatively new concept." The 1989 Manual instructed interviewers not to include, among single service plans, those comprehensive plans that had additional benefits paid for in the premium payment. For example, "some comprehensive plans pay for prescriptions and this coverage is included in the premium payment. This service would be considered part of their comprehensive plan and not a single service." Interviewers could probe to determine whether a particular service was included in the respondent's comprehensive coverage.

For 1993 to 1996, respondents were asked whether they had any private insurance, including single service plans. If the answer was affirmative, they were then asked whether the plan paid for a variety of services (a comprehensive plan) or one type of service.

Survey Questions

The wording of questions about single service coverage changed over time.

1989
(In addition to the plan(s) you just mentioned) Is anyone in the family now covered by an insurance plan that pays for only one type of health care service, such as nursing home care, eye care, or prescriptions?

1993-1996
Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of services or care?

1999 forward
What kind of health insurance or health care coverage {do/does} {you/subject's name} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care), exclude private plans that only provide extra cash while hospitalized. Response categorySingle service plan (e.g., dental, vision, prescriptions)

Concept:	General Coverage Variables -- PERSON
Start Position:	306
End Position:	306
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
9	Unknown

Variable: "SDENTAL"

Name:	SDENTAL
Label:	Single service plan for dental care (recode)
Variable Text:	For all persons, SDENTAL indicates whether the individual had a single service insurance plan for dental bills.
	A different variable, HIPDENTCOVR, reports on coverage for dental bills through a comprehensive private health insurance plan.
	Data Collection Process for SDENTAL
	The 1989 NHIS Field Representative's Manual described "specialty health care plans" "that pay only for a specific health care service, such as prescriptions, cancer treatment, or eye care" as "a relatively new concept in health care insurance." The Manual further stated that such a plan "is usually limited to one type of service and is frequently obtained to supplement a comprehensive plan that may not provide that type of coverage." For 1993 forward, single service plans are defined as plans that pay for only type of service.
	For all years, persons who reported having insurance that paid for only one type of care were asked what type of service was covered. For 1999, interviewers first asked an opening question about whether the person had some form of health insurance, and then asked only those with an affirmative response about single service coverage (including dental care). For 2000 forward, even persons who chose the category "no coverage of any type" in response to the opening question received the question for SDENTAL.
	For further information about how the NHIS collected information about dental coverage, either as part of comprehensive plans or as single service plans, see the variable description for DENTALCOVR.
	Survey Text
	The wording of questions about single service coverage, including coverage for dental care, changed over time.
	1999 forward
	What type of service or care do {your/subject name's} single service plan or

plans pay for? (Mark all that apply)

1993-1996
Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of services or care?
What type of service or care does the plan pay for? Mark (X) only one type of service

1989
(In addition to the plan(s) you just mentioned) Is anyone in the family now covered by an insurance plan that pays for only one type of health care service, such as nursing home care, eye care, or prescriptions?
What type of service does --'s plan pay for?

Concept:	General Coverage Variables -- PERSON
Start Position:	307
End Position:	308
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	Not mentioned
02	Mentioned
07	Unknown - refused
08	Unknown - not ascertained
09	Unknown-don't know

Variable: "MCARETYP"

Name:	MCARETYP
Label:	Type of Medicare coverage
Variable Text:	For people with Medicare coverage, MCARETYP reports the type of Medicare coverage. MCARETYP is a recoded variable created by the National Center for Health Statistics (NCHS) and is included in the original NHIS public use data. MCARETYP, like other recoded health insurance variables in the NHIS data, is based on responses to a series of questions and back editing carried out by the NCHS. Definitions People were asked their type of Medicare coverage only if they had Medicare coverage (HIMCAREE). The NCHS provides the following definition of "Medicare": Medicare: Medicare "is a nationwide health insurance program providing health insurance protection to people 65 years of age and over, people entitled to social security disability payments for 2 years or more, and people with end-stage renal disease, regardless of income. The program was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged of the Social Security Act, and became effective on July 1, 1966. From its inception, it consists of two separate but coordinated programs, hospital insurance (Part A) and supplementary medical insurance (Part B). For persons who responded affirmatively to having Medicare, interviewers were instructed to ask for their Medicare card. If the respondent was able to provide the card, interviewers were instructed to categorize the respondent's Medicare coverage as Part A, Part B, or both Part A and Part B. The Centers for Medicare and Medicaid Services (CMS) provides succinct characterizations of both Part A Medicare coverage and Part B Medicare coverage: Part A Medicare Coverage: "Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Certain conditions must be met to get these benefits." Part B Medicare Coverage: "Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary." Data Collection Process In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

The choices included:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized," and single service plans were also excluded.

In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

As already noted, people were asked their type of Medicare coverage only if they had already indicated that they had Medicare coverage.

Data Editing and Recoding

During the course of data editing, the NCHS discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had.

This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on a card provided by the interviewer.

Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, the data are back edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped.

Because of the errors in the respondents' original (unedited) answers to questions about insurance coverage, the NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers.

Only persons having an affirmative response to the recoded Medicare coverage variable, HIMCAREE, were included in the universe of MCARETYP.

Concept:	General Coverage Variables -- PERSON
Start Position:	309
End Position:	309
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Part A, Hospital only
2	Part B, Medical only
3	Both Part A and Part B
4	Card not available
7	Unknown-refused
8	Unknown-not ascertained

| 9 | Unknown-don't know |

Variable: "HIATWORK"

Name:	HIATWORK
Label:	Health insurance offered through workplace
Variable Text:	For people who were working or were temporarily absent from a job or business during the previous week (see EMPSTAT), HIATWORK indicates whether health insurance was offered to them through their workplace.
Concept:	General Coverage Variables -- PERSON
Start Position:	310
End Position:	310
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIPWORKR"

Name:	HIPWORKR
Label:	Has any private insurance obtained through employment
Variable Text:	HIPWORKR is a recoded variable created by the IPUMS NHIS staff, which indicates whether insurance was obtained through an employer, union, or workplace. For all years except 1997 to 1999, the universe consists of persons with a private health insurance health plan. For 1997-1999, the universe is persons who had some form of health insurance. For 1995 forward, self-employed persons who obtained insurance through a professional association count as having insurance through the workplace.

Except for 1990-1996, HIPWORKR refers to coverage at the time of the interview; for 1990-1996, HIPWORKR refers to coverage in the previous month.

For 1991 and 1990, HIWORKR is constructed from responses to HIWORK (private health insurance obtained through employer or union), which was released by the NCHS with no persons in the "unknown--don't know" category.

Number of Plans Considered

There were changes over time in the number of insurance plans considered when collecting information about how insurance was obtained.

Information was collected on "any plan" for 1976 and 1980; on to up to five plans in 1982; on up to six plans in 1983; on up to five plans for 1984-1989; on "any plan" for 1990 and 1991; and on up to four plans per family for 1992 forward. Beginning in 2004, the NHIS public use files reported data only for plans one and two.

The recoded HIPWORKR variable is based on responses to questions on coverage under plans one through five for 1982-1989, plans one through four for 1992-2003, and plans one and two for 2004 forward. Changes in the number of insurance plans considered should have little effect on the results for HIPWORKR.

Persons with three or more plans have a "yes" response in HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

Definition of Private Insurance

The definition of private insurance changed over time. Users are encouraged to review the User Note about "Changes in the Definition of Private Insurance." The description below is an abbreviated version of the detailed information in that User Note.

For all years except 1993-1996, single service plans and plans that pay only for accidents were not considered to be health insurance.

For 1976 to 1989, plans that paid "extra cash" for hospital stays were considered to be health insurance, while for 1992 forward, they were not.

For 1993 to 1996 only, having just a single service plan was treated as having health insurance. |

For 1999 forward, a separate category for single service plans was added to the flashcard listing types of insurance coverage, which further distinguished single service plans from comprehensive private health insurance.

For 1976 to 1989, the Field Representative's Manuals defined private insurance as "specifically designed to pay all or part of the hospital, doctor, surgeon, or other medical expenses of the insured individual" (including dentist expenses for 1989 and 1986). The Manuals further noted, "The plan, in order to be considered as insurance, must be a formal one with defined membership and benefits. Include Health Maintenance Organizations (HMOs) and Individual Practice Associations (IPAs), such as Kaiser, Group Health, etc."

For 1990 forward, the Manuals defined private health insurance to be any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs of Medicare, Medicaid, Military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, state-sponsored health plans, CHIP (the Children's Health Insurance Plan, beginning in 1999), and health insurance from other government programs.

For 2001 forward, the Manuals indicated that insurance coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Continuation of Coverage) should be considered private health insurance (obtained through an employer or workplace).

Survey questions

For all years, interviewers first asked whether respondents (and their family members) were covered by any kind of health insurance or some other kind of health care plan.

For 1997 to 1999, only people with an affirmative answer to this initial question have responses to follow-up questions about the kind of health insurance and the details of coverage; for 1997 to 1999, those who did not answer the initial question affirmatively are coded NIU (not in universe) for follow-up question on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

The specific questions that were used to ascertain private insurance coverage through the workplace changed over time.

2004 forward:
Which one of these categories best describes how this plan was obtained?
Response categories: Through employer; through union; Through workplace

1997-2003 forward:
Was this plan originally obtained through the workplace, such as through a present or former employer or union?

1993-1996
(Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan? Was this plan originally obtained through the workplace, that is, through a present or former employer or union?

1992

(Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.
Was this plan obtained through an employer or union?

1991
Health insurance can also be obtained privately or through a current or former employer or union. Was anyone in the family covered by private health insurance or by membership in a health maintenance organization in (month)?
Was any of [name] health insurance obtained through an employer or union?

1982-1984,1986,1989
(Not counting Medicare), is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor or surgeon's bill?
1986, 1989 or dentist bills, dental bills
1989: Do NOT include plans that pay for ONLY ONE type of service such as nursing home care or accidents.
Was this plan originally obtained through the workplace, that is, through a present or former employer or union?

1976, 1980
Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?
Is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor or surgeon's bill?
Was this plan obtained through an employer or union?

Concept:	General Coverage Variables -- PERSON
Start Position:	311
End Position:	312
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No

| 02 | Yes |
| 09 | Unknown |

Variable: "HIPBUYOWNR"

Name:	HIPBUYOWNR
Label:	Has any private insurance purchased directly
Variable Text:	HIPBUYOWNR is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons who had at least one private health insurance health plan (except for 1997 to 1999), whether they had a plan that was purchased directly, rather than through an employer or union. For 1997 to 1999, the universe includes those who mentioned they had some form of health insurance. Number of Private Plans Considered There were changes over time in the number of insurance plans considered when collecting information about private health insurance purchased directly. Information was collected on "any plan" for 1976 and 1980; on to up to five plans in 1982; on up to six plans in 1983; on up to five plans for 1984-1989; on "any plan" for 1990 and 1991; and on up to four plans per family for 1992 forward. Beginning in 2004, the NHIS public use files reported data only for plans one and two. The recoded HIPBUYOWNR variable is based on responses to questions on coverage under plans one through five for 1982-1989, plans one through four for 1992-2003, and plans one and two for 2004 forward. Changes in the number of insurance plans considered should have relatively little effect on the results for HIPBUYOWNR. Persons with three or more plans have a "yes" response in HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans. For 2004 forward, information on third and fourth insurance plans is available only through the restricted access files available through Research Data Centers. Users are strongly encouraged to review the user notes Insurance Data Collection [URL omitted from DDI.] and Private Insurance Definitions [URL omitted from DDI.]. Data Collection Process For all years, interviewers first asked whether each family member was covered by any kind of health insurance or some other kind of health care plan. (Proxy reporting was allowed, so one person might provide this information for all family members.) Persons without an affirmative response to this opening query were treated differently beginning in 2000.

For 1997 to 1999, only people with affirmative responses to this initial question were included in follow-up questions about the kind of health insurance and the details of coverage; for 1997 to 1999, those without an affirmative response to the initial question are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or reporting "no insurance").

For 1976 to 1996, HIPBUYOWNR reflects a negative response indicating the plan was not obtained through an employer or union.

For these survey years, respondents were only asked a yes/no question about whether their private plan was obtained through an employer or union. Respondents who answered "no" were considered to have plans purchased directly. For 1995 forward, self-employed persons with insurance obtained through professional associations are included as having insurance through the workplace, not purchased directly.

For 1997 forward, respondents were handed a flashcard listing various types of health insurance and asked to pick which one(s) they had (or how the insurance was obtained, for 2004 forward). HIPBUYOWNR reflects the response category "purchased directly."

Survey Questions

The wording of questions used to ascertain whether private insurance was purchased directly changed over time.

1976, 1980
Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?
Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor or surgeon's bill?
Was this plan obtained through an employer or union?

1982-1984,1986,1989
(Not counting Medicare) is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor or surgeon's bill?
1986, 1989: or dentist bills, dental bills
1989: Do NOT include plans that pay for ONLY ONE type of service such as nursing home care or accidents.
Was this plan originally obtained through the workplace, that is, through present or former employer or union?

1991
Health insurance can also be obtained privately or through a current or former employer or union. Was anyone in the family covered by private health insurance or by membership in a health maintenance organization in (month)?
Was any of [name] health insurance obtained through an employer or union?

1992

(Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.

Was this plan obtained through an employer or union?

1993-1996
(Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan?
Was this plan originally obtained through the workplace, that is, through a present or former employer or union?

1997 forward
What kind of health insurance or health care coverage {do/does} {you/subject name} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care), exclude private plans that only provide extra cash while hospitalized. Response category: Private health insurance plan purchased directly

2004 forward:
Which one of these categories best describes how this plan was obtained? Response category: Purchased directly

Data Editing and Recoding

During the course of data editing, the NCHS staff discovered many errors in the responses to questions about insurance coverage. Such errors became apparent, for example, through mismatches between the verbatim names of insurance plans and the type of insurance coverage people selected from categories on a flashcard. Users should be aware that the responses for HIPBUYOWNR prior to 1997 have not been edited for accuracy, and respondents may have mistakenly reported their insurance information.

Concept:	General Coverage Variables -- PERSON
Start Position:	313
End Position:	314
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU

01	No
02	Yes
07	Unknown - refused
08	Unknown - not ascertained
09	Unknown - don't know

Variable: "HIPEMPAYR"

Name:	HIPEMPAYR
Label:	Has any private insurance plan paid in part or full by employer
Variable Text:	HIPEMPAYR is a recoded variable, created by the IPUMS NHIS staff, that indicates whether the employer (or union) paid for any part of the expenses of a private health insurance plan. For all years except 1997 to 1999, the universe for this variable is all persons who reported having a private health insurance health plan that was obtained through an employer, union, or workplace. For 1997 to 1999, the universe includes all those who said they had some form of health insurance. For 1995 forward, self-employed persons and those who obtained insurance through professional associations count as having insurance acquired through the workplace. Except for 1990-1996, HIPEMPAYR refers to coverage at the time of the interview; for 1990-1996, HIPEMPAYR refers to coverage in the previous month.
	For 1991, HIPEMPAYR is constructed from responses to HIEMPLPAY (employer or union pays for all, part, or norm of the cost of plan), which was released by the NCHS with no persons in the "unknown--don't know" category.
	The definition, order and wording of private health insurance changed over time to reflect changes in the availability of different types of coverage and issues of interest. Users are strongly encouraged to review the user notes Insurance Data Collection [URL omitted from DDI.] and Private Insurance Definitions [URL omitted from DDI.].
	Number of Plans Considered
	There were changes over time in the number of insurance plans considered when collecting information about the employer's (or union's) contribution.
	Information was collected on "any plan" for 1976 and 1980; on to up to five plans in 1982; on up to six plans in 1983; on up to five plans for 1984-1989; on "any plan" for 1990 and 1991; and on up to four plans per family for 1992 forward. Beginning in 2004, the NHIS public use files reported data only for plans one and two.
	HIPEMPAYR is based on responses to questions on coverage under plans one through five for 1982-1989, plans one through four for 1992-2003, and plans one and two for 2004 forward. Changes in the number of insurance plans considered should have little effect on the results for HIPEMPAYR.

Persons with three or more plans have a "yes" response in HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

Data Collection Process

For all years, interviewers first asked whether each family member was covered by any kind of health insurance or some other kind of health care plan. (Proxy reporting was allowed, so one person might provide this information for all family members.) Persons without an affirmative response to this opening query were treated differently in 1997-1999 than they were after 2000.

For 1997 to 1999, only people with affirmative responses to this initial question were included in follow-up questions about the kind of health insurance and the details of coverage; for 1997 to 1999, those without an affirmative response to the initial question are coded NIU (not in in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or reporting "no insurance").

How data were collected on employer/union contributions to insurance costs changed over time. For 1989-1996, interviewers asked whether an employer or union paid for any part of the insurance premium.

If necessary, interviewers clarified the meaning of the question by stating, "The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction."

For 1997 forward, interviewers asked, "Who pays for this plan?" and handed out a flash card that listed various responses. Respondents could pick all applicable responses.

Survey questions

The survey questions used to construct HIPEMPAYR changed over time.

These questions included the following:

1997 forward
Who pays for this health insurance plan?Response category: Employer or union
1993-1996 forward
Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan? Read if necessary: The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.
1992
Does the employer or union pay for all, some, or none of the premium?
1991
Did the employer or union pay for all, part, or none of the cost of this plan?
1989

Does the employer or union pay for any part of the cost for this (name) plan?

Data Editing and Recoding

During the course of data editing, the NCHS staff discovered many errors in the responses to questions about insurance coverage. Such errors became apparent, for example, through mismatches between the verbatim names of insurance plans and the type of insurance coverage people selected from categories on a flashcard. Users should be aware that the responses for HIPEMPAYR prior to 1997 have not been edited for accuracy, and respondents may have mistakenly reported their insurance information.

Concept:	General Coverage Variables -- PERSON
Start Position:	315
End Position:	316
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HIPCAIDR"

Name:	HIPCAIDR
Label:	Has any private insurance plan paid for by Medicaid

Variable Text:	HIPCAIDR is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons with at least one private health insurance health plan, whether they had at least one private plan that was paid for by Medicaid.
	Rationale for Inquiry
	Having a private plan paid for by the government program Medicaid may seem counter-intuitive. In fact, private insurance companies are allowed to administer portions of Medicaid benefits through Medicaid managed care arrangements in which health maintenance organizations contract directly with a state Medicaid agency to provide services on a capitated basis (fixed fee per enrollee). These managed care plans then enroll and provide services for Medicaid beneficiaries.
	For example, the Center for Medicare and Medicaid (CMS) published a listing of insurance plans contracting with Medicaid in each state in a 2009 report entitled, "2009 National Summary of State Medicaid Managed Care Programs." Users may want to review other documents from the CMS for further information on such payment arrangements.
	Data Collection Process
	Information was collected on up to four private plans per family; for 2004 forward, only data on plans one and two are publicly available. Therefore, for 1997 to 2003, HIPCAIDR indicates whether the person had any one of four plans paid for by Medicaid; for 2004 forward, it indicates whether the person had any of two plans paid for by Medicaid.
	Changes in the number of insurance plans considered should have little effect on the results for HIPCAIDR.
	Persons with three or more plans have a "yes" response in HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.
	For all years from 1997 forward, interviewers first asked whether the person was covered by any kind of health insurance or some other kind of health care plan.
	For 1997 to 1999, only people with an affirmative answer to this initial question have responses to follow-up questions about their kind of health insurance and the details of coverage; for 1997 to 1999, those who did not say "yes" are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").
	Survey text
	For each private insurance plan, respondents were asked "Who pays for this plan?" and were handed a card that listed various responses (including Medicaid). Respondents could pick all that applied.

Definition of Private Insurance

For 1997 forward, the NHIS Field Representative Manuals defined private health insurance to be any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs of Medicare, Medicaid, Military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, state-sponsored health plans, and health insurance from other government programs (including CHIP, the Children's Health Insurance Plan, for 1999 forward).

For 2001 forward, the Manuals indicated that insurance coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by
TCC (Temporary Continuation of Coverage) should be classified as private health insurance (obtained through an employer or workplace).

For 1997 forward, the definition of private insurance remained largely the same, and consistently excluded single service plans. Over a longer time span, the definition and data collection process for private insurance changed greatly (as is documented in the User Notes on "Changes in the Definition of Private Insurance" and "Changes in the Data Collection Process").

Concept:	General Coverage Variables -- PERSON
Start Position:	317
End Position:	318
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HIPCARER"

Name:	HIPCARER
Label:	Has any private insurance plan paid for by Medicare
Variable Text:	HIPCARER is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons with at least one private health insurance health plan, whether they had at least one private plan that was paid for by Medicare.

Rationale for Inquiry

Having a private plan paid for by the government program Medicare may seem counter-intuitive. Private insurance paid for by Medicare includes Medicare Private Fee-for-Service Plans, in which Medicare pays a set amount of money every month to the private insurance company, in order to provide health care coverage to people with Medicare on a fee-for-service basis. In such cases, the insurance company, rather than the Medicare Program, decides how much the individual pays for the services. Users can find more information on such plans at Medicare program's website at www.medicare.gov.

Data Collection Process

Information was collected on up to four private plans per family; for 2004 forward, only data on plans one and two are publicly available. Therefore, for 1997 to 2003, HIPCARER indicates whether the person had any one of four plans paid for by Medicare; for 2004 forward, it indicates whether the person had any of two plans paid for by Medicare.

Changes in the number of insurance plans considered should have little effect on the results for HIPCARER.

Persons with three or more plans have a "yes" response in HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (around 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

For all years from 1997 forward, interviewers first asked whether the person was covered by any kind of health insurance or some other kind of health care plan.

For 1997 to 1999, only people with an affirmative answer to this initial question have responses to follow-up questions about their kind of health insurance and the details of coverage; for 1997 to 1999, those who did not say "yes" are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

Survey text

For each private insurance plan, respondents were asked, "Who pays for this plan?" and handed a card that listed various responses (including Medicare). Respondents could pick all that applied.

Definition of Private Insurance

For 1997 forward, the NHIS Field Representative Manuals defined private health insurance to be any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs of Medicare, Medicaid, Military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, state-sponsored health plans, and health insurance from other government programs (including CHIP, the Children's Health Insurance Plan, for 1999 forward).

For 2001 forward, the Manuals indicated that insurance coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Continuation of Coverage) should be classified as private health insurance (obtained through an employer or workplace).

For 1997 forward, the definition of private insurance remained largely the same, and consistently excluded single service plans. Over a longer time span, the definition and data collection process for private insurance changed greatly (as is documented in the User Notes on "Changes in the Definition of Private Insurance" and "Changes in the Data Collection Process").

Concept:	General Coverage Variables -- PERSON
Start Position:	319
End Position:	319
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
9	Unknown

Variable: "HIPCHIPR"

Name:	HIPCHIPR
Label:	Has any private insurance plan paid for by SCHIP
Variable Text:	HIPCHIPR is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons with at least one private health insurance health plan, whether they had at least one private plan that was paid for by the State Children's Health Insurance Program (SCHIP). In such cases, plans are publicly financed, but some states used private health insurance plans to deliver care to SCHIP enrollees.

Data Collection Process

Information was collected on up to four plans per family; for 2004 forward, only data on plans one and two are publicly available. Therefore, for 1997 to 2003, HIPCHIPR indicates whether the respondent had any one of four plans paid for by SCHIP; for 2004 forward, it indicates whether the respondent had any of two plans paid for by Medicaid.

Changes in the number of insurance plans considered should have little effect on the results for HIPCHIPR.

Persons with three or more plans have a "yes" response in HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

For all years from 1997 forward, interviewers first asked whether the person was covered by any kind of health insurance or some other kind of health care plan.

For 1997 to 1999, only people with an affirmative answer to this initial question have responses to follow-up questions about their kind of health insurance and the details of coverage; for 1997 to 1999, those who did not say "yes" are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

Survey text
For each private insurance plan, respondents were asked, "Who pays for this plan?" and were handed a card that listed various responses (including SCHIP). Respondents could pick all that applied.

Definition of Private Insurance

For 1997 forward, the NHIS Field Representative Manuals defined private health insurance to be any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs of Medicare, Medicaid, Military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, state-sponsored health plans, and health insurance from other government programs (including CHIP, for 1999 forward).

For 2001 forward, the Manuals indicated that insurance coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by |

TCC (Temporary Continuation of Coverage) should be classified as private health insurance (obtained through an employer or workplace).

For 1999 forward (the years for which HIPCHIPR is available), the definition of private insurance remained largely the same, and consistently excluded single service plans. Over a longer time span, the definition and data collection process for private insurance changed greatly (as is documented in the User Notes on "Changes in the Definition of Private Insurance" and "Changes in the Data Collection Process").

Concept:	General Coverage Variables -- PERSON
Start Position:	320
End Position:	321
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HIPOGOVR"

Name:	HIPOGOVR
Label:	Has any private insurance plan paid for by other government program (not Medicaid)
Variable Text:	HIPOGOVR is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons with at least one private health insurance plan, whether

the plan was paid for by a state, local, or community program. If the person selected "state or local or community" program from the options on a flashcard list, interviewers probed to determine whether coverage was through or paid for by Medicare, Medicaid, or SCHIP before recording the "state or local or community" government program category.

Most private insurance plans paid for by public funding are through Medicaid, Medicare, or SCHIP (see HIPCAIDR, HIPCARER, HIPCHIPR). Private insurance paid for by a government program (other than by these sources) may include premium assistance programs, in which state or local governments supply a premium subsidy that allows individuals to purchase coverage on the private market, rather than receiving direct coverage through the state's program.

Number of Private Plans Considered

Information was collected on up to four plans per family; for 2004 forward, only data on plans one and two are publicly available. Therefore, for 1997 to 2003, this variable indicates whether the respondent had any one of four plans paid for by such a state government program; for 2004 and forward, it indicates whether the respondent had any of two plans paid for by such a program.

Changes in the number of insurance plans considered should have relatively little effect on the results for HIPOGOVR.

Persons with three or more plans have a "yes" response in HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans. For 2004 forward, information on third and fourth insurance plans is available only through the restricted access files available through Research Data Centers.

Survey text

For each private insurance plan, interviewers asked, "Who pays for this plan?" and handed out a card that listed various options. Respondents could pick all categories that applied.

Definition of Private Insurance

The definition of private insurance and the data collection process changed over time (see User Notes, "Changes in the Definition of Private Insurance" and "Changes in the Data Collection Process). For 1997 forward, the definition remained largely the same, and excluded single service plans.

For 1997 forward, the NHIS Field Representative's Manuals defined private health insurance to be any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs of Medicare, Medicaid, Military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, CHIP (the Children's Health Insurance Plan, beginning in 1999), state-sponsored health plans, and health insurance from other government programs.

For 2001 forward, the Manuals indicated that coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Continuation of Coverage) should be considered private health insurance (obtained through an employer or workplace).

Concept:	General Coverage Variables -- PERSON
Start Position:	322
End Position:	323
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HIPOUTR"

Name:	HIPOUTR
Label:	Has any private insurance plan paid for by someone outside the household
Variable Text:	For persons who were covered by a general private health insurance plan (excluding single service plans), HIPOUTR reports if the person has a private health insurance plan paid for by someone outside of the household. HIPOUTR is constructed by IPUMS NHIS staff and summarizes information from the variables HIP1OUT and HIP2OUT (as well as HIP3OUT and HIP4OUT in 1997-2003). See the Comparability tab for.
Concept:	General Coverage Variables -- PERSON
Start Position:	324

End Position:	325
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HIPSELFR"

Name:	HIPSELFR
Label:	Has any private insurance plan paid for by self/family
Variable Text:	HIPSELFR is a recoded variable created by the IPUMS NHIS staff, which indicates, for each person who had at least one private health insurance health plan, whether he or she had at least one plan that was paid for by that person or by another family member living in the same household. Survey text Interviewers asked "Who pays for this health insurance plan?" and handed the respondent a flashcard that listed various responses. The respondent was directed to pick all applicable answers. Information was collected on up to four plans per family; for 2004 forward, only data on plans one and two are publicly available. Therefore, for 1997 to 2003, HIPSELFR indicates whether respondents had any of up to four plans paid for by themselves (or by a co-resident family member); for 2004 forward, the variable reflects responses based on two plans. Changes in the number of insurance plans considered have little effect on the results for HIPSELFR. Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable which is for available for 2004 forward. Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number

of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

Definition of Private Insurance

For 1997 forward, the Field Representative's Manuals defined private health insurance to be any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public insurance programs of Medicare, Medicaid, military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, state-sponsored health plans, and other government programs (including CHIP, the Children's Health Insurance Plan, beginning in 1999).

For 2001 forward, the Manuals indicated that insurance coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) or by TCC (Temporary Continuation of Coverage) should also be considered private health insurance (obtained through an employer or workplace).

The definition of private insurance and the data collection process for insurance variables changed over time. (See the User Notes on "Changes in the Definition of Private Insurance" and "Changes in the Data Collection Process for detailed discussion of these issues.) For 1997 forward, however, the data collection process and definition of private insurance remained largely the same (and consistently excluded single service plans).

Concept:	General Coverage Variables -- PERSON
Start Position:	326
End Position:	327
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes

09	Unknown

Variable: "HIPMDLISR"

Name:	HIPMDLISR
Label:	Has any doctor from a preferred list
Variable Text:	HIPMDLISR is a recoded variable created by the IPUMS NHIS staff. For persons with at least one comprehensive private health insurance plan for which they can choose any doctor (HIPMDPICR), HIPMDLISR indicates whether their plan provides the option of choosing a doctor from a preferred or select list at lower cost.

Data Collection Process

While information was consistently collected on up to four private plans per family, data are publicly available only for plans one and two beginning in 2004. Changes in the number of plans considered should have little effect on the results for HIPMDLISR.

Persons with three or more plans have a "yes" response to HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

For 1997 forward, interviewers first asked whether the person was covered by any kind of health insurance or some other kind of health care plan, before asking about the details of private insurance coverage.

For 1997 to 1999, only people with an affirmative answer to this initial question have responses to follow-up questions about their kind of health insurance and the details of coverage; for 1997 to 1999, those who did not say "yes" are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

Survey text

In all years, the relevant survey question asked for each private plan was the following:

Do [you/the family member(s) with this plan] have the option of choosing a doctor from a preferred or select list at lower cost to you?

Definition of Private Insurance

While the definition of private insurance changed over time, these changes did not affect the detailed questions about the characteristics of private comprehensive insurance plans (in variables like HIPMDLISR). For a description of general changes in the definition of private health insurance during this period, see the variable description for HIPMDOPR and the User Note about "Changes in the Definition of Private Insurance." |

Concept:	General Coverage Variables -- PERSON
Start Position:	328
End Position:	329
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HIPMDOPR"

Name:	HIPMDOPR
Label:	Has any private plan that pays for a doctor not in plan network
Variable Text:	HIPMDOPR is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person had a private insurance plan that would pay any costs for a doctor who was not on the plan's preferred list. The question related to persons with at least one general purpose health insurance plan who must select a doctor from a preferred list of doctors (i.e., for whom HIPMDLISR equals 2). Data Collection Process While information was consistently collected on up to four private plans per family, data are publicly available only for plans one and two beginning in 2004. Changes in the number of plans considered should have little effect on the results for HIPMDOPR.

Persons with three or more plans have a "yes" response to HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

For 1997 forward, interviewers first asked whether the person was covered by any kind of health insurance or some other kind of health care plan, before asking about the details of private insurance coverage.

For 1997 to 1999, only people with an affirmative answer to this initial question have responses to follow-up questions about their kind of health insurance and the details of coverage; for 1997 to 1999, those who did not say "yes" are coded NIU (not in universe) for follow-up questions on insurance characteristics. Beginning in 2000, the response "no insurance" was included as a valid response to the initial question. Thus, for 2000 forward, the universe for follow-up questions on insurance coverage type and details was "all persons" (including those with an affirmative response to HINONE or "no insurance").

Survey text

In all years, the relevant survey question asked for each private plan was the following:

If [you/family member] select a doctor who is not in the plan, will (plan name) pay for any part of the cost?

Definition of Private Insurance

The definition of private insurance changed over time, as described in detail in the User Note on "Changes in the Definition of Private Insurance."

For 1993 to 1996, single service plans counted as health insurance; however, only individuals with a plan that "pays for a variety of services" (as indicated, for example, by HI1VARSS) or a general purpose plan were asked the question for HIPMDOPR. For 1997 forward, the definition of private health insurance coverage excluded single service plans. This distinction between comprehensive and single service plans was further emphasized beginning in 1999, when a separate category for single service plans was added to the flashcard given respondents when they were asked to indicate their insurance type(s).

These various changes had little effect on responses for HIPMDOPR; consistently, only people with comprehensive private insurance were asked about payments to doctors on their plan's preferred list.

Concept:	General Coverage Variables -- PERSON
Start Position:	330
End Position:	331

Width:	2

Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HIPTYPER"

Name:	HIPTYPER

Label:	Has HMO or non-HMO plan

Variable Text:	HIPTYPER is a recoded variable created by the IPUMS NHIS staff, which indicates, for all persons who had a general purpose private health insurance health plan, whether the plan was an HMO/IPA (Health Maintenance Organization or Individual Practice Association) or non-HMO/IPA.
	For 1997 forward, private insurance characteristics reported by the family respondent, including HMO and IPA status, were edited by the NCHS staff, based on the plan name. See the comparability section for more details.
	Definition of HMO and IPA
	For 1986 to 1996, the NHIS Field Representative's Manuals generally defined an HMO as a "health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis." (Prior to 1986, the Manuals did not define an HMO.) The Manuals further described listed three types of HMOs.
	1) a Group/Staff HMO, which delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO; 2) an IPA, which makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices; 3) a Network HMO, which contracts with two or more group practices to provide health services.

The Manuals noted that "an HMO differs from other health insurance because it directly provides its members with most or all of their health care, while traditional health insurers simply process the claims. An HMO assumes responsibility for providing the treatment as well as paying the bills."

For 1997 forward, the Manuals defined HMOs as "health delivery systems that offer comprehensive health coverage for hospital and physician services for a prepaid, fixed fee."

Definition of Private Insurance

The definition of private insurance changed over time. Users are encouraged to review the User Note on "Changes in the Definition of Private Insurance." The description below is an abbreviated version of the information provided in that User Note.

For 1976 to 1992, private health insurance excluded single service plans that paid for only one type of service (such as nursing home care, accidents, or dental care). For 1976 to 1989, plans that paid extra cash while hospitalized counted as private insurance; such "extra cash plans" are not mentioned in the Manuals for 1992 and 1996.

For 1993 to 1996, single service plans were considered to be health insurance; however, only respondents who indicated their plan was a general purpose plan were asked the question for HIPTYPER. For 1997 and 1998, the definition of private insurance excluded single service plans. For 1999 forward, a separate category indicating single service plans was added to the survey, to better distinguish single service plans from comprehensive private health insurance.

For 1976 to 1989, the general definition of private insurance in the Field Representative's Manuals referred to plans "specifically designed to pay all or part of the hospital, doctor, surgeon, or other medical expenses of the insured individual" (including dentist expenses for 1989 and 1986). The Manuals further stated, "The plan, in order to be considered as insurance, must be a formal one with defined membership and benefits. Include Health Maintenance Organizations (HMOs) and Individual Practice Associations (IPAs), such as Kaiser, Group Health, etc."

For 1990 forward, the Manuals defined private health insurance to be any type of health insurance, including Health Maintenance Organizations (HMOs), other than the public programs of Medicare, Medicaid, Military health care/VA, CHAMPUS/TRICARE/CHAMP-VA, Indian Health Service, state-sponsored health plans, CHIP (the Children's Health Insurance Plan, beginning in 1999), and health insurance from other government programs.

Survey Text

The questions used to collect information on HMO/IPA status of private insurance plans changed over time.

1997 forward
Read If Necessary: Health Maintenance Organizations, or HMOs, and Individual Practice Associations, or IPAs, are plans whose members are required to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services.

Is {plan name} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), or is it some other kind of plan?

1993-1996
Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the Plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.
Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?

1986,1989, 1992
Read if necessary: Health Maintenance Organizations, or HMO's, sometimes called Individual Practice Associations or IPA's, are plans whose members are required to use only those health care providers who work for the HMO or IPA. Also, members do not have to submit claims costs of medical care services
Is this (name) plan a Health Maintenance Organization or HMO?

Number of Plans Included

Information was collected on up to five private insurance plans per family between 1980 and 1989 and on up to four plans for 1992 forward. However, only data for plans one and two are publicly available for 2004 and later years. Changes in the number of insurance plans considered should have little effect on the results for HIPTYPER.

Persons with three or more plans have a "yes" response to HIPRIVGT2 (available for 2004 forward). Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans.

Concept:	General Coverage Variables -- PERSON
Start Position:	332
End Position:	333
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	HMO
02	Non-HMO
09	Unknown

Variable: "HIPOTHGOVR"

Name:	HIPOTHGOVR
Label:	Has other government program insurance: Recode
Variable Text:	HIPOTHGOVR reports if the person is covered by any other public assistance program that pays for health care.
Concept:	General Coverage Variables -- PERSON
Start Position:	334
End Position:	335
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	Not mentioned
02	Mentioned
07	Unknown-refused

| 08 | Unknown-not ascertained |
| 09 | Unknown-don't know |

Variable: "SSCANCER"

Name:	SSCANCER
Label:	Single service plan for cancer treatment
Variable Text:	For persons covered by a single service plan (SINGLEE), SSCANCER reports whether the person currently had a single health insurance plan for cancer treatment. Respondents were asked what type of single service plan the person had and handed a list with different types of single service insurance coverage. Interviewers instructed them to mark all that applied. For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A person who responded to either HISINGLE or SSPROB, single service plan probe response, were asked about the type of service. For variables indicating other types of single service variables, please see the SINGLEE variable description.
Concept:	General Coverage Variables -- PERSON
Start Position:	336
End Position:	336
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU

1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "SSCATAST"

Name:	SSCATAST
Label:	Single service plan for catastrophic care
Variable Text:	For persons covered by a single service plan (SINGLEE), SSCATAST indicates whether the person currently had a single health insurance plan for catastrophic care. The Field Representative's Manuals for 1999 forward did not define catastrophic care. Respondents were asked what type of single service plan the person had and handed a list with different types of single service insurance coverage. Interviewers instructed them to mark all that applied. For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A person who responded to either HISINGLE or SSPROB, single service plan probe response, were asked about the type of service. For variables indicating other types of single service variables, please see the SINGLEE variable description.
Concept:	General Coverage Variables -- PERSON
Start Position:	337
End Position:	337
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "SSDRUGS"

Name:	SSDRUGS
Label:	Single service plan for prescriptions
Variable Text:	For persons covered by a single service plan (SINGLEE), SSDRUGS indicates whether the person had a single service plan for prescription drugs. The Field Representative's Manuals for 1999 forward did not define prescription drug coverage. Respondents were asked what type of single service plan they had and handed a list with different types of single service insurance coverage. Interviewers instructed them to mark all that applied. For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A person who responded to either HISINGLE or SSPROB, single service plan probe response, were asked about the type of service. For variables indicating other types of single service variables, please see the SINGLEE variable description. Users are strongly encouraged to review the user note Insurance Data Collection [URL omitted from DDI.] .
Concept:	General Coverage Variables -- PERSON
Start Position:	338
End Position:	338

Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "SSHOSPIT"

Name:	SSHOSPIT
Label:	Single service plan for hospitalization only
Variable Text:	For persons covered by a single service plan (SINGLEE), SSHOSPIT indicates whether the person currently had a single service plan for hospitalizations only. Respondents were asked what type of single service plan the person had and handed a list with different types of single service insurance coverage. Interviewers instructed them to mark all that applied. For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A person who responded to either HISINGLE or SSPROB, single service plan probe response, were asked about the type of service. For variables indicating other types of single service variables, please see the SINGLEE variable description.
Concept:	General Coverage Variables -- PERSON

Start Position:	339
End Position:	339
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "SSLONGT"

Name:	SSLONGT
Label:	Single service plan for long-term care
Variable Text:	For persons covered by a single service plan (SINGLEE), SSLONGT indicates whether the person currently had a single service plan for long term care (medical and non-medical care to people who have a chronic illness or disability). Respondents were asked what type of single service plan they had and handed a list with different types of single service insurance coverage. Interviewers instructed them to mark all that applied. For 2004 forward, the survey included an additional probe question for all persons who indicated they were not covered by health insurance or did not indicate single service plan coverage. A person who responded to either HISINGLE or SSPROB,single service plan probe response, were asked about the

type of service.

For variables indicating other types of single service variables, please see the SINGLEE variable description.

Concept:	General Coverage Variables -- PERSON
Start Position:	340
End Position:	340
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HILAST"

Name:	HILAST
Label:	Time since had health coverage (no coverage now)
Variable Text:	For persons who do not currently have any kind of health care coverage, HILAST indicates how long it has been since the person had any kind of health care coverage.

Question Universe

According to the Field Representative's Manual for 1997 forward, the question associated with HILAST, "When was the LAST time [person] had health care coverage?", is asked only for persons who report currently having no health insurance coverage of any kind (or, for 2000 forward, only a single service plan).

Thus, throughout the period, HILAST is not asked of people who report having health insurance coverage via any of the following: private health insurance, including Medi-Gap; Medicare; Medicaid; Children's Health Insurance Program; Military health insurance (including Military Health Care/VA and TRICARE/CHAMPUS/CHAMP-VA); Indian Health Service; State-sponsored public health care coverage plans; and other government programs.

For 2000 forward, HILAST is also asked of people reporting only single service plan coverage.

Use of HILAST

During the course of data editing, the National Center for Health Statistics (NCHS) discovered many errors in the responses to questions about insurance coverage.

Often, respondents misclassified the type of insurance they had. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from categories on a card provided by the interviewer. Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped.

Because of the errors in respondents' original (unedited) answers to questions about insurance coverage, the NCHS warns that "the variables HILAST and HINOTYR, which reflect periods of non coverage, cannot be used to estimate the rate of uninsurance." Instead, the NCHS recommends using the health insurance recodes, estimating the rate of uninsurance as a residual.

The relevant health insurance recodes in IPUMS NHIS are:

HIPRIVATEE (Covered by private health insurance: Recode);
HIHSE (Covered by Indian Health Service: Recode); HIMILITE (Covered by military health insurance: Recode); HIMCAIDE (Covered by Medicaid: Recode);
HIMCAREE (Covered by Medicare: Recode);
HICHIPE (Covered by Children's Health Insurance Program: Recode);
HISTATEE (Covered by other state-sponsored health plan: Recode);
HIOTHGOVE (Covered by other government program: Recode)
HINOTCOVE (No insurance coverage)

Related variables

Please use the IHIS drop down menu and search functions for other related

variables.

Data Collection Process

In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?"

Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

The choices included:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized." In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked, in sequence, whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-

Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS or CHAMPVA coverage, or any private insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage. Those who did not acknowledge any such coverage were asked the question associated with HILAST, namely, "When was the last time you had health care coverage?"

For 1997-1999, the NHIS instrument reconfirmed that the person had no health insurance of any kind by asking, "Just to verify, does [person] have Medicare, Medicaid, CHIP (Children's Health Insurance Program), CHAMPUS or CHAMPVA, or any private insurance?" If the answer was "no," then the respondent was asked the question associated with HILAST. However, for 2000 forward, this verification question was not asked.

Concept:	Coverage Timing and Continuity Variables -- PERSON
Start Position:	341
End Position:	342
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	6 months or less
20	More than 6 months, not gt 1 year
21	1 year
30	More than 1 year, not gt 3 years
40	More than 3 years
50	Never

97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "HINOTYR"

Name:	HINOTYR
Label:	Had no health coverage at some point during past 12 months
Variable Text:	For persons who are currently covered by health insurance (specifically excluding armed forces members in 1997-1999), HINOTYR reports whether, in the past 12 months, there was any time the person did not have any health insurance coverage.

Thus, throughout the period, HINOTYR is asked of people (specifically excluding armed forces members in 1997-1999) who report currently having health insurance coverage via any of the following: private health insurance, including Medi-Gap; Medicare; Medicaid; Children's Health Insurance Program; Military health insurance (including Military Health Care/VA and TRICARE/CHAMPUS/CHAMP-VA); Indian Health Service; State-sponsored public health care coverage plans; and other government programs.

For 2000 forward, HINOTYR is not asked of people reporting only single service plan coverage.

Use of HINOTYR

According to the NCHS, HINOTYR should not be used to estimate the prevalence of uninsurance, due to data errors.

During the course of data editing, the National Center for Health Statistics (NCHS) discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on a card provided by the interviewer. Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped.

Because of errors in respondents' original (unedited) answers to questions about insurance coverage, the NCHS warns that "the variables HILAST and HINOTYR, which reflect periods of non coverage, cannot be used to estimate the rate of uninsurance."

Instead of using HINOTYR, researchers should using the health insurance recodes, estimating the rate of uninsurance as a residual, according to NCHS. Please see the variable description for HIPRIVATEE [Covered by private health insurance: Recode]. Or use the IPUMS NHIS drop down menu and search functions for other related variables. |

Data Collection Process

In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?"

Respondents were instructed to "Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

The choices included:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized," but the treatment of single service plans varied by year.

In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

Follow-up questions collected information about the names of coverage plans and confirmed the lack of any type of coverage for the uninsured.

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked, in sequence, whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS or CHAMPVA coverage, or any private insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage. Those who did acknowledge any such coverage were asked the question associated with HINOTYR, namely, "In the past 12 months, was there any time when [person] did not have any health insurance coverage?"

Concept:	Coverage Timing and Continuity Variables -- PERSON
Start Position:	343
End Position:	343
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HINOTYRMO"

Name:	HINOTYRMO
Label:	Months without health coverage, past 12 months

Variable Text:	For persons who are currently covered by health insurance (specifically excluding armed forces members in 1997-1999), but who also report that there was some time in the past 12 months they did not have any health insurance coverage (HINOTYR), HINOTYRMO indicates the number of months without any health insurance coverage during the past 12 months. Thus, throughout the period, HINOTYRMO is asked of people (specifically excluding armed forces members in 1997-1998) if two criteria are satisfied: The person reported currently having health insurance coverage via any of the following: private health insurance, including Medi-Gap; Medicare; Medicaid; Children's Health Insurance Program; Military health insurance (including Military Health Care/VA and TRICARE/CHAMPUS/CHAMP-VA); Indian Health Service; State-sponsored public health care coverage plans; and other government programs. The person responded affirmatively to HINOTYR, indicating that there was some point in the past 12 months at which he or she had no health insurance overage. For 2000 forward, HINOTYRMO is not asked of people reporting only single service plan coverage. Use of HINOTYRMO According to the NCHS, HINOTYRMO cannot be used to estimate the prevalence of uninsurance, due to data errors. During the course of data editing, the National Center for Health Statistics (NCHS) discovered many errors in the responses to questions about insurance coverage. Often, respondents misclassified the type of insurance they had. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on a card provided by the interviewer. Accordingly, the NCHS created a series of recoded insurance variables. For these recoded insurance variables, the data are back-edited, taking into account such factors as the proper classification of the verbatim names of insurance plans and responses to questions about why insurance coverage had stopped. Because of the errors in respondents' original (unedited) answers to questions about insurance coverage, HINOTYRMO (and the complementary variable HINOTYR) cannot be used to estimate the rate of uninsurance. To estimate the extent of uninsurance, the NCHS recommends using the health insurance recodes, estimating the rate of uninsurance as a residual. See the variable description for HIPRIVATEE (Covered by private health insurance: Recode) for more details. Users can also use HINOTCOVE, a recoded variable that indicates whether the person currently lacks health insurance coverage. Data Collection Process In the survey for 1997 forward, interviewers first asked, "Are you covered by health insurance or some other kind of health care plan?" Respondents were instructed to "Include health insurance obtained through

employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills." In 1997-2003 the survey form instructed interviewers to only read the preceding statement "if necessary."

Individuals who had an affirmative response to the preceding question were asked, "What kind of health insurance or health care coverage do you have?" Respondents selected the appropriate response from a card listing various types of insurance coverage.

The choices included:

Private health insurance (2004 forward)
Private health insurance plan from employer or workplace (1997-2003)
Private health insurance plan purchased directly (1997-2003)
Private health insurance plan through a State or local government program or community program (1998-2003)
Medicare (1997 forward)
Medi-Gap (1997 forward)
Medicaid (1997 forward)
CHIP (Children's Health Insurance Program) (1999 forward)
Military Health Care/VA (1997-2003)
Military Health Care (CHAMPUS/TRICARE/CHAMP-VA) (1997 forward)
Indian Health Service (1997 forward)
State-sponsored health plan (1997 forward)
Other government program (1997 forward)
Single Service Plan (e.g., dental, vision, prescriptions) (1999 forward)
No coverage of any type (2000 forward)

Respondents could pick more than one type of insurance and interviewers were instructed to mark all that applied.

Respondents were consistently instructed to exclude private plans that "only provide extra cash while hospitalized," but the treatment of single service plans varied by year.

In 1997-1998 respondents were also instructed to "EXCLUDE private plans that ... pay for only one type of service (nursing home care, accidents, or dental care)." Beginning in 1999, "Single Service Plan" was added as a possible response, and, consequently, the instructions were changed to read, "INCLUDE those [private plans] that pay for only one type of service (nursing home care, accidents, or dental care)."

Follow-up questions collected information about the names of coverage plans and confirmed the lack of any type of coverage for the uninsured.

In follow-up questions, interviewers recorded the names of up to four private health insurance plans. If the person was reported as covered by CHIP (beginning in 2000), by a state-sponsored health plan, or by another public program (other than Medicaid) that paid for health care, the interviewer recorded the name of that plan. The placement and wording of these questions about the names of specific government health care plans varied across years.

For persons initially reported as not having health care coverage of any kind, interviewers asked, in sequence, whether the person had Medicare coverage, Medicaid coverage, coverage via a Medicaid program or non-Medicaid state-sponsored health insurance program with the appropriate name for the state, CHAMPUS or CHAMPVA coverage, or any private

insurance. For those who acknowledged any such coverage, the interviewer repeated the series of questions mentioned above to determine the specific type of coverage. Those who acknowledged current coverage by health insurance (specifically excluding armed forces members in 1997-1998), were asked the question associated with HINOTYR ("In the past 12 months, was there any time when [person] did not have any health insurance coverage?"). If they responded affirmatively to HINOTYR, they were then asked the question associated with HINOTYRMO, namely, "In the past 12 months, about how many months was [person] without coverage?"

Concept:	Coverage Timing and Continuity Variables -- PERSON
Start Position:	344
End Position:	345
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 month
02	2 months
03	3 months
04	4 months
05	5 months
06	6 months
07	7 months
08	8 months

09	9 months
10	10 months
11	11 months
12	12 months
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "HINOUNEMPR"

Name:	HINOUNEMPR
Label:	Reasons for no insurance: Unemployment
Variable Text:	For persons without general health insurance coverage, HINOUNEMPR reports if the reason the person had no general health insurance was because of unemployment. In 1997 and later, HINOUNEMPR is identical to HISTOP1. In 1980-1996, HINOUNEMPR reports information from HINORUNEMP with additional information about other types of health insurance coverage and public assistance to further classify persons as out of universe. In 1976, HINOUNEMPR reports the information from WHYNOIN and HINOUNEMPR with modifications to the universe for persons who receive coverage through other sources.

Please see the Comparability and Universe tabs for important information on changes to this variable over time. |
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	346
End Position:	347
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
07	Unknown-refused
08	Unknown-not ascertained
09	Unknown-don't know

Variable: "HINOEMPR"

Name:	HINOEMPR
Label:	Reasons for no insurance: Employment-related reason
Variable Text:	For persons without any general health insurance coverage, HINOEMPR reports if the reason the person had no health insurance coverage was an employment-related reason. In 1997 and later, HINOEMPR is identical to HISTOP8. In 1993-1996, HINOUNEMPR combines information about employers not offering coverage (HINOREMP), ineligibility for insurance because of part-time work (HINORPT), and benefits running out (HINORBENE) with additional information about other types of health insurance coverage used to reclassify persons as "out of universe". Please see the Comparability and Universe tabs for important information on changes to this variable over time.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	348
End Position:	349
Width:	2
Variable Format:	numeric
	0

Categories

Value	Label
00	NIU
01	No
02	Yes
07	Unknown - refused
08	Unknown - not ascertained
09	Unknown - don't know

Variable: "HINOFAMR"

Name:	HINOFAMR
Label:	Reasons for no insurance: Family-related
Variable Text:	HINOFAMR is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person did not currently have insurance coverage because of a family-related reason (except for 1993 to 1996, when coverage status referred to the previous month). Data Collection Process Those who were asked their reason for not having insurance did not have coverage through Medicare, Medicaid or some other public health insurance program, military health care, or comprehensive private coverage. Except for 1993-1996, those who only had single service plans were classified as uninsured and included in the universe for this variable. For 1993-1996, the universe excludes those receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI), as recipients were eligible for health care through these programs. For all years, interviewers asked the reason(s) why the person had no insurance and handed the respondent a flashcard with various responses (including "other"). Initially, respondents were prompted to pick all responses that applied; for 2000 forward, they could specify up to five reasons only. The response categories listed on the card changed over time. For 1993-1996, HINOFAMR includes those selecting the responses "family coverage not offered by employer" and "too old for coverage under family plan"; for 1997, the response "spouse/parent lost job or changed employers"; for 1997 forward, the responses, "got divorced or separated/death of spouse or parent," and "ineligible because of

age/left school"; and, beginning in 1998, the response "got married" as well.

Survey questions

The wording of questions about family-related reasons for not having insurance coverage changed over time.

1993-1996
Many people do not carry health insurance for various reasons. Hand Card Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? (Anything else?Circle all responses given.

1997 forward
Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance? Show card
2000 forward *Enter up to 5 reasons.

Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	350
End Position:	351
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
07	Unknown - refused
08	Unknown - not ascertained

09	Unknown - don't know

Variable: "HINOAGER"

Name:	HINOAGER
Label:	Reasons for no insurance: Aged out of family plan
Variable Text:	HINOAGER is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person did not currently have insurance coverage because he or she was no longer eligible for coverage under a parent's plan due to age (1993 forward) or to leaving school (1997 forward). For 1993 to 1996, a lack of coverage referred to the previous month. Data Collection Process Those who were asked their reason for not having insurance did not have coverage through Medicare, Medicaid or some other public health insurance program, military health care, or comprehensive private insurance. For 1993 to 1996 (but not for later years), those who had single services plans only and those who received Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) were not considered uninsured. For all years, interviewers asked the reason(s) why the person had no insurance and handed the respondent a flashcard with various responses (including "other"). Initially, respondents were prompted to pick all responses that applied; for 2000 forward, they could specify up to five reasons only. The response categories listed on the card changed over time. For 1993 to 1996, HINOAGER includes persons with the response "too old for coverage under family plans"(HINOROLD)." For 1997 forward, it reflects the response "became ineligible because of age/left school (HISTOP4)." Survey questions The wording of questions used to collect information for HINOAGER differed between 1993-1996 and 1997 forward. 1993-1996 Many people do not carry health insurance for various reasons. Hand Card Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? (Anything else?Circle all responses given. 1997 forward Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance? Show card 2000 forward *Enter up to 5 reasons.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	352
End Position:	353

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HINOCOSTR"

Name:	HINOCOSTR
Label:	Reasons for no insurance: Too expensive
Variable Text:	HINOCOSTR is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person did not currently (except for 1993 to 1996 when coverage status referred to the previous month) have health insurance due to the expense or cost of insurance.
	Data Collection Process
	Those who were asked their reason for not having insurance did not have coverage through Medicare, Medicaid or some other public health insurance program, military health care, or comprehensive private insurance. Except for 1993-1996, those who only had single service plans were classified as uninsured and included in the universe for this variable. For 1980-1996, the universe excludes those receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI), as recipients were eligible for health care through these programs.
	For all years, interviewers asked the reason(s) why the person had no insurance and handed the respondent a flashcard with various responses (including "other"). Initially, respondents were prompted to pick all responses that applied; for 2000 forward, they could specify up to five reasons only. The response categories listed on the card changed over time. For 1976-1996, HINOCOSTR includes those selecting the response "too expensive, can't afford health insurance"; for 1997, it includes those who selected "insurance plan raised cost of premiums"; and for 1997 forward, it includes those who selected "cost is too

high."

Survey questions

The wording of questions about cost barriers to insurance coverage changed over time.

1976, 1980, 1982-1984, 1989, 1993-1996
Many people do not carry health insurance for various reasons. Hand Card
Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? (Anything else?)Circle all responses given.

1997 forward
Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance? Show card
2000 forward *Enter up to 5 reasons.

HINOCOSTR differs somewhat from other variables in the original NHIS public use files that relate to cost barriers to insurance coverage.

The related variables from the original NHIS public use files include:

HINOREXPEN (Reasons for no insurance: Too expensive)
HISTOP10A (Why coverage stopped: Insurance plan raised premium cost)
HISTOP11 (Why coverage stopped: Cost is too high)

HINOCOSTR excludes persons with health care coverage through public programs, such as Medicaid or Military health care, whereas the variables listed above include such individuals for some years. For example, for 1993 to 1996, individuals could respond that a reason for "no insurance" was coverage through a public program. Unlike the original public use variables, HINCOSTR also excludes all those covered by AFDC or SSI, which improves comparability between earlier years and 1997 forward.

Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	354
End Position:	355
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HINOREFUSER"

Name:	HINOREFUSER
Label:	Reasons for no insurance: Poor health/refused coverage
Variable Text:	HINOREFUSER is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person did not currently have insurance coverage because the insurance company refused coverage (except for 1993 to 1996 when coverage status referred to the previous month).

Data Collection Process

Those who were asked their reason for not having insurance did not have coverage through Medicare, Medicaid or some other public health insurance program, military health care, or comprehensive private insurance. Except for 1993-1996, those who only had single service plans were classified as uninsured and included in the universe for this variable. For 1993-1996, the universe excludes those receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI), as recipients were eligible for health care through these programs.

For all years, interviewers asked the reason(s) why the person had no insurance and handed the respondent a flashcard with various responses (including "other"). Initially, respondents were prompted to pick all responses that applied; for 2000 forward, they could specify up to five reasons only. The response categories listed on the card changed over time. For 1976-1996, HINOREFUSER includes those selecting the response "can't obtain because of poor health, illness, or age"; for 1997 forward, it includes those selecting "insurance company refused coverage."

Users may also want to review information about the component variables used to create HINOREFUSER.

Those variables are:

HINORPOORH (Reasons for no insurance: Can't obtain due to poor health/age) (1976 to 1996).
HISTOP12 (Why coverage stopped: Insurance company refused coverage) (1997 forward)

HINOREFUSER differs from these component variables in excluding persons covered by public insurance programs, and, for the period prior to 1997, |

excluding recipients of AFDC and SSI.

Survey questions

The wording of questions about why persons did not have insurance coverage changed over time.

1976, 1980, 1982-1984, 1989, 1993-1996
Many people do not carry health insurance for various reasons. Hand Card Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? (Anything else?Circle all responses given.

1997 forward
Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance? Show card
2000 forward *Enter up to 5 reasons.

Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	356
End Position:	357
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
09	Unknown

Variable: "HINOTHER"

Name:	HINOTHER
Label:	Reasons for no insurance: Other
Variable Text:	HINOTHER is a recoded variable created by the IPUMS NHIS staff, which indicates whether the person did not currently (except for 1993 to 1996 when coverage status referred to the previous month) have insurance coverage because of a reason other than: age (HINOAGER) cost (HINOCOSTR) family-related reasons (HINOFAMR) being refused coverage (HINOREFUSER) employment (HINOEMPR) unemployment (HINOUNEMPR). Data Collection Process Those who were asked their reason for not having insurance did not have coverage through Medicare, Medicaid or some other public health insurance program, military health care, or comprehensive private insurance. Except for 1993-1996, those who only had single service plans were classified as uninsured and included in the universe for this variable. For 1980-1996, the universe excludes those receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI), as recipients were eligible for health care through these programs. For all years, interviewers asked the reason(s) why the person had no insurance and handed the respondent a flashcard with various responses (including "other"). Initially, respondents were prompted to pick all responses that applied; for 2000 forward, they could specify up to five reasons only. The response categories listed on the card changed over time. For 1976 to 1996, HINOTHER includes those who selected the responses "have been healthy, not much sickness in the family, haven't needed health insurance," "dissatisfied with previous insurance," "don't believe in insurance," and "other"; for 1993-1996, also the response "free/inexpensive care available"; for 1997 forward, the response "some other reason"; and for 1998 forward, the responses "never had coverage," "no need/chooses not to have," and "moved from another county/state/country." Survey questions The wording of questions about the reasons for not having insurance coverage changed over time. Users are strongly encouraged to review the user note Insurance Data Collection [URL omitted from DDI.]. 1976, 1980, 1982-1984, 1989, 1993-1996 Many people do not carry health insurance for various reasons. Hand Card Which of these statements describes why -- is not covered by any health insurance (or Medicare)? Any other reason? (Anything else?Circle all responses given. 1997 forward Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance? Show card 2000 forward *Enter up to 5 reasons.

HINOTHER differs from variables in the original NHIS public use files that identify people who chose the reasons for lack of coverage that are included in HINOTHER.

These variables include:

HINORBELIEF Reasons for no insurance: Do not believe in insurance
HINORDISS Reasons for no insurance: Dissatisfied with previous insurance
HINORHEAL Reasons for no insurance: Healthy/haven't needed
HINORFREE Reasons for no insurance: Free/inexpensive care available
HINOROTH Reasons for no insurance: Other
HISTOP16 Why coverage stopped: Never had coverage
HISTOP17 Why coverage stopped: Moved from another county/state/country
HISTOP19 Why coverage stopped: No need/chooses not to have
HISTOP22 Why coverage stopped: Other reason

HINOTHER differs from these related variables in excluding persons with health care coverage through public programs.

By contrast, the original NHIS variables included persons with public coverage in some years; for example, for 1993-1996, individuals could respond that a reason for "no insurance" was coverage through a public program. HINOTHER also excludes those receiving AFDC or SSI, who were eligible for public insurance through those programs.

Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	358
End Position:	359
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes

09	Unknown

Variable: "HISTOP1"

Name:	HISTOP1
Label:	Why coverage stopped: Lost job/changed employer
Variable Text:	For all sample without comprehensive health insurance coverage, HISTOP1 indicates if the reason they lost coverage was because they lost their job or changed employers. Please see the Comparability tab for information about changes to the universe of this variable over time.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	360
End Position:	360
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP3"

Name:	HISTOP3
Label:	Why coverage stopped: Divorce/separation/death of spouse/parent
Variable Text:	For persons without health insurance coverage, HISTOP3 indicates if a reason for not having coverage is a divorce, separation, or death of a spouse or parent. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. The response categories are consistent for 1998 forward with several differences for 1997. See the comparability time for a more detailed description. For all years, individuals with single service plans were asked about reasons for no insurance, as single service plans were not considered to be insurance plans. For related variables, please use the IPUMS NHIS search function and drop-down menus.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	361
End Position:	361
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "HISTOP4"

Name:	HISTOP4
Label:	Why coverage stopped: Ineligible because of age/left school
Variable Text:	For persons without health insurance coverage, HISTOP4 indicates if a reason for not having coverage is the person's coverage stopped due to ineligibility because of the person's age or the person was no longer enrolled in school. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. For all years, individuals with single service plans were asked for reasons for no insurance, because single service plans were not considered to be insurance plans. Please see the Comparability tab for important information on changes to the universe and response categories over time. For related variables, please use the IPUMS NHIS search function and drop-down menus.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	362
End Position:	362
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned

7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP8"

Name:	HISTOP8
Label:	Why coverage stopped: Employer doesn't offer coverage/not eligible
Variable Text:	For persons without health insurance coverage, HISTOP8 indicates if a reason for not having coverage is the person's employer does not offer coverage or the person is not eligible for coverage through their employer. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. For related variables, please use the IPUMS NHIS search function and drop-down menus. See the comparability time for a more detailed description. For all years, individuals with single service plans were asked for reasons for no insurance, because single service plans were not considered to be insurance plans.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	363
End Position:	363
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label

0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP11"

Name:	HISTOP11
Label:	Why coverage stopped: Cost is too high
Variable Text:	For persons without health insurance coverage, and, in 1997, persons without health insurance coverage for less than 3 years, HISTOP11 indicates if a reason for not having coverage was the cost was too high. Respondents were handed a card listing possible reasons for no insurance and were asked to specify the reason(s) or could specify 'other' (respondents were limited to five reasons for 1997 forward). For all years, individuals with single service plans were asked for reasons for no insurance, since single service plans were not considered to be insurance plans. Apart from 1997, response categories listed on the card remained the same. For 1997, the response category "insurance plan raised premium" (HISTOP10A) is also available. See the comparability tab for more details. For related variables, please use the IPUMS NHIS search function and drop-down menus. Users are also strongly encouraged to review the user notes Insurance Data Collection [URL omitted from DDI.].
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	364
End Position:	364
Width:	1
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP12"

Name:	HISTOP12
Label:	Why coverage stopped: Insurance company refused coverage
Variable Text:	For persons without health insurance coverage, and, in 1997, persons without health insurance coverage for less than 3 years, HISTOP12 indicates if a reason for not having coverage was because the insurance company refused coverage. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. For all years, individuals with coverage through single service plans were asked for reasons for no insurance, because single service plans were not considered insurance plans. For related variables, please use the IPUMS NHIS search function and drop-down menus. Apart from 1997, response categories listed on the card remained the same. While the response, "Insurance company refused coverage" remained the same for 1997 forward, other categories changed slightly between 1997 and 1998 forward. See the Comparability tab for a discussion of these changes.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	365
End Position:	365

Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP13"

Name:	HISTOP13
Label:	Why coverage stopped: Medicaid/Medical stopped after pregnancy
Variable Text:	For persons without health insurance coverage, and, in 1997, persons without health insurance coverage for less than 3 years, HISTOP13 indicates if a reason for not having coverage is the person lost Medicaid or medical coverage after a pregnancy. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. For all years, individuals with coverage through single service plans were asked for reasons for no insurance, because single service plans were not considered to be insurance plans. Apart from 1997, response categories listed on the card remained the same. While the response, "Medicaid/Medical plan stopped after pregnancy" remained the same for 1998 forward, the reason indicated in HISTOP13 was not listed in 1997. Instead, respondents could specify this in the "other" category. Response categories changed between 1997 and 1998 forward. See the Comparability tab for a discussion of these changes. For related variables, please use the IPUMS NHIS search function and drop-down menus.

	Users are also encouraged to review the user notes Insurance Data Collection [URL omitted from DDI.].
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	366
End Position:	366
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP14"

Name:	HISTOP14
Label:	Why coverage stopped: Lost Medicaid/Medical because new job/income
Variable Text:	For persons without health insurance coverage, and, in 1997, persons without health insurance coverage for less than 3 years, HISTOP14 indicates if a reason for not having coverage was the person lost coverage through Medicaid or a medical plan after becoming employed or due to an increase in income.

Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. For all years, individuals with coverage through single service plans were asked for reasons for no insurance, because those with single service plans were considered to be uninsured.

Apart from 1997, response categories listed on the card remained the same. HISTOP14 was not a recognized response in 1997, but respondents could indicate this through the "other reason" category. While the response, "lost Medicaid/medical plan because of new job or increase in income" remained the same for 1997 forward, other categories changed slightly between 1997 and 1998 forward. See the "comparability" tab for a discussion of these changes.

For related variables, please use the IPUMS NHIS search function and drop-down menus.

Users are also encouraged to review the user notes Insurance Data Collection [URL omitted from DDI.].

Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	367
End Position:	367
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "HISTOP15"

Name:	HISTOP15
Label:	Why coverage stopped: Lost Medicaid for other reason
Variable Text:	For persons without health insurance coverage, and, in 1997, persons without health insurance coverage for less than 3 years, HISTOP15 indicates if a reason for not having coverage was the person lost coverage through Medicaid for "some other reason". Persons may have also lost Medicaid coverage after a pregnancy or because of attaining employment. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify other. For all years, individuals with single service plans were asked about reasons for no insurance, since those with single service plans were considered to be uninsured.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	368
End Position:	368
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused

8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP16"

Name:	HISTOP16
Label:	Why coverage stopped: Never had coverage
Variable Text:	For all sample persons who indicated that they did not currently have health insurance coverage, but it had been 3 years or less since they last had health care coverage, this variable indicates if the reason they lost coverage was because they never had coverage.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	369
End Position:	369
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "HISTOP17"

Name:	HISTOP17
Label:	Why coverage stopped: Moved from another county/state/country
Variable Text:	For all sample persons who indicated that they did not currently have health insurance coverage, but it had been 3 years or less since they last had health care coverage, this variable indicates if the reason they lost coverage was because they moved from another county, state, or country.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	370
End Position:	370
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP18"

Name:	HISTOP18
Label:	Why coverage stopped: Self-employed
Variable Text:	For persons without health insurance coverage, HISTOP18 indicates if a reason for not having coverage is the person is self-employed. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. For all years, individuals with single service plans were asked for reasons for no insurance, because single service plans were not considered to be insurance plans. For related variables, please use the IPUMS NHIS search function and drop-down menus.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	371
End Position:	371
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HISTOP19"

Name:	HISTOP19
Label:	Why coverage stopped: No need/chooses not to have
Variable Text:	For persons without health insurance coverage, HISTOP19 indicates if a reason for not having coverage is "no need/choose not to have." Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. For all years, individuals with single service plans were asked for reasons for no insurance, because single service plans were not considered to be insurance plans. For related variables, please use the IPUMS NHIS search function and drop-down menus.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	372
End Position:	372
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "HISTOP20"

Name:	HISTOP20
Label:	Why coverage stopped: Got married
Variable Text:	For persons without health insurance coverage, HISTOP20 indicates if a reason for not having coverage is that the respondent reported getting married. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other.' For all years, individuals with single service plans were asked for reasons for no insurance, because single service plans were not considered to be insurance plans. For related variables, please use the IPUMS NHIS search function and drop-down menus
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	373
End Position:	373
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused

| 8 | Unknown-not ascertained |
| 9 | Unknown-don't know |

Variable: "HISTOP22"

Name:	HISTOP22
Label:	Why coverage stopped: Other reason
Variable Text:	For persons without health insurance coverage, HISTOP22 indicates if the respondent reported "some other reason" as a reason for not having coverage. Respondents were handed a card listing possible reasons for no insurance and were asked to specify up to five reason(s) or could specify 'other'. The term "other" must be considered relative to other response categories provided in the survey. The response categories are consistent for 1998 forward with several differences for 1997.
	For all years, individuals with single service plans were asked for reasons for no insurance, because single service plans were not considered to be insurance plans.
	For related variables, please use the IPUMS NHIS search function and drop-down menus.
Concept:	Reasons for No Coverage Variables -- PERSON
Start Position:	374
End Position:	374
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU

1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1COST"

Name:	HIP1COST
Label:	Plan 1: Out-of-pocket premium cost
Variable Text:	For persons who were covered by a private insurance plan that was paid for by the person or a family member living in the household, ("2" for HIP1SELF), this variable indicates the amount spent for insurance premiums, including payroll deductions. Respondents provided the amount in dollars spent on premiums (as a continuous measure) and the time period (month, week, etc). The IPUMS NHIS recode for HIP1COST also indicates whether the amount reported was more than $20,000 dollars (code "20000").
	For 1999 to 2001, interviewers asked respondents for the amount paid on premiums in the past 12 months (e.g., "During the PAST 12 MONTHS, how much did {you/your family} spend for health insurance premiums for {plan name}?"). For 2002 forward, respondents were asked how much they (or their family} currently spend for health insurance premiums for each plan and could then specify the time period for the expenditure (e.g., once a week, a month or yearly). For 2002, responses were recoded to indicate annual expenditure.
	In general, the definition and measurement of private health insurance for 1999 forward remained consistent. Single service plans or plans which paid only for accidents were not considered private insurance. Users are strongly encouraged to refer to HIPRIVATEE for more information on the change in measurement of private insurance over time.
	Related variables
	Please use the IHIS drop down menu and search functions for other related variables.
	Data Editing and Recoding For 1997 forward, during the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. The responses for HIP1COST reflect editing by NCHS to ensure that respondents do have private insurance. A full description of the editing process and changes in definition is provided under the variable descriptions for private insurance in HIPRIVATEE.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	375
End Position:	379
Width:	5
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	HIP1COST is a 5-digit-numeric variable. 00000: Not in Universe 20000: $20,000 or more 99997: Refused 99998: Not ascertained 99999: Don't know

Variable: "HIP1MDLIS"

Name:	HIP1MDLIS
Label:	Plan 1: Doctor from preferred list
Variable Text:	For persons with at least one private health insurance plan for which they can choose any doctor (HIP1MDPIC = 1), HIP1MDLIS indicates if the plan provides the option of choosing a doctor from a preferred or select list at a lower cost. For all years, persons with single service insurance plans (such as those which paid only for accidents) were not asked this question. For 1993-1996, details about the characteristics of insurance plans (such as HIP1MDLIS) reflect plans for any family member in the household. In order to determine if the person (rather than someone else in the family) was covered by this plan, analysts should use the variable HI1PCOV (Health Insurance Plan 1: Person's Coverage Status), which indicates whether the person was covered by the plan. Thus, information about whether the person had private insurance that was currently carried through an employer or union may appear in multiple variables: HI1EMP, through HI4EMP. Likewise, the complementary variables HI1PCOV through HI4PCOV indicate coverage status for the individual under each plan. Information was collected on up to four plans per family; for 2004 forward, only data for plans one and two are publicly available.

Users may also want to see HIP2MDLIS, HIP3MDLIS and HIP4MDLIS. In addition, the IPUMS NHIS created the variable HIPMDLISR, which indicates whether the person had any plan that provided a preferred list of doctors at a lower cost.

Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable (available for 2004 forward). Very few persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had more than two private insurance plans. Additional information for the third and fourth plans for a person is available through a Data Research Center.

Data Editing and Recoding

For 1997 forward, responses for respondents who mistakenly indicated their private coverage status were edited by the NCHS. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from a list of categories on a card. The frequencies provided in HIP1MDLIS reflect responses in which private insurance was verified though editing on plan names. Users are strongly encouraged to refer to HIPRIVATEE for more information.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	380
End Position:	380
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused

| 8 | Unknown-not ascertained |
| 9 | Unknown-don't know |

Variable: "HIP1MDOP"

Name:	HIP1MDOP
Label:	Plan 1: Doctor out of plan payment
Variable Text:	For persons with a private health insurance plan who must select from a group or list of doctors (HIP1MDPIC = "2"), this variable indicates if the plan will pay for any part of the cost if the respondent selects a doctor who is not in the plan. For all years, persons with single service insurance plans (such as those which paid only for accidents) were not asked this question. For 1993-1996, details about the characteristics of insurance plans (such as HIP1MDOP) reflect plans for any family member in the household. In order to determine if the person (rather than someone else in the family) was covered by this plan, analysts should use the variable HI1PCOV (Health Insurance Plan 1: Person's Coverage Status), which indicates whether the person was covered by the plan. Thus, information about whether the person had private insurance that was currently carried through an employer or union may appear in multiple variables: HI1EMP, through HI4EMP. Likewise, the complementary variables HI1PCOV through HI4PCOV indicate coverage status for the individual under each plan. Data Editing and Recoding For 1997 forward, responses for respondents who mistakenly indicated their private coverage status were edited by the NCHS. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from a list of categories on a card. The frequencies provided in HIP1MDOP reflect responses in which private insurance was verified though editing on plan names. Users are strongly encouraged to refer to HIPRIVATEE for more information. Information was collected on up to four plans per family; for 2004 forward, only data for plans one and two are publicly available. Users may also want to see HIP2MDOP , HIP3MDOP and HIP4MDOP. Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable (available for 2004 forward). Very few persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had more than two private insurance plans. Additional information for the third and fourth plans for a person is available through a Data Research Center. In addition, the IPUMS NHIS created the variable HIPMDOPR, which indicates if the person had any plan that will pay for any part of the cost of a doctor who is not in the plan's preferred list of providers.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	381
End Position:	381
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1MDPIC"

Name:	HIP1MDPIC
Label:	Plan 1: Doctor choice
Variable Text:	For all persons with at least one private health insurance plan, HIP1MDPIC indicates whether the person (or persons in the family covered by the plan) could choose any doctor or must choose from a list of doctors. For all years, persons with single service insurance plans (such as those which paid only for accidents) were not asked this question.

For all years, HIP1MDPIC included private health insurance that was any type of health insurance excluding single service plans, or plans that paid for only one |

type of service. From 2001 forward, COBRA and TCC were specifically included as private health insurance.

For 1992-1996, details about the characteristics of insurance plans (such as HIP1MDPIC) reflect plans for any family member in the household. In order to determine if the person (rather than someone else in the family) was covered by this plan, analysts should use the variable HI1PCOV (Health Insurance Plan 1: Person's Coverage Status), which indicates whether the person was covered by the plan.

Thus, information about whether the person had private insurance that was currently carried through an employer or union may appear in multiple variables: HI1EMP, through HI4EMP. Likewise, the complementary variables HI1PCOV through HI4PCOV indicate coverage status for the individual under each plan.

Information was collected on up to four plans per family; for 2004 forward, only data for plans one and two are publicly available. Users may also want to see HIP1MDPIC, HIP3MDPIC and HIP4MDPIC.

In addition, the IPUMS NHIS created the variable HIPMDPICR, which indicates if the person had any plan in which they could choose any doctor.

Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable (available for 2004 forward). A very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had more than two private insurance plans. Additional information for the third and fourth plans for a person is available through a Data Research Center.

Data Editing and Recoding

HIP1MDPIC is part of a series of follow-up questions for individuals who indicated they had private health insurance. Not all respondents were accurate in reporting that they had private health insurance. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. For this reason, the NCHS edited the responses to reassign respondents to the correct category of coverage status. The frequencies provided in HIP1MDPIC reflect responses in which private insurance was verified though editing on plan names. Users are strongly encouraged to refer to HIPRIVATEE for more information.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	382
End Position:	382
Width:	1

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Any doctor
2	Select from group/list
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1RXCOV"

Name:	HIP1RXCOV
Label:	Plan 1: Prescription drug benefit
Variable Text:	For all persons with at least one private health insurance plan, HIP1RXCOV indicates whether the first private plan paid for any of the costs for medicines prescribed by the doctor. If necessary, interviewers asked respondents, "Does this plan have a drug benefit?"

Information was collected on up four plans per family; however data are only publicly available for plans one and two. Users may want to see HIP2RXCOV and the IPUMS NHIS recoded variable HIPRXCOVR, which indicates whether either plan covered prescription drugs.

Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable (available for 2004 forward). A very small number of persons have more than two private insurance plans. Additional information for the third and fourth plans for a person is available through a Data Research Center. See the Survey Description document available on the NCHS website for more information.

Definitions

For the years in which HIP1RXCOV is available, the definition of "private health |

insurance" remained the same. For all years, respondents who answered the question for HIP1RXCOV had private health insurance, defined as any type of health insurance excluding single service plans, or plans that paid for only type of service. From 2001 forward, COBRA and TCC were specifically included as private health insurance.

Data Editing and Recoding

HIP1RXCOV is part of a series of follow-up questions for individuals who indicated they had private health insurance. The frequencies provided in HIP1RXCOV reflect responses which have been edited based on plan names. Users are strongly encouraged to refer to HIPRIVATEE for more information on the editing process.

Not all persons were accurate in reporting what type of health insurance they had. This might be shown, for example, by a mismatch between the type of insurance coverage the person selected (when handed a card listing various types) and the verbatim name of the insurance plan. For this reason, the NCHS edited the responses to reassign persons to the correct type of insurance coverage.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	383
End Position:	383
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "HIP1MDSP"

Name:	HIP1MDSP
Label:	Plan 1: Special service doctor needs referral
Variable Text:	For persons with at least one private health insurance plan, HIP1MDSP indicates whether, for the first plan, the person (or persons in the family covered by the plan) needed referral or approval to seek special care from a different doctor or place. Interviewers instructed respondents not to include emergency care.

Information was collected on up to four plans per family; for 2004 forward, only data for plans one and two are publicly available.

Users may also want to see HIP2MDSP, HIP3MDSP, and HIP4MDSP. In addition, the IPUMS NHIS created the variable HIPMDSPR, which indicates whether the person had any plan which provided a preferred list of doctors at a lower cost.

Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable (available for 2004 forward), which indicates whether persons have more than two private insurance plans. Analysis by IHIS staff indicates that a very small number of persons (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) had three or more private insurance plans. Additional information for the third and fourth plans for a person is available through a Data Research Center.

Definitions

For all years, respondents who answered the question for HIP1MDSP had private health insurance excluding single service plans, or plans that paid for only type of service.

Data Editing and Recoding

HIP1MDSP is part of a series of follow-up questions for individuals who indicated they had private health insurance.

Not all respondents were accurate in reporting that they had private health insurance. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. For this reason, the NCHS edited the responses to reassign respondents to the correct category of coverage status. The frequencies provided in HIP1MDSP reflect responses in which private insurance was verified though editing on plan names. Users are strongly encouraged to refer to HIPRIVATEE for more information. |
| Concept: | Plan 1 Details Variables -- PERSON |
| Start Position: | 384 |

End Position:	384
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1EMP"

Name:	HIP1EMP
Label:	Plan 1: Paid for by employer/union
Variable Text:	For persons who have a private insurance plan, this variable indicates that the person's first plan was paid for by their employer or union. This category includes persons who were self-employed and obtained coverage through self-employment or professional associations. Related variables The IPUMS NHIS has also created the variable HIPEMPAYR, available for 1989 forward for years in which survey data is available, which indicates whether the respondent had any private plan paid for by the employer. Please use the IHIS drop down menu and search functions for other related variables. Information was collected on up to four plans per family; for 2004 forward, only

data for plans one and two are publicly available. Users may also want to see the related variables HIP2EMP, HIP3EMP, and HIP4EMP.

Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable (available for 2004 forward). Very few people (less than 0.2 percent of the total number of individuals with private health insurance per year for 2004 to 2009) have more than two private insurance plans. Additional information for the third and fourth plans for a person is available through a Data Research Center. See the 2004 Survey Description document available on the NHIS website for more information.

For all years, HIP1EMP is available, the definition of private insurance coverage remained relatively consistent and excluded single service plans or plans which paid only for accidents. However, the definition, order, and wording of private health insurance changed over time. Users are strongly encouraged to review the user note Private Insurance Definitions [URL omitted from DDI.].

Data Editing and Recoding

For 1997 forward, HIP1EMP reflects responses that have been edited by the NCHS based on plan name. Only respondents verified to have private insurance are included in the data for HIP1EMP. A full description of the editing process and changes in definition is provided under the variable descriptions for private insurance in HIPRIVATEE; a brief description is provided under the "more" link below.

To clarify, during the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. The NCHS created a series of recoded insurance variables, which are edited to correct for respondents mistakes of insurance information. The NCHS strongly advises analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	385
End Position:	385
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1CAID"

Name:	HIP1CAID
Label:	Plan 1: Paid for by Medicaid
Variable Text:	For persons who have a private insurance plan, this variable indicates the person's first plan was paid for by Medicaid. Information was collected on up to four plans per family; for 2004 forward, only data on the first and second plan are publicly available. Uses may also want to see the variables HIP1CAID, HIP3CAID, and HIP4CAID. Users may also want to see the variable description for HIPCAIDR, a recoded variable created by the IPUMS NHIS staff, which indicates if the respondent had any private plan paid for by Medicaid. Private insurance companies are allowed to administer portions of Medicaid benefits through Medicaid managed care arrangements in which health maintenance organizations contract directly with a state Medicaid agency to provide services on a capitated basis (fixed fee per enrollee). These managed care plans then enroll and provide services for Medicaid beneficiaries. For example the Centers for Medicare and Medicaid Services (CMS) provided a listing of insurance plans contracting with Medicaid in each state in a 2009 report entitled, "2009 National Summary of State Medicaid Managed Care Programs." Users may want to review other documents on the CMS website for further information on such payment arrangements. HIP1CAID was edited by the NCHS. Responses were edited based on the plan name to improve accuracy. To clarify, during the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. Relevant to HIP1CAID, only respondents verified to have private insurance

	are included in the data for HIP1CAID. A full description of the editing that occurred is provided under the variable descriptions for HIPRIVATEE.
Concept:	Plan 1 Details Variables -- PERSON
Start Position:	386
End Position:	386
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1CARE"

Name:	HIP1CARE
Label:	Plan 1: Paid for by Medicare
Variable Text:	For persons who have a private insurance plan at the time of the survey, this variable indicates if the person's first plan was paid for by Medicare. As enacted in the Balanced Budget Act of 1997, Medicare beneficiaries can enroll in private health insurance plans, instead of through the original Medicare plans (Parts A and B). These programs were known as "Medicare + Choice" or "Part C" plans.

Part C is known as "Medicare Advantage" (MA). For people who choose to enroll in a Medicare Advantage health plan, their coverage is provided through private insurance companies. Medicare pays a private health insurance company plan a fixed amount every month. Users may want to review information provided by the Centers for Medicare and Medicaid Services (CMS) for more information.

Information was collected on up to four plans per family; for 2004 forward, only data for the first and second plans are publicly available. Users may want to see the related variables HIP2CARE, HIP3CARE, and HIP4CARE. Users may also want to use the variable HIPCARER, a recoded variable created by the IPUMS NHIS staff that indicates if the respondent had any plan paid for by Medicare.

HIP1CARE was edited for accuracy by the NCHS. Responses were edited based on plan name. A full description of the editing that occurred is provided under the variable descriptions for private insurance in HIPRIVATE and HIPRIVATEE; a brief description is provided under the link "more" below.

To clarify, during the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. Relevant to HIP1CARE, someone may have mistakenly reported having private insurance when in fact they did not. These individuals are not included in the frequencies reported in HIP1CARE.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	387
End Position:	387
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned

2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1CHIP"

Name:	HIP1CHIP
Label:	Plan 1: Paid for by CHIP
Variable Text:	For persons who indicated they have a private insurance plan at the time of the survey, this variable indicates the person's first plan was paid for by the State Children's Health Insurance Program (SCHIP). Private insurance coverage that is paid for by SCHIP funds are known as "Premium assistance programs." These programs subsidize employer premiums, but the public cost is less than providing full coverage through public programs.

Information was collected on up to four plans per family; for 2004 forward, only data for the first and second plans are publicly available. Users may also want to see the variables HIP2CHIP, HIP3CHIP, and HIP4CHIP. In addition, the IPUMS NHIS has created a recoded variable which indicates if the respondent has any plan paid for by CHIP HIPCHIPR.

HIP1CHIP was edited for accuracy by the NCHS based on plan name. Only respondents verified to have private insurance are included in the data for HIP1CHIP. A full description of the editing that occurred is provided under the variable descriptions for HIPRIVATEE; a brief description is provided under the link "more" below.

To clarify, during the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. Relevant to HIP1CHIP, someone may have mistakenly reported having private insurance when in fact they in did not. These individuals are not included in the frequencies reported in HIP1CHIP. |
Concept:	Plan 1 Details Variables -- PERSON
Start Position:	388
End Position:	388
Width:	1

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1OGOV"

Name:	HIP1OGOV
Label:	Plan 1: Paid for by government program
Variable Text:	For persons who have at least one private insurance plan, HIP1OGOV indicates whether the person's first plan was paid for by a government program.

For all years, if the person reported "government program," then interviewers were instructed to probe to see if the program was Medicare or Medicaid (or SCHIP for 1999 forward) before entering the code for government program. If the respondent indicated that the government was their employer, the response was coded as "employer or union".

The 1998 Field Representative's Manual includes the following example of a private plan that is obtained through a government program:

"is a type of private insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage." |

Information was collected on up to four plans per family; for 2004 forward, only data for plans one and two are publicly available. Users may want to see the variables HIP2OGOV, HIP3OGOV, and HIP4OGOV. In addition the IPUMS NHIS has created the recoded variable, HIPOGOVR, which indicates whether if the respondent had any plan paid for by some other government program.

For all years in which HIP1OGOV is available, single service plans or plans which paid only for accidents were not considered private insurance.

HIP1OGOV reflects a verbatim response and is not edited for accuracy based on the plan name. A full description of the editing process and changes in definition is provided under the variable description for private insurance in HIPRIVATEE; a brief description is provided under the "more" link below.

To clarify, during the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. Relevant to HIP1OGOV, someone may have mistakenly reported having private insurance when in fact they did not. These individuals are not included in the frequencies reported in HI1POGOV.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	389
End Position:	389
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "HIP1OUT"

Name:	HIP1OUT
Label:	Plan 1: Paid for by someone outside household
Variable Text:	For persons with at least one private insurance plan, this variable indicates whether the person's first plan was paid for by someone outside the household. Interviewers did not probe to identify or describe who the "someone" was, and no identification of the "someone" was determined in the survey.

Information was collected on up to four plans per family; for 2004 forward, only data for plans one and two are publicly available.

Users may want to also use the related variables HIP2OUT, HIP3OUT, and HIP4OUT. Users may also want to use the variable HIPOUTR, a recoded variable created by the IPUMS NHIS staff that indicates whether the respondent had any plan paid for by someone outside the household.

Users should note that the definition and measurement of private health insurance changed over time. For all years, single service plans or plans which paid only for accidents were not considered private insurance. Users are strongly encouraged to refer to HIPRIVATEE for more information on the definition of private insurance. A brief discussion of the editing of private insurance coverage is provided in text under "more."

Data Editing and Recoding

The frequencies provided in HIP1OUT reflect responses to whether or not the respondent had private insurance that have been edited for accuracy. Only respondents verified to have private insurance are included in the data for HIP1OUT.

To clarify, during the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. Relevant to HIP1OUT, someone may have mistakenly reported having private insurance when in fact they did not. These individuals are not included in the frequencies reported in HIP1OUT.

The NCHS created a series of recoded insurance variables which are edited to correct for respondents' mistakes of insurance information. The NCHS strongly advises
analysts to use these recoded insurance variables as a more reliable source of information about the types of insurance coverage than is provided by respondents' original and unedited answers about their insurance type. |
| Concept: | Plan 1 Details Variables -- PERSON |
| Start Position: | 390 |

End Position:	390
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP1SELF"

Name:	HIP1SELF
Label:	Plan 1: Paid paid for by self or family
Variable Text:	For persons who indicated they have a private insurance plan, this variable indicates whether the first plan was paid for by the person or a family member (living in the household). The text "living in the household" was added to the survey for 2004; for 1997- 2003, the text read "Self or Family." If the respondent was self-employed and obtained coverage through self-employment or professional associations, then they would report coverage under HIP1EMP, employer-sponsored private coverage obtained through the workplace.

Information was collected on up to four plans per family; for 2004 forward, only data for plans one and two are publicly available. Users may also want to see the related variables HIP2SELF, HIP3SELF, and HIP4SELF . The IPUMS NHIS has also created the variable HIPBUYOWNR, available for 1976 forward for years in which survey data is available, which indicates whether the respondent had any private plan purchased directly. |

Persons with three or more plans have a "yes" response to the HIPRIVGT2 variable (available for 2004 forward). A very small number of persons have more than two private insurance plans. Additional information for the third and fourth plans for a person is available through a Data Research Center.

Users should note that the definition and measurement of private health insurance changed over time. For all years HIP1SELF is available, the definition remained consistent. Private insurance generally referred to any type of insurance other than the public programs asked about in the survey, and excluded single service plans or plans which paid only for accidents. Users can review the user note, "Changes in the Definition of Private Insurance" when comparing surveys from before and after 1997.

Data Editing and Recoding

The frequencies provided in HIP1SELF reflect responses that have been edited based on the plan name by the National Center for Health Statistics (NCHS). Only respondents verified to have private insurance are included in the data for HIP1SELF. A full description of the editing process used by the NCHS and changes in definition are provided under the variable descriptions for private insurance in HIPRIVATEE; a brief description is provided under the "more" link below.

During the course of data editing, the NCHS discovered errors in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. Relevant to HIP1SELF, someone may have mistakenly reported having private insurance when in fact they in did not. These individuals are not included in the frequencies reported in HIP1SELF.

Concept:	Plan 1 Details Variables -- PERSON
Start Position:	391
End Position:	391
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU

1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP2TYPE"

Name:	HIP2TYPE
Label:	Plan 2: Type of plan
Variable Text:	For all persons with at least two private health insurance plans, HIP2TYPE reports the type of insurance the second plan is. Response categories include Health Maintenance Organization/Individual Practice Association (HMO/IPA), Preferred Provider Organization (PPO), Point-of-Service (POS), fee-for-service/indemnity, or some other kind of plan. Please see Codes tab for years when certain plan types were added as response categories.
Concept:	Plan 2 Details Variables -- PERSON
Start Position:	392
End Position:	392
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU

1	HMO/IPA
2	PPO
3	POS
4	Fee-for-service/indemnity
5	Other
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP2COST"

Name:	HIP2COST
Label:	Plan 2: Out-of-pocket premium cost
Variable Text:	For persons who were covered by two private insurance plans, the second of which was paid for by the person or a family member living in the household, ("2" for HIP2SELF), this variable indicates the amount spent for insurance premiums, including payroll deductions. Respondents provided the amount in dollars spent on premiums (as a continuous measure) and the time period (month, week, etc). The IPUMS NHIS recode for HIP2COST also indicates whether the amount reported was more than $20,000 dollars (code "20000").

For 1999 to 2001, interviewers asked respondents for the amount paid on premiums in the past 12 months (e.g., "During the PAST 12 MONTHS, how much did {you/your family} spend for health insurance premiums for {plan name}?"). For 2002 forward, respondents were asked how much they (or their family} currently spend for health insurance premiums for each plan and could then specify the time period for the expenditure (e.g., once a week, a month or yearly). For 2002, responses were recoded to indicate annual expenditure.

In general, the definition and measurement of private health insurance for 1999 forward remained consistent. Single service plans or plans which paid only for accidents were not considered private insurance. Users are strongly encouraged to refer to HIPRIVATEE for more information on the change in measurement of private insurance over time.

Related variables

Please use the IHIS drop down menu and search functions for other related variables.

Data Editing and Recoding
For 1997 forward, during the course of data editing, the NCHS discovered errors |

in the responses to questions about insurance coverage. This might be shown, for example, by a mismatch between the verbatim name of an insurance plan and the type of insurance coverage the person selected from the categories on the card. The responses for HIP2COST reflect editing by NCHS to ensure that respondents do have private insurance. A full description of the editing process and changes in definition is provided under the variable descriptions for private insurance in HIPRIVATEE.

Concept:	Plan 2 Details Variables -- PERSON
Start Position:	393
End Position:	397
Width:	5
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00000	NIU
20000	$20,000 or more
99997	Unknown-refused
99998	Unknown-not ascertained
99999	Unknown-don't know

Variable: "HIP2MDLIS"

Name:	HIP2MDLIS
Label:	Plan 2: Doctor from preferred list
Variable Text:	For persons with at two private health insurance plans, and who were able to choose any doctor through their second private insurance plan, HIP2MDLIS

reports if the person's second plan gives them the option of choosing a doctor from a preferred or select provider list at a lower cost. For all years, persons with single service insurance plans (such as those which paid only for accidents) were not asked this question.

Please see the Comparability and Universe tabs for changes to the universe between samples. Please see HIP1MDLIS (Plan 1: Doctor from preferred list) for more information on collection and editing of private health insurance plan data.

Concept:	Plan 2 Details Variables -- PERSON
Start Position:	398
End Position:	398
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP2MDOP"

Name:	HIP2MDOP

Label:	Plan 2: Doctor out of plan payment
Variable Text:	For persons with at least two private health insurance plans who must select from a group or list of doctors for the second plan, this variable indicates if the plan will pay for any part of the cost if the respondent selects a doctor who is not in the plan. For all years, persons with single service plans (such as those which only paid for accidents) were not asked this question. Please see the Comparability and Universe tabs for changes to the universe between samples. Please see HIP1MDOP (Plan 1: Doctor out of plan payment) for more information on collection and editing of private health insurance plan data.
Concept:	Plan 2 Details Variables -- PERSON
Start Position:	399
End Position:	399
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP2MDPIC"

Name:	HIP2MDPIC
Label:	Plan 2: Doctor choice
Variable Text:	For persons with at least two private health insurance plans, HIP2MDPIC indicates whether the person (or persons in the family) covered by the second plan could choose any doctor or must choose from a list of doctors.

For all years, persons with single service plans (such as those which only paid for accidents) were not asked this question. From 2001 forward, COBRA and TCC were specifically included as private health insurance.

Please see the Comparability and Universe tabs for changes to the universe between samples. Please see HIP1MDPIC (Plan 1: Doctor choice) for more information on collection and editing of private health insurance plan data. |
Concept:	Plan 2 Details Variables -- PERSON
Start Position:	400
End Position:	400
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Any doctor
2	Select from group/list
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP2RXCOV"

Name:	HIP2RXCOV
Label:	Plan 2: Prescription drug benefit
Variable Text:	For all sample persons with private insurance coverage and at least two health insurance plans, this variable indicates whether the respondent's second plan has a prescription drug benefit.
Concept:	Plan 2 Details Variables -- PERSON
Start Position:	401
End Position:	401
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HIP2MDSP"

Name:	HIP2MDSP

Label:	Plan2: Special service doctor needs referral
Variable Text:	For persons with at least two private health insurance plans, HIP2MDSP indicates whether, for the second plan, the person (or persons in the family covered by the plan) needed referral or approval to seek special care from a different doctor or place. Interviewers instructed respondents not to include emergency care. For all years, persons with single service plans (such as those which only paid for accidents) were not asked this question. Please see the Comparability and Universe tabs for changes to the universe between samples. Please see HIP1MDSP (Plan 1: Special service doctor needs referral) for more information on collection and editing of private health insurance plan data.
Concept:	Plan 2 Details Variables -- PERSON
Start Position:	402
End Position:	402
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ASPMEDEV"

Name:	ASPMEDEV
Label:	Ever advised to take aspirin to control/prevent heart disease
Variable Text:	For sample adults 40 years of age or older, ASPMEDEV indicates if the respondent was ever advised by a doctor or other health professional to take low-dose aspirin regularly to prevent or control heart disease. This variable was first introduced in 2012 as part of the Million Hearts® Initiative supplement.
Concept:	Medication Variables -- PERSON
Start Position:	403
End Position:	403
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
9	Unknown-don't know
8	Unknown-not ascertained
7	Unknown-refused
2	Yes
1	No
0	NIU

Variable: "ASPTAKE"

Name:	ASPTAKE
Label:	Takes aspirin to control/prevent heart disease
Variable Text:	For sample adults 40 years of age or older, ASPTAKE indicates if the respondent takes aspirin regularly to prevent or control heart disease. This variable was first introduced in 2012 as part of the Million Hearts® Initiative supplement.
Concept:	Medication Variables -- PERSON
Start Position:	404
End Position:	405
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
09	Unknown-don't know
08	Unknown-not ascertained
07	Unknown-refused
02	Yes
01	No
00	NIU

Variable: "ARTHRITEV"

Name:	ARTHRITEV
Label:	Ever told had arthritis

| Variable Text: | ARTHRITEV identifies sample children and, for 2001 and 2007, sample adults whom a doctor or other health professional had ever diagnosed as having arthritis.

Beginning in 2001, the Field Representative's Manual defined arthritis as "an inflammation of one or more joints of the body, usually producing pain, redness, and stiffness." This definition was not routinely shared with respondents. |
|---|---|
| Concept: | Condition Variables -- PERSON |
| Start Position: | 406 |
| End Position: | 406 |
| Width: | 1 |
| Variable Format: | numeric |
| Implied Decimal Places: | 0 |
| **Categories** | |

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ASTHMAEV"

Name:	ASTHMAEV
Label:	Ever told had asthma

Variable Text:	ASTHMAEV identifies sample adults/persons and sample children whom a doctor or other health professional had ever diagnosed as having asthma.	

ASTHMAEV identifies sample adults/persons and sample children whom a doctor or other health professional had ever diagnosed as having asthma.

The Field Representative's Manuals for 1997-2000 directed interviewers to "accept asthma of any kind, such as smoker's asthma, bronchial asthma, allergic asthma, and the like," but to "not accept self-diagnosed lung problems or conditions reported by a person who is not a doctor and not working with or for a doctor."

The Manual provided definitions of asthma, but these definitions were not routinely shared with respondents. In 1998-2000, asthma was defined as "a condition marked by recurrent attacks which include breathing difficulty and wheezing." Beginning in 2001, asthma was defined as "a chronic respiratory disorder characterized by labored breathing and wheezing resulting from obstructed and constricted air passages."

Other Asthma-Related Variables

Some asthma-related variables, such as ASTHMAEV, were included in the National Health Interview Survey (NHIS) every year, beginning in 1997. From 1997 forward, the NHIS included questions about whether, in the past 12 months, individuals had an asthma attack (ASTHATAKYR) and had visited an emergency room for asthma (ASTHERYR). Beginning in 2001, individuals ever diagnosed with asthma were consistently asked whether they still had asthma (ASTHMASTIL).

Most of the questions related to asthma were, however, only included in the survey periodically. The 1999 and 2003 surveys were particularly notable for the large number of asthma-related variables they included. According to the 2003 Manual, the new asthma questions for that year were "part of the Healthy People 2010 Initiative."

One group of the "periodic" asthma questions addressed the effects of the illness, in terms of the use of health care or disability days. Variables in this group included:

Had hospital stay for asthma, past 12 months (ASTHOSPYR, in 1999, 2003, 2008, 2013)
Number hospital stays for asthma, past 12 months (ASTHOSPYRNO, in 1999)
Days missed due to asthma, past 12 months (ASTHDAYR, in 2002-2003, 2008, 2013)

A second group of periodically-available asthma questions dealt with the use of asthma medications. These included:

Used over the counter meds for asthma, past 12 months (ASTHOTCYR, in 1999)
Used prescription inhaler, past 3 months (ASTHPIN3MO, in 1999)
Number canisters prescription inhalers used, past 3 months (ASTHCANSNO, in1999)
Ever used prescription inhaler (ASTHPINEV, in 2003, 2008)
Used prescription inhaler for quick relief, past 3 months (ASTHPINQUICK, in 2003, 2008, 2013)
Used more than 3 cans prescription inhaler, past 3 months (ASTHCANGT3, in 2003, 2008, 2013)
Ever taken preventive asthma meds (ASTHPREV, in 2002-2003, 2008)
Now taking preventive asthma meds (ASTHPRENOW, in 2003, 2008, 2013)

The third group of periodically-available asthma-related questions covered "patient education," broadly defined. More specifically, these questions addressed whether an individual had received training from health professionals about managing asthma, about recognizing and effectively

treating early warning signs of an asthma episode, and about changing their environment to minimize the risk of attacks. These variables included:

Ever taken class on managing asthma (ASTHCLASS, in 1991, 1998, 1999, 2003, 2008, 2013)
Talk with health professional about managing asthma (ASTHMANAGE, in 2003, 2008)
Ever taught to recognize early signs of asthma episode (ASTHSIGNS, in 2003, 2008, 2013)
Ever taught how to respond to asthma episode (ASTHRESPOND, in 2003, 2008, 2013)
Ever taught to monitor peak flow for daily therapy (ASTHPEAK, in 2003, 2008, 2013)
Shown how to use inhaler (ASTHINSHOW in 2003, 2008)
Ever given an asthma management plan (ASTHPLAN, in 2002-2003, 2008, 2013)
Ever advised to change environment for asthma (ASTHCHEN, in 2002-2003, 2008, 2013)
Followed advice to change environment for asthma (ASTHCHENYES, in 2003, 2008)

Available in 1991 only, ASTHMAYR identifies sample persons who reported that they had asthma during the past 12 months.

In 2007, LUNGPROBYR indicates whether sample children were ever diagnosed by a doctor or other health professional as having lung or breathing problems, other than asthma.

Concept:	Condition Variables -- PERSON
Start Position:	407
End Position:	407
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No or not mentioned

2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ASTHMASTIL"

Name:	ASTHMASTIL
Label:	Still have asthma
Variable Text:	For sample adults and sample children who were ever diagnosed by a health professional as having asthma (ASTHMAEV), ASTHMASTIL reports answers to the question, "Do you/does [sample child] still have asthma?" The Field Representative's Manual for 2001 forward defined asthma as "a chronic respiratory disorder characterized by labored breathing and wheezing resulting from obstructed and constricted air passages." This definition was not routinely shared with respondents. Other asthma-related questions were periodically included in the survey; see (ASTHMAEV) for a summary of these questions.
Concept:	Condition Variables -- PERSON
Start Position:	408
End Position:	408
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label

0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CANCEREV"

Name:	CANCEREV
Label:	Ever told had cancer
Variable Text:	CANCEREV identifies sample adults/persons who were ever diagnosed by a doctor or other health professional as having cancer. The Field Representative's Manuals for 1997-2000 directed the interviewer, "Do NOT include self-diagnosed conditions or conditions reported by a person who is not a doctor and not working with or for a doctor." The Manual for 2005 defined cancer as "diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissue and can spread through the bloodstream and lymphatic system to other parts of the body." This definition, which was not routinely shared with respondents, was taken from the Healthy People 2010 Objectives, a comprehensive set of national health goals for the decade, which are coordinated by the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services. Available in 2007, CANCERYR identifies sample children who were diagnosed by a doctor or other health professional as having cancer during the past 12 months.
Concept:	Condition Variables -- PERSON
Start Position:	409
End Position:	409
Width:	1
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CHEARTDIEV"

Name:	CHEARTDIEV
Label:	Ever told had coronary heart disease
Variable Text:	CHEARTDIEV identifies sample adults whom a doctor or other health professional ever diagnosed as having coronary heart disease. In 2002 and 2007, individuals who acknowledged ever being diagnosed with coronary heart disease were asked the follow-up question, "During the past 12 months, have you had coronary heart disease?" (CHEARTDIYR).
	Coronary heart disease was not defined in the survey documentation. The Medline Plus Medical Encyclopedia defines coronary heart disease as follows: "Coronary heart disease (or coronary artery disease) is a narrowing of the small blood vessels that supply blood and oxygen to the heart (coronary arteries). Coronary disease usually results from the build-up of fatty material and plaque (atherosclerosis). As the coronary arteries narrow, the flow of blood to the heart can slow or stop. The disease can cause chest pain (stable angina), shortness of breath, heart attack, or other symptoms. Coronary heart disease (CHD) is the leading cause of death in the United States for men and women."
	Related Variables
	In 1997 and subsequent years, the survey collected information from sample adults about a number of other conditions related to coronary heart disease. In 1997 forward, sample adults were asked whether they were ever told by a doctor or other health professional that they had angina pectoris (ANGIPECEV). Sample adults were also consistently asked whether they had ever been diagnosed with a heart attack or myocardial infarction (HEARTATTEV) or any other heart condition or heart disease (other than heart attack, angina pectoris, and coronary heart

disease) (HEARTCONEV). In 2002 and 2007, follow-up questions for those giving affirmative answers covered whether sample adults had a heart attack (HEARTATYR), angina pectoris (ANGIPECYR), or any other heart condition or heart disease (HEARTCONYR) during the past 12 months. The 1999 survey collected information on age when first diagnosed with a heart attack (HEARTATAGE).

In 1999 and 2002, the survey collected information on whether sample adults were ever diagnosed with congestive heart failure (CONHFAILEV) and, in 2002, about whether they had congestive heart failure during the past 12 months (CONHFAILYR).

The 1977 survey included a single, broad question covering all types of heart disease or heart trouble. Specifically, persons age 20 and older were asked, "During the past 12 months, did you have heart disease or heart trouble?" (HEARTDISYR).

For sample children, from 1997 forward, information was collected on whether the child was ever diagnosed with congenital heart disease (CONGHARTEV) or with some other (non-congenital) heart condition (NONCONHARTEV).

Concept:	Condition Variables -- PERSON
Start Position:	410
End Position:	410
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown--refused
8	Unknown--not ascertained

9	Unknown--don't know

Variable: "CYSTICFIEV"

Name:	CYSTICFIEV
Label:	Ever told had cystic fibrosis
Variable Text:	CYSTICFIEV reports whether the person has cystic fibrosis. Please see Comparability and Universe tabs for changes in universe and question wording between samples. The Field Representative's Manual for 2001 forward defined Cystic Fibrosis as "an inherited disorder of the exocrine glands, affecting infants and children. Symptoms can include a distended abdomen, diarrhea, malnutrition, and repeated incidence of respiratory infections." This definition was not routinely shared with respondents. In 1994 and 1995, this variable is part of the Disability Supplement (NHIS-D) that collects information on disability. NHIS-D included two household interviews: in Phase I all members of sample families were screened for any indication of disability; in Phase IIÂ persons with any indication of disability were followed-up for additional information. Phase I includes sensory, communication, and mobility problems; health conditions; activities of daily living and independent activities of daily living; functional limitations; mental health; services and benefits; special health needs of children; early child development; education; relationship to respondent; and perceived disability. Phase II includes four Disability Followback Survey (DFS) questionnaires: one for children, one for adults, one for elderly persons (69 years of age and over) without any indication of disability (also called the Supplement on Aging or SOA; only in 1994), and one for persons with a history of polio.
Concept:	Condition Variables -- PERSON
Start Position:	411
End Position:	411
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DIABETICEV"

Name:	DIABETICEV
Label:	Ever told had diabetes
Variable Text:	DIABETICEV identifies sample children and sample adults who had ever been diagnosed with "diabetes or sugar diabetes" by a doctor or other health professional.

The format of the questions about diabetes differed for children and adults. For children, respondents were shown a flashcard listing several chronic conditions (including diabetes) and asked, "Looking at this list, has a doctor or health professional ever told you that [person] had any of these conditions?" For adults, the question was, "Have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?" For women, the question was preceded by the phrase, "Other than during pregnancy" (to exclude cases of gestational diabetes present only during pregnancy).

The range of responses recognized also differed for children and adults. For children, responses were a dichotomous yes and no (or mentioned and not mentioned). For adults, there was a third option, "Borderline." Borderline diabetes was not defined in the survey documentation, but outside sources indicate this term refers to "impaired glucose tolerance" or "impaired fasting glucose." In recent years, the term "pre-diabetes" has increasingly displaced the term "borderline diabetes."

Definitions of Diabetes

The Field Representative's Manual for 1997-2000 states, "Do not include self-diagnosed diabetes, pre-diabetes, high sugar, or any condition other than 'diabetes' or 'sugar diabetes.' Do NOT include a doctor's diagnosis of 'gestational diabetes' or diabetes present only when a woman is pregnant." These directions were not routinely read to respondents and were contradicted by the survey form itself, with its inclusion of the "borderline" option (which overlaps with "pre-diabetes" and "high sugar").

Beginning in 2001, the Manual included the following definition of diabetes: "Diabetes is a chronic disorder of carbohydrate metabolism involving insulin. |

Symptoms include elevated sugar in the urine and the blood, excessive urination, thirst, hunger, weight loss, and itching." This definition was not routinely shared with respondents.

Other Diabetes-Related Variables

Some diabetes-related variables, such as DIABETICEV, were included in the National Health Interview Survey (NHIS) every year, beginning in 1997. From 1997 forward, the NHIS included questions about age at first diagnosis of diabetes (DIABETICAGE) for adult respondents who reported a diabetes diagnosis (other than "borderline.") Similarly, beginning in 1997, the survey consistently asked whether persons ever diagnosed with diabetes were now taking insulin (INSULIN) or were now taking diabetic pills (DIAPILLS).

Other diabetes-related questions were periodically included in the survey, particularly in 1999 and 2003. The Manual for 2003 reported that the additional diabetes questions in that year were sponsored by the National Institute(s) of Health.

One group of the "periodic" diabetes questions collect further information on the time elapsed since first diagnosis of the illness. These include:

Years since first diagnosed with diabetes (DIAYRSAGO, in 1999-2005)
Diabetes diagnosed in past 12 months (DIAGNOSYR, in 1999)
Months ago, within year, diabetes diagnosed (DIAGNOSYRMO, in 1999)

A second group of "periodic" diabetes variables relate to the hemoglobin A1C test, a blood test which provides information about how high an individual's blood sugar level has been over the past 3 months. These variables include:

Ever heard of hemoglobin A1C (DIA1CKNOW in 1999, 2003)
Number exams for A1C hemoglobin, past 12 months (DIA1CEXAMYR, in 1999, 2003)
Last A1C hemoglobin level (DIA1CLEVEL, in 2003)
Safe A1C hemoglobin level, according to doctor (DIA1CSAFE, in 2003)

A third group of "periodic" diabetes-related variables focus on the frequency of checking blood glucose levels. These variables include:

Times per day check blood for glucose (DIAGLUCDAY, in 2003)
How often check blood for glucose: Time period (DIAGLUCTP, in 2003)
How often check blood for glucose: Number of units (DIAGLUCNO, in 2003)

A fourth group of "periodic" diabetes-related variables are concerned with the frequency of checking for foot sores. These variables include:

Number exams for foot sores, past 12 months (DIAFTEXAMYR, in 1999, 2003)
Times per week check feet for sores (DIAFTEXAMWK, in 2003)
How often check feet for sores: Time period (DIAFTEXAMTP, in 2003)
How often check feet for sores: Number of units (DIAFTEXAMNO, in 2003)

A fifth group of "periodic" diabetes-related variables relate to eye examinations and eye diseases linked to diabetes. These variables include:

Months since last eye exam with pupils dilated (DIAEYEXAMO, in 1999, 2002-2003)
Ever told had diabetic retinopathy (DIARETINEV, in 2002)
Had diabetic retinopathy, past 12 months (DIARETINYR, in 2002)

The last group of "periodic" diabetes-related variables concern contact with health professionals for the treatment and management of diabetes. These

variables include:

Seeing one doctor for diabetes (DIAONEDR, in 2003) Number times saw doctor for diabetes, past 12 months (DIADRYRNO, in 2003)
Number times saw nurse/dietician for diabetes, past 12 months (DIANURSYRNO, in 2003)
Ever took class in diabetes management (DIACLASS, in 1999)

Concept:	Condition Variables -- PERSON
Start Position:	412
End Position:	412
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No or not mentioned
2	Yes or mentioned
3	Borderline
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HEARTATTEV"

Name:	HEARTATTEV

Label:	Ever told had heart attack
Variable Text:	HEARTATTEV indicates whether sample adults were ever told by a doctor or other health professional that they had "a heart attack (also called myocardial infarction)." Heart attack was not defined in the survey documentation. The Medline Plus Medical Encyclopedia defines heart attack as follows: "A heart attack (myocardial infarction) occurs when an area of heart muscle dies or is permanently damaged because of an inadequate supply of oxygen to that area." Related Variables In the 2002 and 2007 surveys, sample adults ever diagnosed with heart attack were asked if they had a heart attack during the past twelve months (HEARTATYR). In the 1999 survey, sample adults who were ever told by a doctor or other health professional that they had a heart attack were asked their age when first diagnosed with a heart attack (HEARTATAGE). Heart attacks are generally associated with coronary heart disease. In 1997 forward, sample adults were asked whether they were ever told by a doctor or other health professional that they had coronary heart disease (CHEARTDIEV). Sample adults were also consistently asked whether they had ever been diagnosed with angina pectoris (ANGIPECEV) or any other heart condition or heart disease (other than heart attack, angina pectoris, and coronary heart disease) (HEARTCONEV). In 2002 and 2007, follow-up questions for those giving affirmative answers covered whether sample adults had angina pectoris (ANGIPECYR), coronary heart disease (CHEARTDIYR), or any other heart condition or heart disease (HEARTCONYR) during the past 12 months. In 1999 and 2002, the survey collected information on whether sample adults were ever diagnosed with congestive heart failure (CONHFAILEV) and, in 2002, about whether they had congestive heart failure during the past 12 months (CONHFAILYR). The 1977 survey included a single, broad question covering all types of heart disease or heart trouble. Specifically, persons age 20 and older were asked, "During the past 12 months, did you have heart disease or heart trouble?" (HEARTDISYR). For sample children, from 1997 forward, information was collected on whether the child was ever diagnosed with congenital heart disease (CONGHARTEV) or with some other (non-congenital) heart condition (NONCONHARTEV).
Concept:	Condition Variables -- PERSON
Start Position:	413
End Position:	413
Width:	1
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown--refused
8	Unknown--not ascertained
9	Unknown--don't know

Variable: "HEARTCONEV"

Name:	HEARTCONEV
Label:	Ever told had heart condition/disease
Variable Text:	HEARTCONEV identifies sample adults whom a doctor or other health professional ever diagnosed as having any kind of heart condition or disease other than coronary heart disease, angina pectoris, or a heart attack (myocardial infarction). In the 2002 and 2007 surveys, persons who acknowledged ever being diagnosed with any kind of heart disease other than coronary heart disease, angina pectoris, or a heart attack were asked whether they had this condition during the past 12 months (HEARTCONYR).
	The Field Representative's Manual for 1997-2000 specifies some of the conditions that might be included under this heading: "Include as heart disease or heart condition any of the following: heart failure, chronic heart condition, rheumatic heart disease, atrial or mitral valve disease damage, etc."
	Related Variables
	In 1997 and subsequent years, the survey collected information from sample adults about a number of specific conditions related to heart disease. In 1997 forward, sample adults were asked whether they were ever told by a doctor or other health professional that they had angina pectoris (ANGIPECEV). Sample adults were also consistently asked whether they had ever been diagnosed with a heart attack or myocardial infarction (HEARTATTEV) or with coronary heart disease (CHEARTDIEV). In 2002 and 2007, follow-up questions for those giving affirmative answers covered whether sample adults had angina pectoris (ANGIPECYR), a heart attack (HEARTATYR), or coronary heart disease (CHEARTDIYR) during the past 12 months. The 1999 survey collected information

on age when first diagnosed with a heart attack (HEARTATAGE).

In 1999 and 2002, the survey collected information on whether sample adults were ever diagnosed with congestive heart failure (CONHFAILEV) and, in 2002, about whether they had congestive heart failure during the past 12 months (CONHFAILYR).

The 1977 survey included a single, broad question covering all types of heart disease or heart trouble. Specifically, persons age 20 and older were asked, "During the past 12 months, did you have heart disease or heart trouble?" (HEARTDISYR).

For sample children, from 1997 forward, information was collected on whether the child was ever diagnosed with congenital heart disease (CONGHARTEV) or with some other (non-congenital) heart condition (NONCONHARTEV).

Concept:	Condition Variables -- PERSON
Start Position:	414
End Position:	414
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HEPATEV"

Name:	HEPATEV
Label:	Ever had hepatitis
Variable Text:	HEPATEV identifies sample adults (and, in 1989, sample children) who ever had hepatitis. The question wording, "Have you ever had hepatitis?," did not specify that the condition had to be diagnosed by a doctor or other health professional. Hepatitis, which was not defined in the survey documentation, is an inflammation of the liver caused by a viral infection.
Concept:	Condition Variables -- PERSON
Start Position:	415
End Position:	415
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HYPERTENEV"

Name:	HYPERTENEV
Label:	Ever told had hypertension
Variable Text:	HYPERTENEV indicates whether sample adults had ever been told by a doctor or other health professional that they had "hypertension, also called high blood pressure." The Field Representative's Manuals for 1997 forward directed that only reports of hypertension or high blood pressure that were diagnosed by a doctor or other health care professional should be included. Results from home blood pressure testing or testing by a machine in the mall or other commercial establishment were not to be included. The Manuals for 1997-2000 also included the directive, "Do not include reports of 'potential hypertension' or 'borderline hypertension.'" The Manuals for 2001 forward provided the following definition of hypertension: Hypertension, also called high blood pressure, is elevated blood pressure resulting from an increase in the amount of blood pumped by the heart or from increased resistance to the flow of blood through the small arterial blood vessels (arterioles). Neither these directions nor this definition were routinely shared with respondents. In 2002 and 2007, persons giving an affirmative answer to HYPERTENEV were asked whether they had hypertension during the past 12 months (HYPERTENYR). (Such information was also collected for all persons age 20 and older in 1977.) For 1997 forward, those giving an affirmative response to HYPERTENEV were asked a follow-up question about whether they were ever told on two or more different visits that they had hypertension (HYP2TIME).
Concept:	Condition Variables -- PERSON
Start Position:	416
End Position:	416
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "LIVERCONYR"

Name:	LIVERCONYR
Label:	Told had liver condition, past 12 months
Variable Text:	LIVERCONYR identifies sample adults whom a doctor or other health professional had diagnosed with "any kind of liver condition" during the past 12 months. For 2000 forward, sample adults were separately asked if they ever had hepatitis (HEPATEV), an inflammation of the liver caused by a virus.
Concept:	Condition Variables -- PERSON
Start Position:	417
End Position:	417
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label

0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "STROKEYR"

Name:	STROKEYR
Label:	Had a stroke, past 12 months
Variable Text:	STROKEYR identifies sample adults who had a stroke during the past 12 months. Only sample adults who were ever told by a doctor or other health professional that they had a stroke (STROKEV) were asked the follow-up question about strokes within the past year. The Field Representative's Manuals for 2002 and 2007 defined stroke as "a cerebral hemorrhage or embolism of the cerebral blood vessels." This definition was not routinely shared with respondents.
Concept:	Condition Variables -- PERSON
Start Position:	418
End Position:	418
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNBLAD"

Name:	CNBLAD
Label:	Ever had cancer: Bladder
Variable Text:	CNBLAD identifies sample adults who had ever been told that they had bladder cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. For 1997 forward, the Field Representative's Manual directed: "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as bladder cancer, was mentioned by a respondent who was ever diagnosed with cancer.
	Related Variables
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:
	blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN)

esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of bladder cancer is reported in CNBLADAG.

Concept:	Cancer Variables -- PERSON
Start Position:	419
End Position:	419
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU

1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNBLADAG"

Name:	CNBLADAG
Label:	Age first diagnosed with bladder cancer
Variable Text:	For sample adults who had ever been told that they had bladder cancer (CNBLAD), CNBLADAG reports how old the person was when bladder cancer was first diagnosed. Related Variables CNBLADAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG)

thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	420
End Position:	421
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years

12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years

36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years

60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years

84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNBLOD"

Name:	CNBLOD
Label:	Ever had cancer: Blood
Variable Text:	CNBLOD identifies sample adults who had ever been told that they had blood cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as blood cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL)

kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of blood cancer is reported in CNBLODAG.

Concept:	Cancer Variables -- PERSON
Start Position:	422
End Position:	422
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned

2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNBLODAG"

Name:	CNBLODAG
Label:	Age first diagnosed with blood cancer
Variable Text:	For sample adults who had ever been told that they had blood cancer (CNBLOD), CNBLODAG reports how old the person was when blood cancer was first diagnosed. Related Variables CNBLODAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG)

	The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	423
End Position:	424
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years

13	13 Years	
14	14 Years	
15	15 Years	
16	16 Years	
17	17 Years	
18	18 Years	
19	19 Years	
20	20 Years	
21	21 Years	
22	22 Years	
23	23 Years	
24	24 Years	
25	25 Years	
26	26 Years	
27	27 Years	
28	28 Years	
29	29 Years	
30	30 Years	
31	31 Years	
32	32 Years	
33	33 Years	
34	34 Years	
35	35 Years	
36	36 Years	

37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years

61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years

85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNBONE"

Name:	CNBONE
Label:	Ever had cancer: Bone
Variable Text:	CNBONE identifies sample adults who had ever been told that they had bone cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as bone cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX) |

leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of bone cancer is reported in CNBONEAG.

Concept:	Cancer Variables -- PERSON
Start Position:	425
End Position:	425
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned

2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNBONEAG"

Name:	CNBONEAG
Label:	Age first diagnosed with bone cancer
Variable Text:	For sample adults who had ever been told that they had bone cancer (CNBONE), CNBONEAG reports how old the person was when bone cancer was first diagnosed. Related Variables CNBONEAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	426
End Position:	427
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years

14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years

38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years

62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years

97	Unknown-refused	
98	Unknown-not ascertained	
99	Unknown-don't know	

Variable: "CNBRAN"

Name:	CNBRAN
Label:	Ever had cancer: Brain
Variable Text:	CNBRAN identifies sample adults who had ever been told that they had brain cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as brain cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG) |

lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of brain cancer is reported in CNBRANAG.

Concept:	Cancer Variables -- PERSON
Start Position:	428
End Position:	428
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned

7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNBRANAG"

Name:	CNBRANAG
Label:	Age first diagnosed with brain cancer
Variable Text:	For sample adults who had ever been told that they had brain cancer (CNBRAN), CNBRANAG reports how old the person was when brain cancer was first diagnosed. Related Variables CNBRANAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	429
End Position:	430
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years

14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years

38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years

62	62 Years	
63	63 Years	
64	64 Years	
65	65 Years	
66	66 Years	
67	67 Years	
68	68 Years	
69	69 Years	
70	70 Years	
71	71 Years	
72	72 Years	
73	73 Years	
74	74 Years	
75	75 Years	
76	76 Years	
77	77 Years	
78	78 Years	
79	79 Years	
80	80 Years	
81	81 Years	
82	82 Years	
83	83 Years	
84	84 Years	
85	85+ Years	

97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNBRES"

Name:	CNBRES
Label:	Ever had cancer: Breast
Variable Text:	CNBRES identifies sample adults who had ever been told that they had breast cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as breast cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP)

melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of breast cancer is reported in CNBRESAG.

Concept:	Cancer Variables -- PERSON
Start Position:	431
End Position:	431
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused

8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNBRESAG"

Name:	CNBRESAG
Label:	Age first diagnosed with breast cancer
Variable Text:	For sample adults who had ever been told that they had breast cancer (CNBRES), CNBRESAG reports how old the person was when breast cancer was first diagnosed. Related Variables CNBRESAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON

Start Position:	432
End Position:	433
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years

15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years

39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years

63	63 Years		
64	64 Years		
65	65 Years		
66	66 Years		
67	67 Years		
68	68 Years		
69	69 Years		
70	70 Years		
71	71 Years		
72	72 Years		
73	73 Years		
74	74 Years		
75	75 Years		
76	76 Years		
77	77 Years		
78	78 Years		
79	79 Years		
80	80 Years		
81	81 Years		
82	82 Years		
83	83 Years		
84	84 Years		
85	85+ Years		
97	Unknown-refused		

98	Unknown- not ascertained
99	Unknown- don't know

Variable: "CNCERV"

Name:	CNCERV
Label:	Ever had cancer: Cervix
Variable Text:	CNCERV identifies sample adults who had ever been told that they had cervical cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as cervical cancer, was mentioned by a respondent who was ever diagnosed with cancer.
	Related Variables
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:
	bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH)

ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of cervical cancer is reported in CNCERVAG.

Concept:	Cancer Variables -- PERSON
Start Position:	434
End Position:	434
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "CNCERVAG"

Name:	CNCERVAG
Label:	Age first diagnosed with cervical cancer
Variable Text:	For sample adults who had ever been told that they had cervical cancer (CNCERV), CNCERVAG reports how old the person was when cervical cancer was first diagnosed. Related Variables CNCERVAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	435

End Position:	436
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years

16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years

40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years

64	64 Years		
65	65 Years		
66	66 Years		
67	67 Years		
68	68 Years		
69	69 Years		
70	70 Years		
71	71 Years		
72	72 Years		
73	73 Years		
74	74 Years		
75	75 Years		
76	76 Years		
77	77 Years		
78	78 Years		
79	79 Years		
80	80 Years		
81	81 Years		
82	82 Years		
83	83 Years		
84	84 Years		
85	85+ Years		
97	Unknown-refused		
98			

	Unknown- not ascertained	
99	Unknown- don't know	

Variable: "CNCOLN"

Name:	CNCOLN
Label:	Ever had cancer: Colon
Variable Text:	CNCOLN identifies sample adults who had ever been told that they had colon cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as colon cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR)

pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of colon cancer is reported in CNCOLNAG.

Concept:	Cancer Variables -- PERSON
Start Position:	437
End Position:	437
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "CNCOLNAG"

Name:	CNCOLNAG
Label:	Age first diagnosed with colon cancer
Variable Text:	For sample adults who had ever been told that they had colon cancer (CNCOLN), CNCOLNAG reports how old the person was when colon cancer was first diagnosed. Related Variables CNCOLNAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	438
End Position:	439

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years

17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years

41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years

65	65 Years	
66	66 Years	
67	67 Years	
68	68 Years	
69	69 Years	
70	70 Years	
71	71 Years	
72	72 Years	
73	73 Years	
74	74 Years	
75	75 Years	
76	76 Years	
77	77 Years	
78	78 Years	
79	79 Years	
80	80 Years	
81	81 Years	
82	82 Years	
83	83 Years	
84	84 Years	
85	85+ Years	
97	Unknown-refused	
98	Unknown-not ascertained	

99	Unknown-don't know

Variable: "CNESOP"

Name:	CNESOP
Label:	Ever had cancer: Esophagus
Variable Text:	CNESOP identifies sample adults who had ever been told that they had esophageal cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as esophageal cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK)

soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of esophageal cancer is reported in CNESOPAG.

Concept:	Cancer Variables -- PERSON
Start Position:	440
End Position:	440
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNESOPAG"

Name:	CNESOPAG
Label:	Age first diagnosed with esophageal cancer
Variable Text:	For sample adults who had ever been told that they had esophageal cancer (CNESOP), CNESOPAG reports how old the person was when esophageal cancer was first diagnosed. Related Variables CNESOPAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	441
End Position:	442
Width:	2

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years

18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years

42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years

66	66 Years	
67	67 Years	
68	68 Years	
69	69 Years	
70	70 Years	
71	71 Years	
72	72 Years	
73	73 Years	
74	74 Years	
75	75 Years	
76	76 Years	
77	77 Years	
78	78 Years	
79	79 Years	
80	80 Years	
81	81 Years	
82	82 Years	
83	83 Years	
84	84 Years	
85	85+ Years	
97	Unknown-refused	
98	Unknown-not ascertained	
99	Unknown-don't know	

Variable: "CNGALL"

Name:	CNGALL
Label:	Ever had cancer: Gall bladder
Variable Text:	CNGALL identifies sample adults who had ever been told that they had gallbladder cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as gallbladder cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK) soft tissue (muscle or fat) cancer (CNSOFT) stomach cancer (CNSTOM) testicular cancer (CNTEST) throat-pharynx cancer (CNTHRO)

thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of gallbladder cancer is reported in CNGALLAG.

Concept:	Cancer Variables -- PERSON
Start Position:	443
End Position:	443
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNGALLAG"

Name:	CNGALLAG

Label:	Age first diagnosed with gall bladder cancer
Variable Text:	For sample adults who had ever been told that they had gallbladder cancer (CNGALL), CNGALLAG reports how old the person was when gallbladder cancer was first diagnosed. Related Variables CNGALLAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	444
End Position:	445
Width:	2
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years

20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years

44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years

68	68 Years
69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNKIDN"

Name:	CNKIDN
Label:	Ever had cancer: Kidney
Variable Text:	CNKIDN identifies sample adults who had ever been told that they had kidney cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as kidney cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are

identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of kidney cancer is reported in CNKIDNAG.

Concept:	Cancer Variables -- PERSON
Start Position:	446
End Position:	446
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNKIDNAG"

Name:	CNKIDNAG
Label:	Age first diagnosed with kidney cancer

Variable Text:	For sample adults who had ever been told that they had kidney cancer (CNKIDN), CNKIDNAG reports how old the person was when kidney cancer was first diagnosed.
	Related Variables
	CNKIDNAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:
	bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG)
	The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	447
End Position:	448
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years	
22	22 Years	
23	23 Years	
24	24 Years	
25	25 Years	
26	26 Years	
27	27 Years	
28	28 Years	
29	29 Years	
30	30 Years	
31	31 Years	
32	32 Years	
33	33 Years	
34	34 Years	
35	35 Years	
36	36 Years	
37	37 Years	
38	38 Years	
39	39 Years	
40	40 Years	
41	41 Years	
42	42 Years	
43	43 Years	
44	44 Years	

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years

69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNLARX"

Name:	CNLARX

Label:	Ever had cancer: Larynx-windpipe
Variable Text:	CNLARX identifies sample adults who had ever been told that they had larynx-windpipe cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as larynx-windpipe cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK) soft tissue (muscle or fat) cancer (CNSOFT) stomach cancer (CNSTOM) testicular cancer (CNTEST) throat-pharynx cancer (CNTHRO) thyroid cancer (CNTHYR) uterine cancer (CNUTER) Those who mentioned any other kind of cancer not previously listed are

identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of larynx-windpipe cancer is reported in CNLARXAG.

Concept:	Cancer Variables -- PERSON
Start Position:	449
End Position:	449
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNLARXAG"

Name:	CNLARXAG
Label:	Age first diagnosed with larynx-windpipe cancer

Variable Text:	For sample adults who had ever been told that they had larynx-windpipe cancer (CNLARX), CNLARXAG reports how old the person was when larynx-windpipe cancer was first diagnosed.
	Related Variables
	CNLARXAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:
	bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG)
	The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	450
End Position:	451
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years

69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNLEUK"

Name:	CNLEUK

Label:	Ever had cancer: Leukemia
Variable Text:	CNLEUK identifies sample adults who had ever been told that they had leukemia. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as leukemia, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with |

more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of leukemia is reported in CNLEUKAG.

Concept:	Cancer Variables -- PERSON
Start Position:	452
End Position:	452
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNLEUKAG"

Name:	CNLEUKAG
Label:	Age first diagnosed with leukemia
Variable Text:	

For sample adults who had ever been told that they had leukemia (CNLEUK), CNLEUKAG reports how old the person was when leukemia was first diagnosed.

Related Variables

CNLEUKAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	453
End Position:	454
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years

69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNLIVR"

Name:	CNLIVR

Label:	Ever had cancer: Liver
Variable Text:	CNLIVR identifies sample adults who had ever been told that they had liver cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as liver cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with |

more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of liver cancer is reported in CNLIVRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	455
End Position:	455
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNLIVRAG"

Name:	CNLIVRAG
Label:	Age first diagnosed with liver cancer
Variable Text:	

For sample adults who had ever been told that they had liver cancer (CNLIVR), CNLIVRAG reports how old the person was when liver cancer was first diagnosed.

Related Variables

CNLIVRAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	456
End Position:	457
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years

69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNLUNG"

Name:	CNLUNG

Label:	Ever had cancer: Lung
Variable Text:	CNLUNG identifies sample adults who had ever been told that they had lung cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as lung cancer, was mentioned by a respondent who was ever diagnosed with cancer.
	Related Variables
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:
	bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK) soft tissue (muscle or fat) cancer (CNSOFT) stomach cancer (CNSTOM) testicular cancer (CNTEST) throat-pharynx cancer (CNTHRO) thyroid cancer (CNTHYR) uterine cancer (CNUTER)
	Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with

more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of lung cancer is reported in CNLUNGAG.

Concept:	Cancer Variables -- PERSON
Start Position:	458
End Position:	458
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNLUNGAG"

Name:	CNLUNGAG
Label:	Age first diagnosed with lung cancer
Variable Text:	

For sample adults who had ever been told that they had lung cancer (CNLUNG), CNLUNGAG reports how old the person was when lung cancer was first diagnosed.

Related Variables

CNLUNGAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLADAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	459
End Position:	460
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years	
22	22 Years	
23	23 Years	
24	24 Years	
25	25 Years	
26	26 Years	
27	27 Years	
28	28 Years	
29	29 Years	
30	30 Years	
31	31 Years	
32	32 Years	
33	33 Years	
34	34 Years	
35	35 Years	
36	36 Years	
37	37 Years	
38	38 Years	
39	39 Years	
40	40 Years	
41	41 Years	
42	42 Years	
43	43 Years	
44	44 Years	

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years

69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNLYMP"

Name:	CNLYMP

Label:	Ever had cancer: Lymphoma
Variable Text:	CNLYMP identifies sample adults who had ever been told that they had lymphoma. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as lymphoma, was mentioned by a respondent who was ever diagnosed with cancer.
	Related Variables
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:
	bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK) soft tissue (muscle or fat) cancer (CNSOFT) stomach cancer (CNSTOM) testicular cancer (CNTEST) throat-pharynx cancer (CNTHRO) thyroid cancer (CNTHYR) uterine cancer (CNUTER)
	Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with

more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of lymphoma is reported in CNLYMPAG.

Concept:	Cancer Variables -- PERSON
Start Position:	461
End Position:	461
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNLYMPAG"

Name:	CNLYMPAG
Label:	Age first diagnosed with lymphoma
Variable Text:	

For sample adults who had ever been told that they had lymphoma (CNLYMP), CNLYMPAG reports how old the person was when lymphoma was first diagnosed.

Related Variables

CNLYMPAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	462
End Position:	463
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years

69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNMELN"

Name:	CNMELN

Label:	Ever had cancer: Melanoma
Variable Text:	CNMELN identifies sample adults who had ever been told that they had melanoma. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as melanoma, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3. |

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of melanoma is reported in CNMELNAG.

Concept:	Cancer Variables -- PERSON
Start Position:	464
End Position:	464
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNMELNAG"

Name:	CNMELNAG
Label:	Age first diagnosed with melanoma
Variable Text:	For sample adults who had ever been told that they had melanoma (CNMELN), CNMELNAG reports how old the person was when melanoma was

first diagnosed.

Related Variables

CNMELNAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	465
End Position:	466
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years

22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years

46	46 Years		
47	47 Years		
48	48 Years		
49	49 Years		
50	50 Years		
51	51 Years		
52	52 Years		
53	53 Years		
54	54 Years		
55	55 Years		
56	56 Years		
57	57 Years		
58	58 Years		
59	59 Years		
60	60 Years		
61	61 Years		
62	62 Years		
63	63 Years		
64	64 Years		
65	65 Years		
66	66 Years		
67	67 Years		
68	68 Years		
69	69 Years		

70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNMOTH"

Name:	CNMOTH
Label:	Ever had cancer: Mouth/tongue/lip

Variable Text:	CNMOTH identifies sample adults who had ever been told that they had mouth, lip, or tongue cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"	
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.	
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as mouth, lip, or tongue cancer, was mentioned by a respondent who was ever diagnosed with cancer.	
	Related Variables	
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:	
	bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK) soft tissue (muscle or fat) cancer (CNSOFT) stomach cancer (CNSTOM) testicular cancer (CNTEST) throat-pharynx cancer (CNTHRO) thyroid cancer (CNTHYR) uterine cancer (CNUTER)	
	Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.	
	Interviewers asked the additional follow-up question, "How old were you when	

[this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of mouth, lip, or tongue cancer is reported in CNMOTHAG.

Concept:	Cancer Variables -- PERSON
Start Position:	467
End Position:	467
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNMOTHAG"

Name:	CNMOTHAG
Label:	Age first diagnosed with mouth/tongue/lip cancer
Variable Text:	For sample adults who had ever been told that they had mouth, lip, or tongue cancer (CNMOTH), CNMOTHAG reports how old the person was when mouth, lip, or tongue cancer was first diagnosed.

Related Variables

CNMOTHAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	468
End Position:	469
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	8 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years

23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years

47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years

71	71 Years	
72	72 Years	
73	73 Years	
74	74 Years	
75	75 Years	
76	76 Years	
77	77 Years	
78	78 Years	
79	79 Years	
80	80 Years	
81	81 Years	
82	82 Years	
83	83 Years	
84	84 Years	
85	85+ Years	
97	Unknown-refused	
98	Unknown-not ascertained	
99	Unknown-don't know	

Variable: "CNOTHR"

Name:	CNOTHR
Label:	Ever had cancer: Other kind
Variable Text:	CANOTHR identifies sample adults who had ever been told that they had some kind of cancer other than those kinds specified on the survey form. Those sample

adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

The term "other kind of cancer" refers to a type of cancer other than the following specific types of cancer, each of which was the subject of a separate dichotomous variable:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up

to three specific types of cancer. Age at first diagnosis of some kind of cancer other than those specified above is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	470
End Position:	470
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNOTHRAG"

Name:	CNOTHRAG
Label:	Age first diagnosed with other kind of cancer
Variable Text:	For sample adults who had ever been told that they had a kind of cancer other than the kinds listed on the survey form (CNOTHR), CNOTHRAG reports how old the person was when this "other kind" of cancer was first diagnosed. Related Variables

A series of variables report age at first diagnosis of the specific types of cancer listed on the survey form:

blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

CNOTHRAG must be interpreted relative to these variables, because CNOTHRAG refers to age at diagnosis of a type of cancer not included in the above list.

Concept:	Cancer Variables -- PERSON
Start Position:	471
End Position:	472
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years

23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years

47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years

71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNOVAR"

Name:	CNOVAR
Label:	Ever had cancer: Ovarian

Variable Text:	CNOVAR identifies sample adults who had ever been told that they had ovarian cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as ovarian cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when | |

[this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of CNOVAR is reported in CNOVARAG.

Concept:	Cancer Variables -- PERSON
Start Position:	473
End Position:	473
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNOVARAG"

Name:	CNOVARAG
Label:	Age first diagnosed with ovarian cancer
Variable Text:	For sample adults who had ever been told that they had ovarian cancer (CNOVAR), CNOVARAG reports how old the person was when ovarian cancer was first diagnosed.

Related Variables

CNOVARAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	474
End Position:	475
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years

23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years

47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years

71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNPANC"

Name:	CNPANC
Label:	Ever had cancer: Pancreatic

| Variable Text: | CNPANC identifies sample adults who had ever been told that they had pancreatic cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as pancreatic cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3. | |

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of pancreatic cancer is reported in CNPANCAG.

Concept:	Cancer Variables -- PERSON
Start Position:	476
End Position:	476
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNPANCAG"

Name:	CNPANCAG
Label:	Age first diagnosed with pancreatic cancer
Variable Text:	For sample adults who had ever been told that they had pancreatic cancer (CNPANC), CNPANCAG reports how old the person was when pancreatic cancer was first diagnosed.

Related Variables

CNPANCAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	477
End Position:	478
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years

23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years

47	47 Years	
48	48 Years	
49	49 Years	
50	50 Years	
51	51 Years	
52	52 Years	
53	53 Years	
54	54 Years	
55	55 Years	
56	56 Years	
57	57 Years	
58	58 Years	
59	59 Years	
60	60 Years	
61	61 Years	
62	62 Years	
63	63 Years	
64	64 Years	
65	65 Years	
66	66 Years	
67	67 Years	
68	68 Years	
69	69 Years	
70	70 Years	

71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNPROS"

Name:	CNPROS
Label:	Ever had cancer: Prostate
Variable Text:	CNPROS identifies sample adults who had ever been told that they had prostate cancer. Those sample adults who reported ever being told by a doctor or other

health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as prostate cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up

	to three specific types of cancer. Age at first diagnosis of prostate cancer is reported in CNPROSAG.
Concept:	Cancer Variables -- PERSON
Start Position:	479
End Position:	479
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNPROSAG"

Name:	CNPROSAG
Label:	Age first diagnosed with prostate cancer
Variable Text:	For sample adults who had ever been told that they had prostate cancer (CNPROS), CNPROSAG reports how old the person was when prostate cancer was first diagnosed. Related Variables

CNPROSAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	480
End Position:	481
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
03	3
06	6
07	7
14	14
30	30
44	44
45	45
46	46
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62

63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85+ Years
97	Unknown-refused

98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNRECT"

Name:	CNRECT
Label:	Ever had cancer: Rectal
Variable Text:	CNRECT identifies sample adults who had ever been told that they had rectal cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as rectal cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR)

pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of rectal cancer is reported in CNRECTAG.

Concept:	Cancer Variables -- PERSON
Start Position:	482
End Position:	482
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained

9	Unknown-don't know

Variable: "CNRECTAG"

Name:	CNRECTAG
Label:	Age first diagnosed with rectal cancer
Variable Text:	For sample adults who had ever been told that they had rectal cancer (CNRECT), CNRECTAG reports how old the person was when rectal cancer was first diagnosed. Related Variables CNRECTAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	483
End Position:	484

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years

17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years

41	41 Years	
42	42 Years	
43	43 Years	
44	44 Years	
45	45 Years	
46	46 Years	
47	47 Years	
48	48 Years	
49	49 Years	
50	50 Years	
51	51 Years	
52	52 Years	
53	53 Years	
54	54 Years	
55	55 Years	
56	56 Years	
57	57 Years	
58	58 Years	
59	59 Years	
60	60 Years	
61	61 Years	
62	62 Years	
63	63 Years	
64	64 Years	

65	65 Years		
66	66 Years		
67	67 Years		
68	68 Years		
69	69 Years		
70	70 Years		
71	71 Years		
72	72 Years		
73	73 Years		
74	74 Years		
75	75 Years		
76	76 Years		
77	77 Years		
78	78 Years		
79	79 Years		
80	80 Years		
81	81 Years		
82	82 Years		
83	83 Years		
84	84 Years		
85	85+ Years		
97	Unknown-refused		
98	Unknown-not ascertained		

99	Unknown- don't know	

Variable: "CNSKDK"

Name:	CNSKDK
Label:	Ever had cancer: Skin (don't know what kind)
Variable Text:	CNSKDK identifies sample adults who had ever been told that they had skin cancer of an unknown type. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as skin cancer of an unknown type, was mentioned by a respondent who was ever diagnosed with cancer.
	Related Variables
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:
	bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT)

(non-melanoma) skin cancer (CNSKNM)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of skin cancer of an unknown type is reported in CNSKDKAG.

Concept:	Cancer Variables -- PERSON
Start Position:	485
End Position:	485
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNSKDKAG"

Name:	CNSKDKAG
Label:	Age first diagnosed with skin cancer (don't know kind)
Variable Text:	For sample adults who had ever been told that they had skin cancer of an unknown type (CNSKDK), CNSKDKAG reports how old the person was when skin cancer of an unknown type was first diagnosed. Related Variables CNSKDKAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	486
End Position:	487
Width:	2

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years

18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years

42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years

66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNSKNM"

Name:	CNSKNM
Label:	Ever had cancer: Skin (non-melanoma)
Variable Text:	CNSKNM identifies sample adults who had ever been told that they had (non-melanoma) skin cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as (non-melanoma) skin cancer, was mentioned by a respondent who was ever diagnosed with cancer.
	Related Variables
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:
	bladder cancer (CNBLAD)
	blood cancer (CNBLOD)
	bone cancer (CNBONE)
	brain cancer (CNBRAN)
	breast cancer (CNBRES)
	cervical cancer (CNCERV)
	colon cancer (CNCOLN)
	esophageal cancer (CNESOP)
	gallbladder cancer (CNGALL)
	kidney cancer (CNKIDN)
	larynx-windpipe cancer (CNLARX)
	leukemia (CNLEUK)
	liver cancer (CNLIVR)
	lung cancer (CNLUNG)
	lymphoma (CNLYMP)
	melanoma (CNMELN)
	mouth, lip, or tongue cancer (CNMOTH)
	ovarian cancer (CNOVAR)
	pancreatic cancer (CNPANC)
	prostate cancer (CNPROS)
	rectal cancer (CNRECT)
	skin cancer of an unknown type (CNSKDK)
	soft tissue (muscle or fat) cancer (CNSOFT)
	stomach cancer (CNSTOM)
	testicular cancer (CNTEST)

throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of (non-melanoma) skin cancer is reported in CNSKNMAG.

Concept:	Cancer Variables -- PERSON
Start Position:	488
End Position:	488
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNSKNMAG"

Name:	CNSKNMAG
Label:	Age first diagnosed with skin (non-melanoma) cancer
Variable Text:	For sample adults who had ever been told that they had (non-melanoma) skin cancer (CNSKNM), CNSKNMAG reports how old the person was when (non-melanoma) skin cancer was first diagnosed. Related Variables CNSKNMAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	489
End Position:	490
Width:	2
	numeric

Variable Format:	
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years

18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years

42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years

66	66 Years	
67	67 Years	
68	68 Years	
69	69 Years	
70	70 Years	
71	71 Years	
72	72 Years	
73	73 Years	
74	74 Years	
75	75 Years	
76	76 Years	
77	77 Years	
78	78 Years	
79	79 Years	
80	80 Years	
81	81 Years	
82	82 Years	
83	83 Years	
84	84 Years	
85	85+ Years	
97	Unknown-refused	
98	Unknown-not ascertained	
99	Unknown-don't know	

Variable: "CNSOFT"

Name:	CNSOFT
Label:	Ever had cancer: Soft tissue (muscle)
Variable Text:	CNSOFT identifies sample adults who had ever been told that they had soft tissue (muscle or fat) cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"
	Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.
	The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as soft tissue (muscle or fat) cancer, was mentioned by a respondent who was ever diagnosed with cancer.
	Related Variables
	Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:
	bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK) stomach cancer (CNSTOM) testicular cancer (CNTEST)

throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of soft tissue (muscle or fat) cancer is reported in CNSOFTAG.

Concept:	Cancer Variables -- PERSON
Start Position:	491
End Position:	491
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNSOFTAG"

Name:	CNSOFTAG
Label:	Age first diagnosed with soft tissue (muscle) cancer
Variable Text:	For sample adults who had ever been told that they had soft tissue (muscle or fat) cancer (CNSOFT), CNSOFTAG reports how old the person was when soft tissue (muscle or fat) cancer was first diagnosed. Related Variables CNSOFTAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	492
End Position:	493
Width:	2
	numeric

Variable Format:	
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years

18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years

42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years

66	66 Years		
67	67 Years		
68	68 Years		
69	69 Years		
70	70 Years		
71	71 Years		
72	72 Years		
73	73 Years		
74	74 Years		
75	75 Years		
76	76 Years		
77	77 Years		
78	78 Years		
79	79 Years		
80	80 Years		
81	81 Years		
82	82 Years		
83	83 Years		
84	84 Years		
85	85+ Years		
97	Unknown-refused		
98	Unknown-not ascertained		
99	Unknown-don't know		

Variable: "CNSTOM"

Name:	CNSTOM
Label:	Ever had cancer: Stomach
Variable Text:	CNSTOM identifies sample adults who had ever been told that they had stomach cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?" Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response. The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as stomach cancer, was mentioned by a respondent who was ever diagnosed with cancer. Related Variables Other dichotomous variables in this series identify sample adults mentioning the following types of cancer: bladder cancer (CNBLAD) blood cancer (CNBLOD) bone cancer (CNBONE) brain cancer (CNBRAN) breast cancer (CNBRES) cervical cancer (CNCERV) colon cancer (CNCOLN) esophageal cancer (CNESOP) gallbladder cancer (CNGALL) kidney cancer (CNKIDN) larynx-windpipe cancer (CNLARX) leukemia (CNLEUK) liver cancer (CNLIVR) lung cancer (CNLUNG) lymphoma (CNLYMP) melanoma (CNMELN) mouth, lip, or tongue cancer (CNMOTH) ovarian cancer (CNOVAR) pancreatic cancer (CNPANC) prostate cancer (CNPROS) rectal cancer (CNRECT) (non-melanoma) skin cancer (CNSKNM) skin cancer of an unknown type (CNSKDK) soft tissue (muscle or fat) cancer (CNSOFT) testicular cancer (CNTEST) throat-pharynx cancer (CNTHRO)

thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of stomach cancer is reported in CNSTOMAG.

Concept:	Cancer Variables -- PERSON
Start Position:	494
End Position:	494
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNSTOMAG"

Name:	CNSTOMAG

Label:	Age first diagnosed with stomach cancer
Variable Text:	For sample adults who had ever been told that they had stomach cancer (CNSTOM), CNSTOMAG reports how old the person was when stomach cancer was first diagnosed. Related Variables CNSTOMAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	495
End Position:	496
Width:	2
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Yeas
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years

20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years

44	44 Years
45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years

68	68 Years
69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNTEST"

Name:	CNTEST
Label:	Ever had cancer: Testicular
Variable Text:	CNTEST identifies sample adults who had ever been told that they had testicular cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as testicular cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of testicular cancer is reported in CNTESTAG.

Concept:	Cancer Variables -- PERSON
Start Position:	497
End Position:	497
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNTESTAG"

Name:	CNTESTAG

Label:	Age first diagnosed with testicular cancer
Variable Text:	For sample adults who had ever been told that they had testicular cancer (CNTEST), CNTESTAG reports how old the person was when testicular cancer was first diagnosed. Related Variables CNTESTAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) uterine cancer (CNUTERAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	498
End Position:	499
Width:	2
Variable Format:	numeric
	0

Implied Decimal Places:	

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years

20	20 Years
21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years

44	44 Years	
45	45 Years	
46	46 Years	
47	47 Years	
48	48 Years	
49	49 Years	
50	50 Years	
51	51 Years	
52	52 Years	
53	53 Years	
54	54 Years	
55	55 Years	
56	56 Years	
57	57 Years	
58	58 Years	
59	59 Years	
60	60 Years	
61	61 Years	
62	62 Years	
63	63 Years	
64	64 Years	
65	65 Years	
66	66 Years	
67	67 Years	

68	68 Years
69	69 years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNTHRO"

Name:	CNTHRO
Label:	Ever had cancer: Throat-pharynx
Variable Text:	CNTHRO identifies sample adults who had ever been told that they had throat-pharynx cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as throat-pharynx cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
thyroid cancer (CNTHYR)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of throat-pharynx cancer is reported in CNTHROAG.

Concept:	Cancer Variables -- PERSON
Start Position:	500
End Position:	500
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNTHROAG"

Name:	CNTHROAG
Label:	Age first diagnosed with throat-pharynx cancer

| Variable Text: | For sample adults who had ever been told that they had throat-pharynx cancer (CNTHRO), CNTHROAG reports how old the person was when throat-pharynx cancer was first diagnosed.

Related Variables

CNTHROAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
thyroid cancer (CNTHYRAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG. |
Concept:	Cancer Variables -- PERSON
Start Position:	501
End Position:	502
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
59	59 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years

69	69 Years
70	70 Years
71	71 Years
72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85+ Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CNTHYR"

Name:	CNTHYR

Label:	Ever had cancer: Thyroid
Variable Text:	CNTHYR identifies sample adults who had ever been told that they had thyroid cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. For 1997 forward, the Field Representative's Manual directed: "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as thyroid cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
uterine cancer (CNUTER)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with |

more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when [this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of thyroid cancer is reported in CNTHYRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	503
End Position:	503
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNTHYRAG"

Name:	CNTHYRAG
Label:	Age first diagnosed with thyroid cancer
Variable Text:	

For sample adults who had ever been told that they had thyroid cancer (CNTHYR), CNTHYRAG reports how old the person was when thyroid cancer was first diagnosed.

Related Variables

CNTHYRAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer:

bladder cancer (CNBLADAG)
blood cancer (CNBLODAG)
bone cancer (CNBONEAG)
brain cancer (CNBRANAG)
breast cancer (CNBRESAG)
cervical cancer (CNCERVAG)
colon cancer (CNCOLNAG)
esophageal cancer (CNESOPAG)
gallbladder cancer (CNGALLAG)
kidney cancer (CNKIDNAG)
larynx-windpipe cancer (CNLARXAG)
leukemia (CNLEUKAG)
liver cancer (CNLIVRAG)
lung cancer (CNLUNGAG)
lymphoma (CNLYMPAG)
melanoma (CNMELNAG)
mouth, lip, or tongue cancer (CNMOTHAG)
ovarian cancer (CNOVARAG)
pancreatic cancer (CNPANCAG)
prostate cancer (CNPROSAG)
rectal cancer (CNRECTAG)
(non-melanoma) skin cancer (CNSKNMAG)
skin cancer of an unknown type (CNSKDKAG)
soft tissue (muscle or fat) cancer (CNSOFTAG)
stomach cancer (CNSTOMAG)
testicular cancer (CNTESTAG)
throat-pharynx cancer (CNTHROAG)
uterine cancer (CNUTERAG)

The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.

Concept:	Cancer Variables -- PERSON
Start Position:	504
End Position:	505
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years

21	21 Years
22	22 Years
23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years

45	45 Years
46	46 Years
47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years

70	70 Years	
71	71 Years	
72	72 Years	
73	73 Years	
74	74 Years	
75	75 Years	
76	76 Years	
77	77 Years	
78	78 Years	
79	79 Years	
80	80 Years	
81	81 Years	
82	82 Years	
83	83 Years	
84	84 Years	
85	85 Years	
97	Unknown-refused	
98	Unknown-not ascertained	
99	Unknown-don't know	

Variable: "CNUTER"

Name:	CNUTER
Label:	Ever had cancer: Uterine

Variable Text:	CNUTER identifies sample adults who had ever been told that they had uterine cancer. Those sample adults who reported ever being told by a doctor or other health professional that they had cancer or a malignancy of any kind (CANCEREV) were asked the follow-up question, "What kind of cancer was it?"

Interviewers marked up to three kinds of cancer specified on the survey form, and noted when the respondent mentioned more than three types of cancer. The 1997-2000 Field Representative's Manual directed, "Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck, and trunk should be counted as only one kind of cancer." Interviewers were further directed to not read the answer categories on the survey form to respondents. If the respondent used a technical term not on the form, then the interviewer was to "ask what part of the body this affected and enter that"; if the answer did not fit a category on the form, then the interviewer was to mark "other" and write down the response.

The coded responses to "What kind of cancer was it?" were the basis of a series of dichotomous variables, each indicating whether a particular type of cancer, such as uterine cancer, was mentioned by a respondent who was ever diagnosed with cancer.

Related Variables

Other dichotomous variables in this series identify sample adults mentioning the following types of cancer:

bladder cancer (CNBLAD)
blood cancer (CNBLOD)
bone cancer (CNBONE)
brain cancer (CNBRAN)
breast cancer (CNBRES)
cervical cancer (CNCERV)
colon cancer (CNCOLN)
esophageal cancer (CNESOP)
gallbladder cancer (CNGALL)
kidney cancer (CNKIDN)
larynx-windpipe cancer (CNLARX)
leukemia (CNLEUK)
liver cancer (CNLIVR)
lung cancer (CNLUNG)
lymphoma (CNLYMP)
melanoma (CNMELN)
mouth, lip, or tongue cancer (CNMOTH)
ovarian cancer (CNOVAR)
pancreatic cancer (CNPANC)
prostate cancer (CNPROS)
rectal cancer (CNRECT)
(non-melanoma) skin cancer (CNSKNM)
skin cancer of an unknown type (CNSKDK)
soft tissue (muscle or fat) cancer (CNSOFT)
stomach cancer (CNSTOM)
testicular cancer (CNTEST)
throat-pharynx cancer (CNTHRO)
thyroid cancer (CNTHYR)

Those who mentioned any other kind of cancer not previously listed are identified in CNOTHR, while those who mentioned having been diagnosed with more than three types of cancer are identified in CNKIND3.

Interviewers asked the additional follow-up question, "How old were you when

[this cancer] was first diagnosed?" This information was again collected for up to three specific types of cancer. Age at first diagnosis of uterine cancer is reported in CNUTERAG.

Concept:	Cancer Variables -- PERSON
Start Position:	506
End Position:	506
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not mentioned
2	Mentioned
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "CNUTERAG"

Name:	CNUTERAG
Label:	Age first diagnosed with uterine cancer
Variable Text:	For female sample adults who had ever been told that they had uterine cancer (CNUTER), CNUTERAG reports how old the person was when uterine cancer was first diagnosed.

	Related Variables
	CNUTERAG is one of a series of variables reporting age at first diagnosis of specific types of cancer. Other variables in the series report age at diagnosis of the following types of cancer: bladder cancer (CNBLADAG) blood cancer (CNBLODAG) bone cancer (CNBONEAG) brain cancer (CNBRANAG) breast cancer (CNBRESAG) cervical cancer (CNCERVAG) colon cancer (CNCOLNAG) esophageal cancer (CNESOPAG) gallbladder cancer (CNGALLAG) kidney cancer (CNKIDNAG) larynx-windpipe cancer (CNLARXAG) leukemia (CNLEUKAG) liver cancer (CNLIVRAG) lung cancer (CNLUNGAG) lymphoma (CNLYMPAG) melanoma (CNMELNAG) mouth, lip, or tongue cancer (CNMOTHAG) ovarian cancer (CNOVARAG) pancreatic cancer (CNPANCAG) prostate cancer (CNPROSAG) rectal cancer (CNRECTAG) (non-melanoma) skin cancer (CNSKNMAG) skin cancer of an unknown type (CNSKDKAG) soft tissue (muscle or fat) cancer (CNSOFTAG) stomach cancer (CNSTOMAG) testicular cancer (CNTESTAG) throat-pharynx cancer (CNTHROAG) thyroid cancer (CNTHYRAG) The age at first diagnosis for any other kind of cancer not previously listed is reported in CNOTHRAG.
Concept:	Cancer Variables -- PERSON
Start Position:	507
End Position:	508
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 Year
02	2 Years
03	3 Years
04	4 Years
05	5 Years
06	6 Years
07	7 Years
08	8 Years
09	9 Years
10	10 Years
11	11 Years
12	12 Years
13	13 Years
14	14 Years
15	15 Years
16	16 Years
17	17 Years
18	18 Years
19	19 Years
20	20 Years
21	21 Years
22	22 Years

23	23 Years
24	24 Years
25	25 Years
26	26 Years
27	27 Years
28	28 Years
29	29 Years
30	30 Years
31	31 Years
32	32 Years
33	33 Years
34	34 Years
35	35 Years
36	36 Years
37	37 Years
38	38 Years
39	39 Years
40	40 Years
41	41 Years
42	42 Years
43	43 Years
44	44 Years
45	45 Years
46	46 Years

47	47 Years
48	48 Years
49	49 Years
50	50 Years
51	51 Years
52	52 Years
53	53 Years
54	54 Years
55	55 Years
56	56 Years
57	57 Years
58	58 Years
60	60 Years
61	61 Years
62	62 Years
63	63 Years
64	64 Years
65	65 Years
66	66 Years
67	67 Years
68	68 Years
69	69 Years
70	70 Years
71	71 Years

72	72 Years
73	73 Years
74	74 Years
75	75 Years
76	76 Years
77	77 Years
78	78 Years
79	79 Years
80	80 Years
81	81 Years
82	82 Years
83	83 Years
84	84 Years
85	85 Years
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "DIABETICAGE"

Name:	DIABETICAGE
Label:	Age first diagnosed with diabetes
Variable Text:	DIABETICAGE reports age at first diagnosis by a doctor of "diabetes or sugar diabetes," for sample adults who were ever told by a doctor or other health professional that they had diabetes (other than during pregnancy alone) (DIABETICEV). Persons who reported their diagnosis as "borderline" diabetes

were not asked this follow-up question. The Field Representative's Manual for 1997-2000 directed interviewers to probe for a specific age but to "record a best estimate if that is what the sample adult gives you."

The 2006 Codebook for the NHIS public use data files contains the following warning about inaccuracies in this variable:

These data have not been edited for reasonableness. Some respondents appear to give information on how long ago the condition was first diagnosed rather than their age when the condition was first diagnosed.

Other diabetes-related questions were periodically included in the survey; see DIABETICEV for a summary of these variables currently in the IPUMS NHIS.

Concept:	Diabetes Variables -- PERSON
Start Position:	509
End Position:	510
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	Under 1 year
01	1 year
02	2 years
03	3 years
04	4 years
05	5 years
06	6 years
07	7 years

08	8 years
09	9 years
10	10 years
11	11 years
12	12 years
13	13 years
14	14 years
15	15 years
16	16 years
17	17 years
18	18 years
19	19 years
20	20 years
21	21 years
22	22 years
23	23 years
24	24 years
25	25 years
26	26 years
27	27 years
28	28 years
29	29 years
30	30 years
31	31 years

32	32 years	
33	33 years	
34	34 years	
35	35 years	
36	36 years	
37	37 years	
38	38 years	
39	39 years	
40	40 years	
41	41 years	
42	42 years	
43	43 years	
44	44 years	
45	45 years	
46	46 years	
47	47 years	
48	48 years	
49	49 years	
50	50 years	
51	51 years	
52	52 years	
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54	54 years	
55	55 years	

56	56 years	
57	57 years	
58	58 years	
59	59 years	
60	60 years	
61	61 years	
62	62 years	
63	63 years	
64	64 years	
65	65 years	
66	66 years	
67	67 years	
68	68 years	
69	69 years	
70	70 years	
71	71 years	
72	72 years	
73	73 years	
74	74 years	
75	75 years	
76	76 years	
77	77 years	
78	78 years	
79	79 years	

80	80 years
81	81 years
82	82 years
83	83 years (1999: 83+ years)
84	84 years
85	85+ years
93	Response is Don't have diabetes
94	Have pre, potential, or borderline diabetes
95	Never told by a doctor
96	NIU
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "INSULIN"

Name:	INSULIN
Label:	Now taking insulin
Variable Text:	INSULIN reports responses to the question, "Are you now taking insulin?" The U.S. Food and Drug Administration website on diabetes information notes that insulin is taken by diabetics to control blood sugar levels and that insulin cannot be taken by mouth because it would be destroyed by digestion. Instead, insulin is injected through shots or other devices such as insulin pens, jet injectors, or pumps. Respondents who received the question associated with INSULIN were also asked if they were currently taking diabetic pills, also called oral agents or oral hypoglycemic agents, to lower their blood sugar (DIAPILLS).
Concept:	Diabetes Variables -- PERSON
	511

Start Position:	
End Position:	511
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DIAPILLS"

Name:	DIAPILLS
Label:	Now taking diabetic pills
Variable Text:	DIAPILLS reports responses to the question, "Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents." Respondents who received the question associated with DIAPILLS were also asked if they were currently taking insulin (INSULIN). Insulin cannot be taken orally; instead, it must be injected through shots or other devices such as insulin pens, jet injectors, or pumps.
Concept:	Diabetes Variables -- PERSON

Start Position:	512
End Position:	512
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "DIAYRSAGO"

Name:	DIAYRSAGO
Label:	Years since first diagnosed with diabetes
Variable Text:	For sample adults who were ever told by a doctor or other health professional that they had diabetes (other than during pregnancy) (DIABETICEV), DIAYRSAGO reports the number of years since they were first diagnosed with diabetes.

DIAYRSAGO is a recoded variable calculated as the difference between current age (AGE) and reported age at the onset of diabetes (DIABETICAGE). The Codebooks for 1999 forward note, "For persons age 85 or older, this difference may be an underestimate"--due to the fact that both AGE and DIABETICAGE are topcoded at age 85. Persons who had been diagnosed with "borderline diabetes" |

	(in DIABETICEV) were not asked the follow-up question about age at onset of diabetes.
Concept:	Diabetes Variables -- PERSON
Start Position:	513
End Position:	514
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	Within past year
01	1 year
02	2 years
03	3 years
04	4 years
05	5 years
06	6 years
07	7 years
08	8 years
09	9 years
10	10 years
11	11 years

12	12 years
13	13 years
14	14 years
15	15 years
16	16 years
17	17 years
18	18 years
19	19 years
20	20 years
21	21 years
22	22 years
23	23 years
24	24 years
25	25 years
26	26 years
27	27 years
28	28 years
29	29 years
30	30 years
31	31 years
32	32 years
33	33 years
34	34 years
35	35 years

36	36 years
37	37 years
38	38 years
39	39 years
40	40 years
41	41 years
42	42 years
43	43 years
44	44 years
45	45 years
46	46 years
47	47 years
48	48 years
49	49 years
50	50 years
51	51 years
52	52 years
53	53 years
54	54 years
55	55 years
56	56 years
57	57 years
58	58 years
59	59 years

60	60 years	
61	61 years	
62	62 years	
63	63 years	
64	64 years	
65	65 years	
66	66 years	
67	67 years	
68	68 years	
69	69 years	
70	70 years	
71	71 years	
72	72 years	
73	73 years	
74	74 years	
75	75 years	
76	76 years	
77	77 years	
78	78 years	
79	79 years	
80	80 years	
81	81 years	
82	82 years	
83	83 years	

84	84 years
85	85 years
86	1+ years w diabetes and age is 85+
95	Never told by doctor
96	NIU
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "DIA1CLEVEL"

Name:	DIA1CLEVEL
Label:	Last A1C hemoglobin level
Variable Text:	For sample adults who were ever told by a doctor or other health professional that they had diabetes (other than during pregnancy) (DIABETICEV), who had heard of hemoglobin A1C (DIA1CKNOW), and who had their hemoglobin A1C checked in the past year (DIA1CEXAMYR), DIA1CLEVEL reports their last hemoglobin A1C level. A second variable also only available in 2003, DIA1CSAFE, reports what such persons' hemoglobin A1C level should be, according their doctor, nurse, or other health professional. According to the Adult Health Advisor website from the University of Michigan Health System, The hemoglobin A1c percentage rises as your average blood sugar level rises. The normal range for a person without diabetes is 4 to 6%. The goal for most adults with diabetes is an A1c below 7%. For some people, the goal should be 6% or less. For others, the A1c goal may need to be slightly higher than 7% (for example, the very elderly). The American Diabetes Association guidelines similarly call for a level of hemoglobin A1C of 7 percent or less as desirable for persons with diabetes. Other diabetes-related questions were periodically included in the survey; see DIABETICEV for a summary of these variables currently in the IPUMS NHIS.
Concept:	Diabetes Variables -- PERSON
	515

Start Position:	
End Position:	515
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Less than 7
2	7 or more, but not more than 8
3	8 or more, but not more than 9
4	9 or more, but not more than 10
5	More than 10
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "HYP2TIME"

Name:	HYP2TIME
Label:	Ever told had hypertension on 2+ visits
Variable Text:	For sample persons or adults aged 18 and over who were ever told they had hypertension or high blood pressure, HYP2TIME reports if they were told they had high blood pressure or hypertension on two or more DIFFERENT visits.

	This variable was first introduced in the 1985. Please use the IPUMS NHIS drop down menu and search functions for other related variables.
Concept:	Hypertension Variables -- PERSON
Start Position:	516
End Position:	516
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ALC1YR"

Name:	ALC1YR
Label:	Ever had 12+ drinks in any one year
Variable Text:	For sample adults ages 18 and over, ALC1YR indicates whether the person had at least 12 drinks of any type of alcoholic beverage in any single year of his or her life. Please see Comparability and Universe tabs for information on changes in the wording and universe between samples.

Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	517
End Position:	517
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown - refused
8	Unknown - not ascertained
9	Unknown - don't know

Variable: "ALCLIFE"

Name:	ALCLIFE
Label:	Had 12+ drinks in entire life
Variable Text:	ALCLIFE indicates whether sample adults had at least twelve drinks of any type of alcoholic beverage in their entire lives. Before posing this question, interviewers stated, "These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage." ALCLIFE, like ALC1YR, functioned largely as a filter for further questioning about alcoholic consumption during the past year. If sample adults did not

acknowledge having had 12+ drinks in any one year (ALC1YR), they were asked, "In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?" If they gave a positive response to this question, they were asked about the frequency and amount of their drinking in the previous twelve months (ALCAMT).

Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	518
End Position:	518
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown - refused
8	Unknown - not ascertained
9	Unknown - don't know

Variable: "ALC5UPYR"

Name:	ALC5UPYR
Label:	Days had 5+ drinks, past year
Variable Text:	ALC5UPYR indicates the total number of days during the past 12 months where the sample adult had 5 or more alcoholic drinks (four or more for women

beginning in 2014). ALC5UPYR reports the responses to the question, "In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?"

The Field Representative's Manual defines alcohol to "include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin)."

Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	519
End Position:	521
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
000	None
001	1
002	2
003	3
004	4
005	5
006	6
007	7
008	8

009	9
010	10
011	11
012	12
013	13
014	14
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024	24
025	25
026	26
027	27
028	28
029	29
030	30
031	31
032	32

033	33
034	34
035	35
036	36
037	37
038	38
039	39
040	40
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057	57	
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066	66	
067	67	
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361	361		
362	362		
363	363		
364	364		
365	365		
995	Other entries		
996	NIU		
997			

	Unknown-refused
998	Unknown-not ascertained
999	Unknown-don't know

Variable: "ALCAMT"

Name:	ALCAMT
Label:	Average number of drinks on days drank
Variable Text:	For sample adults who acknowledged drinking in the past year, ALCAMT reports the average number of alcoholic beverages consumed by sample adults on the days that they drink or drank. Alcoholic beverages include liquor, beer, wine, wine coolers, and any other type of alcoholic beverage."
	ALCAMT accommodates responses of from less than 1 to 95+ drinks. Researchers should exercise caution in interpreting very high values for ALCAMT; persons who gave a response of, for example, 95+ drinks may have misunderstood the question (e.g., they may have given a response related to the number of days that they drank or related to a different reference period, such as the number of drinks per year).
	The National Center for Health Statistics did not edit responses in ALCAMT to insure consistency with responses to other questions related to the level of alcohol consumption in the past year, such as the number of days per year that the respondent consumed 5+ drinks (ALC5UPYR).
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	522
End Position:	524
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
000	NIU
001	Less than one
010	1 drink
020	2 drinks
030	3 drinks
040	4 drinks
050	5 drinks
060	6 drinks
070	7 drinks
080	8 drinks
090	9 drinks
100	10 drinks
110	11 drinks
120	12 drinks
130	13 drinks
140	14 drinks
150	15 drinks
160	16 drinks
170	17 drinks
180	18 drinks
190	19 drinks
200	20 drinks
210	21 drinks

220	22 drinks
230	23 drinks
240	24 drinks
250	25 drinks
260	26 drinks
270	27 drinks
280	28 drinks
290	29 drinks
300	30 drinks
310	31 drinks
320	32 drinks
330	33 drinks
340	34 drinks
350	35 drinks
360	36 drinks
370	37 drinks
380	38 drinks
390	39 drinks
400	40 drinks
410	41 drinks
420	42 drinks
430	43 drinks
440	44 drinks
450	45 drinks

460	46 drinks
470	47 drinks
480	48 drinks
490	49 drinks
500	50 drinks
510	51 drinks
520	52 drinks
530	53 drinks
540	54 drinks
550	55 drinks
560	56 drinks
570	57 drinks
580	58 drinks
590	59 drinks
600	60 drinks
610	61 drinks
620	62 drinks
630	63 drinks
640	64 drinks
650	65 drinks
660	66 drinks
670	67 drinks
680	68 drinks
690	69 drinks

700	70 drinks
710	71 drinks
720	72 drinks
730	73 drinks
740	74 drinks
750	75 drinks
760	76 drinks
770	77 drinks
780	78 drinks
790	79 drinks
800	80 drinks
810	81 drinks
820	82 drinks
830	83 drinks
840	84 drinks
850	85 drinks
860	86 drinks
870	87 drinks
880	88 drinks
890	89 drinks
900	90 drinks
910	91 drinks
920	92 drinks
930	93 drinks

940	94 drinks
950	95+ drinks
996	Unknown- unspecified
997	Unknown - refused
998	Unknown - not ascertained
999	Unknown - don't know

Variable: "ALCSTAT1"

Name:	ALCSTAT1
Label:	Alcohol drinking status: Recode
Variable Text:	ALCSTAT1 indicates the alcohol drinking status of the sample adult. ALCSTAT1 summarizes the responses to the question, "In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?" The Field Representative's Manual defines alcohol to "include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin)."
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	525
End Position:	525
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Lifetime abstainer (lt 12 drinks in life)
2	Former drinker (no drinks past year)
3	Current drinker (1+ drinks past year)
9	Drinking status unknown

Variable: "ALCSTAT2"

Name:	ALCSTAT2
Label:	Current alcohol drinking status: Recode
Variable Text:	ALCSTAT2 indicates the current alcohol drinking status of the sample adult. ALCSTAT2 reports the responses to the question, "In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?" ALCSTAT1 reports the alcohol drinking status over the lifetime of the sample adult. The Field Representative's Manual directed interviewers to "include as alcohol all types of beer [including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer], wine [including port, sherry, sangria wine coolers, and champagne], and liquor [including brandy, liqueurs, scotch, whiskeys, tequila and gin]."
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	526
End Position:	527
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Lifetime abstainer
20	Former drinker
21	Former infrequent drinker
22	Former regular drinker
23	Former drinker, unknown frequency
30	Current drinker
31	Current infrequent drinker
32	Current light drinker
33	Current moderate drinker
34	Current heavy drinker
35	Current drinker, level unknown
40	Other ever drank
41	Lifetime infrequent (never 12 drinks in year)
42	Ever drank 12+ in life, unk if 12 in 1 year
43	Ever drank, current drinking status unknown
97	Unknown-refused
99	Unknown-don't know

Variable: "ALCANYNO"

Name:	ALCANYNO
Label:	Frequency drank alcohol in past year: Number of units

Variable Text:	For sample adults ages 18 and older who had at least 12 alcoholic beverages in their entire life, ALCANYNO reports the number of time units (every day or the number of days per week, month or year) for the frequency with which the person drinks alcohol. ALCANYNO should be paired with ALCANYTP (Frequency drank alcohol in past year: Time period) to obtain the complete frequency of alcohol consumption. Please see Comparability and Universe tabs for information on changes in the wording and universe between samples.
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	528
End Position:	530
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
000	Never
001	1 day
002	2 days
003	3 days
004	4 days
005	5 days
006	6 days
007	7 days
008	8 days

009	9 days
010	10 days
011	11 days
012	12 days
013	13 days
014	14 days
015	15 days
016	16 days
017	17 days
018	18 days
019	19 days
020	20 days
021	21 days
022	22 days
023	23 days
024	24 days
025	25 days
026	26 days
027	27 days
028	28 days
029	29 days
030	30 days
031	31 days
032	32 days

033	33 days
034	34 days
035	35 days
036	36 days
037	37 days
038	38 days
039	39 days
040	40 days
041	41 days
042	42 days
043	43 days
044	44 days
045	45 days
046	46 days
047	47 days
048	48 days
049	49 days
050	50 days
051	51 days
052	52 days
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057	57 days
058	58 days
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062	62 days
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066	66 days
067	67 days
068	68 days
069	69 days
070	70 days
071	71 days
072	72 days
073	73 days
074	74 days
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076	76 days
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080	80 days

081	81 days	
082	82 days	
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358	358 days	
359	359 days	
360	360 days	
361	361 days	
362	362 days	
363	363 days	
364	364 days	
365	365 days	
500	Every day	
996	NIU	

997	Unknown-refused
998	Unknown-not ascertained
999	Unknown-don't know

Variable: "ALCANYTP"

Name:	ALCANYTP
Label:	Frequency drank alcohol in past year: Time period
Variable Text:	For sample adults ages 18 and older who had at least 12 alcoholic beverages in their entire life, ALCANYTP reports the type of time units (every day or per week, month or year) for the frequency with which the person drinks alcohol. ALCANYTP should be paired with ALCANYNO (Frequency drank alcohol in past year: Number of units) to obtain the complete frequency of alcohol consumption. Please see Comparability and Universe tabs for information on changes in the wording and universe between samples and important information on a suspected NHIS data labeling error in 1988.
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	531
End Position:	531
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU

1	Every day
2	Week
3	Month
4	Year
5	Never/None
6	No label
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ALCDAYSMO"

Name:	ALCDAYSMO
Label:	Frequency drank alcohol in past year: Days per month
Variable Text:	ALCDAYSMO reports the average number of days per month during the past year when the sample adult drank alcohol. ALCDAYSYR indicates the total number of days during the past year and ALCDAYSWK reports the average number of days per week when the sample adult drank alcoholic beverages. The Field Representative's Manual defines alcohol to "include as alcohol all types of beer (including stout, ale, malt liquor, or light beer, but does not include alcohol-free beer), wine (including port, sherry, sangria wine coolers, and champagne), and liquor (including brandy, liqueurs, scotch, whiskeys, tequila and gin)."
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	532
End Position:	533
Width:	2
Variable Format:	numeric

Implied Decimal Places:	0

Categories

Value	Label
00	Less than once a month
01	1 day per month
02	2 days per month
03	3 days per month
04	4 days per month
05	5 days per month
06	6 days per month
07	7 days per month
08	8 days per month
09	9 days per month
10	10 days per month
11	11 days per month
12	12 days per month
13	13 days per month
14	14 days per month
15	15 days per month
16	16 days per month
17	17 days per month
18	18 days per month
19	19 days per month

20	20 days per month
21	21 days per month
22	22 days per month
23	23 days per month
24	24 days per month
25	25 days per month
26	26 days per month
27	27 days per month
28	28 days per month
29	29 days per month
30	30 days per month
31	31 days per month
95	Did not drink in past year
96	NIU
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "ALCDAYSWK"

Name:	ALCDAYSWK
Label:	Frequency drank alcohol in past year: Days per week
Variable Text:	ALCDAYSWK reports the number of days per week during the past year that the sample adult drank alcoholic beverages.
	Interviewers began the section of the survey on alcohol by stating, "These next questions are about drinking alcoholic beverages. Included are liquor such as

whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage." They then asked, "In the past year, how often did you drink alcoholic beverages?" Respondents could frame an answer using various time units (e.g., "5 times a week," "once a month," "10 times a year"), and the interviewer recorded the number stated and the time period that fit the answer (i.e., "Never/None," "Week," "Month," or "Year"). For the original NHIS public use files, the National Center for Health Statistics recoded these data in terms of days per week (for ALCDAYSWK), in terms of days per month (for ALCDAYSMO), and in terms of days per year (for ALCDAYSYR).

The Field Representative's Manual directed interviewers to "always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask, 'Could you give me a more exact number?'" To the same end, beginning in 2000, the survey instrument instructed interviewers, "If necessary, prompt with 'How many days per week, per month, or per year did you drink?'"

Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	534
End Position:	535
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	Less than one day per week
10	1 day per week
20	2 days per week
30	3 days per week
40	4 days per week
50	5 days per week
60	6 days per week

70	7 days per week
80	Did not drink in past year
96	NIU
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "ALCDAYSYR"

Name:	ALCDAYSYR
Label:	Frequency drank alcohol in past year: Days in past year
Variable Text:	ALCDAYSYR reports the number of days per year during the past year that the sample adult drank alcoholic beverages.
	Data Collection and Recoding
	Interviewers began the section of the survey on alcohol by stating, "These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage." They then asked, "In the past year, how often did you drink alcoholic beverages?" Respondents could frame an answer using various time units (e.g., "5 times a week," "once a month," "10 times a year"), and the interviewer recorded the number stated and the time period that fit the answer (i.e., "Never/None," "Week," "Month," or "Year"). For the original NHIS public use files, the National Center for Health Statistics recoded these data in terms of days per week (for ALCDAYSWK), in terms of days per month (for ALCDAYSMO), and in terms of days per year (for ALCDAYSYR).
	The effect of reporting in time periods shorter than a year (i.e., times per week or per month) is evident in digit clustering in the frequencies for ALCDAYSYR. There is strong clustering of responses in codes that are multiples of 12, corresponding to responses given in terms of times per month. Users should, therefore, be wary of treating ALCDAYSYR as a simple interval variable.
	The Field Representative's Manual for 1997-2001 forward directed interviewers to "always probe for an exact number. If the sample adult reports a range or interval, assist the sample adult in making an estimate by probing. For example, you might ask, 'Could you give me a more exact number?'" To the same end, beginning in 2000, the survey instrument instructed interviewers, "If necessary, prompt with 'How many days per week, per month, or per year did you drink?'"
Concept:	Alcohol Consumption Variables -- PERSON

Start Position:	536
End Position:	538
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
000	0 days
001	1 day
002	2 days
003	3 days
004	4 days
005	5 days
006	6 days
007	7 days
008	8 days
009	9 days
010	10 days
011	11 days
012	12 days
013	13 days

014	14 days
015	15 days
016	16 days
017	17 days
018	18 days
019	19 days
020	20 days
021	21 days
022	22 days
023	23 days
024	24 days
025	25 days
026	26 days
027	27 days
028	28 days
029	29 days
030	30 days
031	31 days
032	32 days
033	33 days
034	34 days
035	35 days
036	36 days
037	37 days

038	38 days
039	39 days
040	40 days
041	41 days
042	42 days
043	43 days
044	44 days
045	45 days
046	46 days
047	47 days
048	48 days
049	49 days
050	50 days
051	51 days
052	52 days
053	53 days
054	54 days
055	55 days
056	56 days
057	57 days
058	58 days
059	59 days
060	60 days
061	61 days

062	62 days	
063	63 days	
064	64 days	
065	65 days	
066	66 days	
067	67 days	
068	68 days	
069	69 days	
070	70 days	
071	71 days	
072	72 days	
073	73 days	
074	74 days	
075	75 days	
076	76 days	
077	77 days	
078	78 days	
079	79 days	
080	80 days	
081	81 days	
082	82 days	
083	83 days	
084	84 days	
085	85 days	

086	86 days
087	87 days
088	88 days
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361	361 days
362	362 days
363	363 days
364	364 days
365	365 days
996	NIU
997	Unknown-refused
998	Unknown-not ascertained
999	Unknown-don't know

Variable: "ALC5UPNO"

Name:	ALC5UPNO

Label:	Days had 5+ drinks, past year: Number of units
Variable Text:	For sample adults 18+ who drank alcohol at least once in the past year, ALC5UPNO indicates the number of time units they had five or more alcoholic beverages (four or more for women beginning) in a single day. This variable should be used in conjunction with ALC5UPTP, which indicates the type of unit.
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	539
End Position:	541
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
000	Never/none
001	1 day
002	2 days
003	3 days
004	4 days
005	5 days
006	6 days
007	7 days
008	8 days
009	9 days

010	10 days
011	11 days
012	12 days
013	13 days
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363	363 days		
364	364 days		
365	365 days		
996	NIU		
997	Unknown-refused		
998	Unknown-not ascertained		

999	Unknown-don't know

Variable: "ALC5UPTP"

Name:	ALC5UPTP
Label:	Days had 5+ drinks, past year: Time period
Variable Text:	For sample adults 18+ who drank alcohol at least once in the past year, ALC5UPTP indicates the type of time unit (weeks, months, years) they had five or more alcoholic beverages in a single day (four or more for women beginning in 2014). This variable should be used in conjunction with ALC5UPNO, which indicates the number of time units.
Concept:	Alcohol Consumption Variables -- PERSON
Start Position:	542
End Position:	542
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Week
2	Month
3	Year
4	Never/None

7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "SMOKEV"

Name:	SMOKEV
Label:	Ever smoked 100 cigarettes in life
Variable Text:	SMOKEV reports whether the respondent has ever smoked 100 cigarettes in their entire lifetime. In 1970 interviewers asked, "Has [person] smoked 100 cigarettes during his entire life?" In 1976-1977 and 1997 forward the question wording changed slightly, with interviewers asking, "Have you smoked at least 100 cigarettes in your entire life?"

Definitions and Instructions

The 1970 Field Representative's Manual instructed interviewers to "[e]xclude marijuana, a type of wild tobacco, (also called "pot" or "grass')" when accepting responses to the smoking-related questions.

According to the 1970 Manual, if respondents volunteered that they smoked cigarettes made of non-tobacco products, "such as lettuce or cabbage leaves," interviewers were to rephrase the question to, "Excluding any nontobacco cigarettes, have you smoked at least...?"

The 1997-2000 Field Representative's Manuals stated, "The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, 'crack', or the like." The Manuals for 2001 forward define a cigarette as "anything the respondent reports except cigars or any kind of marijuana."

The 1970 Field Manual states that one hundred cigarettes is equal to five packs, but instructs interviewers to "ask the question as worded because the respondent might misinterpret 'five packs' as referring to five packs a day.

Related Variables

In 1997 forward respondents who answered "Yes" in SMOKEV (Ever smoked 100 cigarettes in life) were asked, "Do you now smoke cigarettes every day, some days, or not at all?" (SMOKFREQNOW). Depending on their response in SMOKFREQNOW, respondents were also able to receive one or more of the following questions in 1997 forward:

"On the average, how many cigarettes do you now smoke a day?" (CIGSDAY1) "On how many of the past 30 days did you smoke a cigarette?" (CIGDAYMO) "On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" (CIGSDAY2)

The variable CIGSDAY (Average number of cigarettes smoked per day: Current |

Smokers) is available for 1970, 1976-1977, and 1997 forward. The variable SMOKAGEREG (available for 1970 and 1997 forward) reports the age at which respondents first started to smoke "fairly regularly."

Concept:	Smoking Variables -- PERSON
Start Position:	543
End Position:	544
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	No
02	Yes
07	Unknown-refused
08	Unknown-not ascertained
09	Unknown-don't know

Variable: "SMOKAGEREG"

Name:	SMOKAGEREG
Label:	Age first smoked fairly regularly
Variable Text:	SMOKAGEREG reports the age respondents started smoking cigarettes "fairly regularly."
	Data Collection and Question Wording

For 1997 forward respondents were asked, "How old were you when you FIRST started to smoke fairly regularly?" This question was asked of sample adults age 18+ who reported having ever smoked 100 cigarettes (SMOKEV).

In 1970 respondents were asked, "About how old was [person] when he first started smoking cigarettes fairly regularly?" Before receiving the question associated with SMOKAGE, respondents were asked whether they had ever smoked 100 cigarettes (SMOKEV) and whether they currently smoked. Respondents who reported having ever smoked 100 cigarettes or for whom it was unknown whether they had ever smoked 100 cigarettes and who either reported that they did not currently smoke or had an unknown answer for whether they currently smoked were asked the follow-up question, "How long has it been since [person] smoked cigarettes fairly regularly?" Only respondents who did not report that they never smoked regularly to this question were asked the question associated with SMOKAGEREG. Also included in the universe for SMOKAGEREG in 1970 are respondents who reported having ever smoked 100 cigarettes (SMOKEV) and who indicated that they currently smoked.

Definitions and Instructions

The 1970 Field Representative's Manual instructed interviewers to "[e]xclude marijuana, a type of wild tobacco, (also called "pot" or "grass')" when accepting responses to the smoking-related questions.

The 1997-2000 Field Representative's Manuals stated, "The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, 'crack', or the like." The Manuals for 2001 forward define a cigarette as "anything the respondent reports except cigars or any kind of marijuana."

The 1970 Manual defined "fairly regularly" as "smoking one or more cigarettes on three or more consecutive days." The Field Representative's Manuals for 1997 forward stated that "first started to smoke fairly regularly" and "smoking regularly" are respondent defined. If respondents asked what it meant, the Manuals for 1997 forward instructed interviewers say, "'It's whatever you consider as first starting to smoke fairly regularly.'"

In 1970, the Manual instructed that "if a person does not remember his exact age when he first started smoking cigarettes regularly, obtain his best estimate. As an aid, subtract the number of years from his present age. A person may also be able to relate age started smoking to his high school or college attendance or Armed Forces service."

The Manuals for 1997-2000 instructed interviewers to "Always probe for an exact age" and to assist respondents in making an estimate if they reported a range or interval.

Concept:	Smoking Variables -- PERSON
Start Position:	545
End Position:	546

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 year
02	2 years
03	3 years
04	4 years
05	5 years
06	6 years
07	7 years
08	8 years
09	9 years
10	10 years
11	11 years
12	12 years
13	13 years
14	14 years
15	15 years
16	16 years

17	17 years
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79	79 years		
80	80 years		
81	81 years		
82	82 years		
83	83 years		
84	84 years		
85	85 (1997 forward: 85+ years)		
86	86 years		
87	87 years		
88	88 years		

89	89 years
90	90 years
91	91 years
92	92 years
93	93 years
94	94 years
95	95+ years
96	Never smoked regularly
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CIGDAYMO"

Name:	CIGDAYMO
Label:	Number days smoked in past 30 days (some day smokers)
Variable Text:	For sample adults who have ever smoked 100 cigarettes and currently smoke some days (or whose current smoking status us unknown in 1997-2003), CIGDAYMO reports the number of days in the past 30 days respondents smoked one or more cigarettes.

Definitions and Instruction

The 1997-2000 Field Representative's Manuals stated, "The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, 'crack', or the like." The Manuals for 2001 forward define a cigarette as "anything the respondent reports except cigars or any kind of marijuana."

When asking the question associated with CIGDAYMO, the 1997-2000 Manuals instructed interviewers to "[a]lways probe for an exact number" and to assist respondents in making an estimate if they reported a range or interval. The 1997-2000 Manuals also instructed interviewers, "If asked, explain that 'past 30 days' includes up to the day before the interview and not the day of the |

interview."

Related Variables

"Some day" smokers who smoked 1+ days or an unknown number of days during the past 30 days (according to CIGDAYMO) were asked the follow-up question, "On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" Responses to this question are reported in CIGSDAY2.

"Every day" smokers (IHIS code 3 in SMOKFREQNOW) were asked, "On the average, how many cigarettes do you now smoke a day?" (CIGSDAY1). The variable CIGSDAY combines responses given to the questions associated with CIGSDAY1 and CIGSDAY2, reporting the average number of cigarettes smoked per day for "current smokers" (i.e., all "every day" smokers and "some day" smokers who smoked 1+ days or an unknown number of days in the past 30 days). The universe for CIGSDAY also includes (in 1997-2003) respondents whose current smoking status was unknown (IHIS code 7-9 in SMOKFREQNOW). Respondents whose smoking status was unknown were all coded as "Unknown-not ascertained" in CIGSDAY (IHIS code 98).

CIGSDAY also reports the average number of cigarettes smoked per day for persons age 17+ who were current smokers (1970) and persons age 20+ who were part of a 1/3 subsample and who were current smokers (1976-1977).

Concept:	Smoking Variables -- PERSON
Start Position:	547
End Position:	548
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	None
01	1 day
02	2 days

03	3 days
04	4 days
05	5 days
06	6 days
07	7 days
08	8 days
09	9 days
10	10 days
11	11 days
12	12 days
13	13 days
14	14 days
15	15 days
16	16 days
17	17 days
18	18 days
19	19 days
20	20 days
21	21 days
22	22 days
23	23 days
24	24 days
25	25 days
26	26 days

27	27 days
28	28 days
29	29 days
30	30 days
96	NIU
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "CIGSDAY"

Name:	CIGSDAY
Label:	Number cigarettes per day (current smokers)
Variable Text:	CIGSDAY reports the average number of cigarettes smoked per day for all "current smokers."
	In 1970 and 1976-1977 respondents who had ever smoked 100 cigarettes (SMOKEV) and who reported that they "smoke cigarettes now" were asked, "On the average, about how many cigarettes a day [does person/do you] smoke?"
	In 1989 this question was included in the Diabetes supplement, and asked of sample adults who did not have diabetes and were current smokers. In that year, it is complementary to DIACIGSDAY, which was asked of all adults who are current smokers and have confirmed diabetes.
	Question Wording
	In 1997 forward, respondents who had ever smoked 100 cigarettes (SMOKEV) and who were "Every day" smokers (IPUMS NHIS code 3 in SMOKFREQNOW) were asked, "On the average, how many cigarettes do you now smoke a day?" with responses recorded in CIGSDAY1. Respondents who had ever smoked 100 cigarettes (SMOKEV), who were "Some day" smokers (IHIS code 2 in SMOKFREQNOW), and who smoked 1+ days or an unknown number of days during the past 30 days (according to CIGDAYMO) were asked, "On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" Responses to this question are reported in CIGSDAY2. The variable CIGSDAY combines responses given to the questions associated with CIGSDAY1 and CIGSDAY2, reporting the average number of cigarettes smoked per day for "current smokers" (i.e., all "every day" smokers and "some day" smokers who smoked 1+ days or an unknown number of days in the past 30 days). The universe for CIGSDAY also includes (in 1997-2003) respondents whose current smoking status was unknown (IHIS code 7-9 in SMOKFREQNOW). Respondents

whose smoking status was unknown were all coded as "Unknown-not ascertained" in CIGSDAY (IHIS code 98).

Definitions and Instructions

The 1970 Field Representative's Manual instructed interviewers to "[e]xclude marijuana, a type of wild tobacco, (also called "pot" or "grass')" when accepting responses to the question associated with CIGSDAY.

The question for CIGSDAY in 1977 was asked for a sub-sample of randomly selected persons age 20 and over; NHIS automatically classifies persons who were selected but did not complete the questions as not in universe for this variable. Users may choose to use this variable in combination with SUBSRESP77, which reports the person's sub-sample status in 1977.

The 1997-2000 Field Representative's Manuals stated, "The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, 'crack', or the like." The Manuals for 2001 forward define a cigarette as "anything the respondent reports except cigars or any kind of marijuana."

The 1970 Field Representative's Manual instructed interviewers, "If the response is expressed in 'pack(s)' smoked per day, convert this to the number of individual cigarettes smoked (20 to a pack). For example, if a person reports 'About a pack and a half a day,' enter '30' for the number smoked per day." The Manuals for 1976-1977 and 1997-2000 included similar instructions. The 1997-2000 Manuals added, "verify the result with the Sample Adult (some brands have 25 cigarettes per pack)."

The 1970 Manual also included the following instructions:

[E]nter the number of cigarettes the person smokes "per day" at the present time, i.e., as of last Sunday night. The terms "on the average" and "about" indicate that an estimate is acceptable.

If the response is expressed in weeks or months, ask the respondent to estimate the number of cigarettes he smokes per day. If no estimate is available refer to the conversion chart (Card T in your flashcard booklet) [This flashcard was not provided in the documentation released by NCHS]. If a person smokes less than one cigarette a day, enter a dash (-) on the "No. per day" line.

If the respondent answers in intervals, e.g., "10-20 a day," enter this if a more definite answer cannot be obtained. However, if a respondent gives a vague answer, such as "Hardly any at all," try to obtain an estimate of the number of cigarettes he smokes per day.

When asking the question associated with CIGSDAY1 or CIGSDAY2, the 1997-2000 Field Representative's Manuals instructed interviewers to "[a]lways probe for an exact number" and to assist respondents in making an estimate if they reported a range or interval. For the question associated with CIGSDAY2 (Number of cigarettes smoked per day: Some day smokers), the 1997-2000 Manuals instructed interviewers, "Do NOT include days when the Sample Adult did NOT smoke in computing the average."

Concept:	Smoking Variables -- PERSON
Start Position:	549

End Position:	550
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	Less than 1 cigarette per day
01	1 cigarette
02	2 cigarettes
03	3 cigarettes
04	4 cigarettes
05	5 cigarettes
06	6 cigarettes
07	7 cigarettes
08	8 cigarettes
09	9 cigarettes
10	10 cigarettes
11	11 cigarettes
12	12 cigarettes
13	13 cigarettes
14	14 cigarettes

15	15 cigarettes
16	16 cigarettes
17	17 cigarettes
18	18 cigarettes
19	19 cigarettes
20	20 cigarettes
21	21 cigarettes
22	22 cigarettes
23	23 cigarettes
24	24 cigarettes
25	25 cigarettes
26	26 cigarettes
27	27 cigarettes
28	28 cigarettes
29	29 cigarettes
30	30 cigarettes
31	31 cigarettes
32	32 cigarettes
33	33 cigarettes
34	34 cigarettes
35	35 cigarettes
36	36 cigarettes
37	37 cigarettes
38	38 cigarettes

39	39 cigarettes
40	40 cigarettes
41	41 cigarettes
42	42 cigarettes
43	43 cigarettes
44	44 cigarettes
45	45 cigarettes
46	46 cigarettes
47	47 cigarettes
48	48 cigarettes
49	49 cigarettes
50	50 cigarettes
51	51 cigarettes
52	52 cigarettes
53	53 cigarettes
54	54 cigarettes
55	55 cigarettes
56	56 cigarettes
57	57 cigarettes
58	58 cigarettes
59	59 cigarettes
60	60 cigarettes
61	61 cigarettes
62	62 cigarettes

63	63 cigarettes
64	64 cigarettes
65	65 cigarettes
66	66 cigarettes
67	67 cigarettes
68	68 cigarettes
69	69 cigarettes
70	70 cigarettes
71	71 cigarettes
72	72 cigarettes
73	73 cigarettes
74	74 cigarettes
75	75 cigarettes
76	76 cigarettes
77	77 cigarettes
78	78 cigarettes
79	79 cigarettes
80	80 cigarettes
81	81 cigarettes
82	82 cigarettes
83	83 cigarettes
84	84 cigarettes
85	85 cigarettes
86	86 cigarettes

87	87 cigarettes
88	88 cigarettes
89	89 cigarettes
90	90+ cigarettes
95	Doesn't smoke regularly
96	NIU
97	Unknown--refused
98	Unknown--not ascertained
99	Unknown--don't know

Variable: "CIGSDAY1"

Name:	CIGSDAY1
Label:	Number cigarettes per day (daily smokers)
Variable Text:	For sample adults who have ever smoked 100 cigarettes (SMOKEV) and currently smoke "every day" (IPUMS NHIS code 3 in SMOKFREQNOW), CIGSDAY1 reports responses to the question, "On the average, how many cigarettes do you now smoke a day?"
	Definitions and Instructions
	The 1997 forward Field Representative's Manuals stated, "The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, 'crack', or the like." The Manuals for 2001 forward define a cigarette as "anything the respondent reports except cigars or any kind of marijuana."
	When asking the question associated with CIGSDAY1, the 1997 forward Manuals instructed interviewers to "[a]lways probe for an exact number" and to assist respondents in making an estimate if they reported a range or interval. The 1997 forward Manuals also stated, "If the response is given in packs rather than the number of cigarettes, multiply the number of packs by 20, verify the result with the Sample Adult (some brands have 25 cigarettes per pack), and enter the number of cigarettes per day."
	Related Variables

Respondents who had ever smoked 100 cigarettes (SMOKEV), who were "Some day" smokers (IHIS code 2 in SMOKFREQNOW), and who smoked 1+ days or an unknown number of days during the past 30 days (according to CIGDAYMO) were asked, "On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" Responses to this question are reported in CIGSDAY2.

The variable CIGSDAY combines responses given to the questions associated with CIGSDAY1 and CIGSDAY2, reporting the average number of cigarettes smoked per day for "current smokers" (i.e., all "every day" smokers and "some day" smokers who smoked 1+ days or an unknown number of days in the past 30 days). The universe for CIGSDAY also includes (in 1997-2003) respondents whose current smoking status was unknown (IHIS code 7-9 in SMOKFREQNOW). Respondents whose smoking status was unknown were all coded as "Unknown-not ascertained" in CIGSDAY (IHIS code 98).

CIGSDAY also reports the average number of cigarettes smoked per day for persons age 17+ who were current smokers (1970) and persons age 20+ who were part of a 1/3 subsample and who were current smokers (1976-1977).

Concept:	Smoking Variables -- PERSON
Start Position:	551
End Position:	552
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 cigarette
02	2 cigarettes
03	3 cigarettes
04	4 cigarettes

05	5 cigarettes	
06	6 cigarettes	
07	7 cigarettes	
08	8 cigarettes	
09	9 cigarettes	
10	10 cigarettes	
11	11 cigarettes	
12	12 cigarettes	
13	13 cigarettes	
14	14 cigarettes	
15	15 cigarettes	
16	16 cigarettes	
17	17 cigarettes	
18	18 cigarettes	
19	19 cigarettes	
20	20 cigarettes	
21	21 cigarettes	
22	22 cigarettes	
23	23 cigarettes	
24	24 cigarettes	
25	25 cigarettes	
26	26 cigarettes	
27	27 cigarettes	
28	28 cigarettes	

29	29 cigarettes
30	30 cigarettes
31	31 cigarettes
32	32 cigarettes
33	33 cigarettes
34	34 cigarettes
35	35 cigarettes
36	36 cigarettes
37	37 cigarettes
38	38 cigarettes
39	39 cigarettes
40	40 cigarettes
41	41 cigarettes
42	42 cigarettes
43	43 cigarettes
44	44 cigarettes
45	45 cigarettes
46	46 cigarettes
47	47 cigarettes
48	48 cigarettes
49	49 cigarettes
50	50 cigarettes
51	51 cigarettes
52	52 cigarettes

53	53 cigarettes
54	54 cigarettes
55	55 cigarettes
56	56 cigarettes
57	57 cigarettes
58	58 cigarettes
59	59 cigarettes
60	60 cigarettes
61	61 cigarettes
62	62 cigarettes
63	63 cigarettes
64	64 cigarettes
65	65 cigarettes
66	66 cigarettes
67	67 cigarettes
68	68 cigarettes
69	69 cigarettes
70	70 cigarettes
71	71 cigarettes
72	72 cigarettes
73	73 cigarettes
74	74 cigarettes
75	75 cigarettes
76	76 cigarettes

77	77 cigarettes
78	78 cigarettes
79	79 cigarettes
80	80 cigarettes
81	81 cigarettes
82	82 cigarettes
83	83 cigarettes
84	84 cigarettes
85	85 cigarettes
86	86 cigarettes
87	87 cigarettes
88	88 cigarettes
89	89 cigarettes
90	90 cigarettes
91	91 cigarettes
92	92 cigarettes
93	93 cigarettes
94	

	94 cigarettes	
95	95+ cigarettes	
97	Unknown-refused	
98	Unknown-not ascertained	
99	Unknown-don't know	

Variable: "CIGSDAY2"

Name:	CIGSDAY2
Label:	Number cigarettes per day (some day smokers)
Variable Text:	For sample adults who have ever smoked 100 cigarettes (SMOKEV), currently smoke "some days" (IPUMS NHIS code 2 in SMOKFREQNOW), and smoked 1+ days or an unknown number of days during the past 30 days (CIGDAYMO), CIGSDAY2 reports responses to the question, "On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" The 1997-2000 Field Representative's Manuals instructed interviewers not to include days "when the Sample Adult did NOT smoke" when computing the average.
	Definitions and Instructions
	The 1997-2000 Field Representative's Manuals stated, "The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, 'crack', or the like." The Manuals for 1991-1995 and from 2001 forward define a cigarette as anything "the respondent reports except cigars or any kind of marijuana."
	When asking the question associated with CIGSDAY2, the 1997-2000 Manuals instructed interviewers to "[a]lways probe for an exact number" and to assist respondents in making an estimate if they reported a range or interval. The 1991-2000 Manuals also stated, "If the response is given in packs rather than the number of cigarettes, multiply the number of packs by 20, verify the result with the Sample Adult (some brands have 25 cigarettes per pack), and enter the number of cigarettes per day."
	Related Variables
	Respondents who had ever smoked 100 cigarettes (SMOKEV) and who were "Every day" smokers (IHIS code 3 in SMOKFREQNOW) were asked, "On the average, how many cigarettes do you now smoke a day?" (CIGSDAY1). The variable CIGSDAY combines responses given to the questions associated with CIGSDAY1 and CIGSDAY2, reporting the average number of cigarettes smoked

per day for "current smokers" (i.e., all "every day" smokers and "some day" smokers who smoked 1+ days or an unknown number of days in the past 30 days). The universe for CIGSDAY also includes (in 1997-2003) respondents whose current smoking status was unknown (IHIS code 7-9 in SMOKFREQNOW). Respondents whose smoking status was unknown were all coded as "Unknown-not ascertained" in CIGSDAY (IHIS code 98).

CIGSDAY also reports the average number of cigarettes smoked per day for persons age 17+ who were current smokers (1970) and persons age 20+ who were part of a 1/3 subsample and who were current smokers (1976-1977).

Concept:	Smoking Variables -- PERSON
Start Position:	553
End Position:	554
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 cigarette
02	2 cigarettes
03	3 cigarettes
04	4 cigarettes
05	5 cigarettes
06	6 cigarettes
07	7 cigarettes
08	8 cigarettes

09	9 cigarettes
10	10 cigarettes
11	11 cigarettes
12	12 cigarettes
13	13 cigarettes
14	14 cigarettes
15	15 cigarettes
16	16 cigarettes
17	17 cigarettes
18	18 cigarettes
19	19 cigarettes
20	20 cigarettes
21	21 cigarettes
22	22 cigarettes
23	23 cigarettes
24	24 cigarettes
25	25 cigarettes
26	26 cigarettes
27	27 cigarettes
28	28 cigarettes
29	29 cigarettes
30	30 cigarettes
31	31 cigarettes
32	32 cigarettes

33	33 cigarettes
34	34 cigarettes
35	35 cigarettes
36	36 cigarettes
37	37 cigarettes
38	38 cigarettes
39	39 cigarettes
40	40 cigarettes
41	41 cigarettes
42	42 cigarettes
43	43 cigarettes
44	44 cigarettes
45	45 cigarettes
46	46 cigarettes
47	47 cigarettes
48	48 cigarettes
49	49 cigarettes
50	50 cigarettes
51	51 cigarettes
52	52 cigarettes
53	53 cigarettes
54	54 cigarettes
55	55 cigarettes
56	56 cigarettes

57	57 cigarettes
58	58 cigarettes
59	59 cigarettes
60	60 cigarettes
61	61 cigarettes
62	62 cigarettes
63	63 cigarettes
64	64 cigarettes
65	65 cigarettes
66	66 cigarettes
67	67 cigarettes
68	68 cigarettes
69	69 cigarettes
70	70 cigarettes
71	71 cigarettes
72	72 cigarettes
73	73 cigarettes
74	74 cigarettes
75	75 cigarettes
76	76 cigarettes
77	77 cigarettes
78	78 cigarettes
79	79 cigarettes
80	80 cigarettes

81	81 cigarettes
82	82 cigarettes
83	83 cigarettes
84	84 cigarettes
85	85 cigarettes
86	86 cigarettes
87	87 cigarettes
88	88 cigarettes
89	89 cigarettes
90	90 cigarettes
91	91 cigarettes
92	92 cigarettes
93	93 cigarettes
94	94 cigarettes
95	95+ cigarettes
97	Unknown-refused
98	Unknown-not ascertained

99	Unknown- don't know	

Variable: "SMOKESTATUS2"

Name:	SMOKESTATUS2
Label:	Cigarette smoking recode 2: Current detailed/former/never
Variable Text:	For sample adults 18 and over, this is a recoded variable indicating the respondent's current smoking status in categories of current smoker, every day current smoker, some day current smoker, current smoker--unknown frequency of smoking, and also indicates former smoker, never smoked and "has smoked, current smoking status unknown." In this variable, current smokers were divided into "every day" smokers or "some days" smokers. The process to classify respondents into these categories changed slightly between 1991 and 1992 forward. In 1991, ever smokers were asked if they smoke now; respondents who said "yes" were asked if they smoked "every day" or "some days. Respondents who answered "no" were asked, "Do you smoke some days or not at all?" This additional follow-up resulted in the classification of persons as "someday smokers" who would otherwise have been considered former smokers, since they initially said that they did not smoke now. In 1992, questions on smoking status were included in two sections of the survey; in the Cancer Control section, the same three questions from in the 1991 questionnaire were used; in the Cancer Epidemiology section, just two questions were used: "Have you smoked at least 100 cigarettes during your entire life?" If yes, "Do you NOW smoke cigarettes every day, some days, or not at all?" Use of both sets of questions allowed for estimation of the impact of the question change on population prevalence. The revised current smoking status question was estimated to have resulted in an increase in smoking prevalence of about 1 percent-- a result occurring mainly from capturing smoking among persons who would otherwise have been classified as nonsmokers with the original question. This version of the question was used from 1992 forward. Related Variables Other recoded smoking status variables are included in the NHIS. These include: SMOKESTATUS1 "never," "current," "former," "former regular smoker," "former occasional smoker," "unknown," and unknown if ever smoked 100 cigarettes," and "smoked 100 cigarettes, unknown if currently smoke." SMOKESTATUS3 categorizes respondents into current every day smoker, current some day smoker ((1 or more days, past month), current some day smoker (0 days, past month), current some day smoker (unknown days in past month) and also indicates former smoker, never smoked and "has smoked, current smoking status unknown."
Concept:	Smoking Variables -- PERSON

Start Position:	555
End Position:	556
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
10	Current smoker
11	Current every day smoker
12	Current some day smoker
13	Current smoker, unknown how often smokes
20	Former smoker
30	Never smoked
40	Has smoked, current smoking status unknown
90	Unknown if ever smoked

Variable: "SMOKFREQNOW"

Name:	SMOKFREQNOW
Label:	Smoke every day, some days, or not at all
Variable Text:	SMOKFREQNOW reports the responses to the question, "Do you NOW smoke cigarettes every day, some days or not at all?" This question was asked of sample adults who reported having ever smoked 100 cigarettes in their entire

lifetime (SMOKEV) and for 1991 and 1992, had a known response for whether they currently smoked.

Definitions and Instructions

The 1997-2000 Field Representative's Manuals stated, "The questions in this section concern cigarette smoking only. Accept whatever the Sample Adult reports, except if it is volunteered that he/she smoked a pipe, cigars of any kind, marijuana, hashish, 'crack', or the like." The Manuals for 2001 forward define a cigarette as "anything the respondent reports except cigars or any kind of marijuana." The 1991 and 1992 had approximately the same definition.

Specifically concerning the question associated with SMOKFREQNOW, the Manuals for 1997-2000 instructed interviewers, "If the sample adult gives an answer which does not match the categories read in the question, reread the question emphasizing the wording of the answer categories."

Related Variables

In 1970, 1987, 1992, and 1997 forward respondents were asked about the age at which they first started smoking "fairly regularly" (SMOKAGEREG).

Depending on their response in SMOKFREQNOW (Smoke every day, some days, or not at all), respondents were also able to receive one or more of the following questions in 1991-1995 and from 1997 forward:

"On the average, how many cigarettes do you now smoke a day?" (CIGSDAY1)
"On how many of the past 30 days did you smoke a cigarette?" (CIGDAYMO)
"On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" (CIGSDAY2)

The variable CIGSDAY (Average number of cigarettes smoked per day: Current Smokers) is available for 1970, 1974, 1976-1977, 1985, and 1997 forward.

Concept:	Smoking Variables -- PERSON
Start Position:	557
End Position:	557
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Not at all
2	Some days
3	Every day
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "QUITNO"

Name:	QUITNO
Label:	Time since quit smoking: Number of units
Variable Text:	For sample adults age 18 and older who have smoked at least 100 cigarettes, and have not smoked for at least the last 30 days, QUITNO reports a numerical response associated with a type of time period (QUITTP) that reports the length of time since the person quit smoking cigarettes. Users should combine these two variables to determine the length of time since the person quit smoking cigarettes. Please see the universe tab for detailed information about who was asked this question.
Concept:	Quitting Smoking Variables -- PERSON
Start Position:	558
End Position:	559
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
00	NIU
01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21

22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45

46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69

70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93

94	94
95	95+
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "QUITTP"

Name:	QUITTP
Label:	Time since quit smoking: Time period
Variable Text:	For sample adults age 18 and older who have smoked at least 100 cigarettes, and have not smoked for at least the last 30 days, QUITTP reports a type of time period associated with a numerical response (QUITNO) that reports the length of time since the person quit smoking cigarettes. Users should combine these two variables to determine the length of time since the person quit smoking cigarettes. Please see the universe tab for detailed information about who was asked this question.
Concept:	Quitting Smoking Variables -- PERSON
Start Position:	560
End Position:	560
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label

Value	Label
0	NIU
1	Days
2	Weeks
3	Months
4	Years
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "QUITYRS"

Name:	QUITYRS
Label:	Time since quit smoking: Years
Variable Text:	For sample persons age 18 and older who have smoked at least 100 cigarettes and don't currently smoke, QUITYRS reports the number of years since the person quit smoking cigarettes.
Concept:	Quitting Smoking Variables -- PERSON
Start Position:	561
End Position:	562
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label

00	Less than 1 year
01	1 year
02	2 years
03	3 years
04	4 years
05	5 years
06	6 years
07	7 years
08	8 years
09	9 years
10	10 years
11	11 years
12	12 years
13	13 years
14	14 years
15	15 years
16	16 years
17	17 years
18	18 years
19	19 years
20	20 years
21	21 years
22	22 years
23	23 years

24	24 years
25	25 years
26	26 years
27	27 years
28	28 years
29	29 years
30	30 years
31	31 years
32	32 years
33	33 years
34	34 years
35	35 years
36	36 years
37	37 years
38	38 years
39	39 years
40	40 years
41	41 years
42	42 years
43	43 years
44	44 years
45	45 years
46	46 years
47	47 years

48	48 years	
49	49 years	
50	50 years	
51	51 years	
52	52 years	
53	53 years	
54	54 years	
55	55 years	
56	56 years	
57	57 years	
58	58 years	
59	59 years	
60	60 years	
61	61 years	
62	62 years	
63	63 years	
64	64 years	
65	65 years	
66	66 years	
67	67 years	
68	68 years	
69	69 years	
70	70 years (1997 and 1999 forward: 70+ years)	
71	71 years	

72	72 years	
73	73 years	
74	74 years	
75	75 years	
76	76 years	
77	77 years	
78	78 years	
79	79 years	
80	80 years	
81	81 years	
82	82 years	
83	83 years	
84	84 years	
85	85 years (1998: 85+ years)	
86	86 years	
87	87 years	
88	88 years	
89	89 years	
90	90 years	
91	91 years	
92	92 years	
93	93 years	
94	94 years	
95	95+ years	

96	NIU
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "MOD10DMIN"

Name:	MOD10DMIN
Label:	Duration of moderate activity 10+ minutes: Minutes
Variable Text:	MOD10DMIN is a recoded variable created by the staff at the National Center for Health Statistics that draws upon the information in MOD10DNO (Duration of moderate activity 10+ minutes: Number of units) and MOD10DTP (Duration of moderate activity 10+ minutes: Time period) and reports the duration of light or moderate leisure-time physical activities in terms of a standardized time unit, minutes. Thus, a respondent who engaged in moderate exercise for an hour and half would have a MOD10DMIN value of 90 (to represent 90 minutes). Light or moderate leisure-time activities are described in the survey questionnaire as activities that "cause only light sweating or a slight to moderate increase in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of light or moderate activities, although these examples were not routinely shared with respondents. These examples include leisurely walking or bicycling, slow swimming or dancing, and simple gardening. For general discussion of how and why the NHIS collected information on adult physical activity for 1997 forward, see VIG10FNO.
Concept:	Physical Activity Variables -- PERSON
Start Position:	563
End Position:	565
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

| Coder Instructions: | MOD10DMIN is a 3-digit-numeric variable.

000: Not in Universe
997: Unknown-refused
998: Unknown-not ascertained
999: Unknown-don't know |
| --- | --- |

Variable: "MOD10DNO"

Name:	MOD10DNO
Label:	Duration of moderate activity 10+ minutes: Number of units
Variable Text:	MOD10DNO reports the duration, in number of units, of sample adults' light or moderate leisure-time physical activities that lasted at least 10 minutes. This variable must be interpreted in conjunction with the variable MOD10DTP, which reports the time period (minutes or hours) corresponding to the number of units reported in MOD10DNO. For example, a respondent who walks for 30 minutes would have a MOD10DNO value of 30 and a MOD10DTP value of 1 (which is the code for "minutes").

MOD10DMIN, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in MOD10DNO and MOD10DTP and reports the duration of light or moderate physical activity in a standardized unit of time, minutes.

Light or moderate leisure-activities activities are described in the survey questionnaire as activities that "cause only light sweating or a slight to moderate increase in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of light or moderate activities, although these examples were not routinely shared with respondents. These examples include leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units). |
Concept:	Physical Activity Variables -- PERSON
Start Position:	566
End Position:	568
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0

| Coder Instructions: | MOD10DNO is a 3-digit-numeric variable.

000: Not in Universe
997: Unknown-refused
998: Unknown-not ascertained
999: Unknown-don't know |
| --- | --- |

Variable: "MOD10DTP"

Name:	MOD10DTP
Label:	Duration of moderate activity 10+ minutes: Time period
Variable Text:	MOD10DTP reports the time period (minutes or hours) during which sample adults engaged in light or moderate leisure-time physical activities lasting at least 10 minutes. This variable must be interpreted in conjunction with the variable MOD10DNO, which reports the duration in number of units corresponding to the time period reported in MOD10DTP. For example, a respondent who walks for 30 minutes would have a MOD10DNO value of 30 and a MOD10DTP value of 1 (which is the code for "minutes").

MOD10DMIN, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in MOD10DNO and MOD10DTP and reports the duration of light or moderate physical activity in a standardized unit of time, minutes.

Light or moderate activities are described in the survey questionnaire as activities that "cause only light sweating or a slight to moderate increase in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of light or moderate leisure-time physical activities, although these examples were not routinely shared with respondents. These examples include leisurely walking or bicycling, slow swimming or dancing, and simple gardening.

For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units). |
Concept:	Physical Activity Variables -- PERSON
Start Position:	569
End Position:	569
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Minutes
2	Hours
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "MOD10FNO"

Name:	MOD10FNO
Label:	Frequency of moderate activity 10+ minutes: Number of units
Variable Text:	MOD10FNO reports the frequency, in number of units, with which sample adults engaged in light or moderate leisure-time physical activities for periods of at least 10 minutes. It must be interpreted in conjunction with the variable MOD10FTP, which reports the time period (e.g., per day, week, month, or year) corresponding to the number of units in MOD10FNO. For example, a respondent who walks once a day would have a MOD10FNO value of 1 (to indicate 1 time) and a MOD10FTP value of 2 (which is the code for "day").
	MOD10FWK, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in MOD10FTP and MOD10FNO and reports the frequency of light or moderate leisure-time physical activities in terms of a single time unit, times per week.
	Light or moderate activities are described in the survey question itself as activities that "cause only light sweating or a slight to moderate increase in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of light or moderate leisure-time physical activities, although these examples were not routinely shared with respondents. These examples include leisurely walking or bicycling, slow swimming or dancing, and simple gardening.
	According to the Field Representative's Manuals for 2001 forward, the maximum frequency of each broad category of physical activity was topcoded at 4 times per day (or its equivalent in some other time unit).
	For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).

Concept:	Physical Activity Variables -- PERSON
Start Position:	570
End Position:	572
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	MOD10FNO is a 3-digit-numeric variable. 000: Not in Universe 994: 994+ 995: Never 996: Unable to do this activity 997: Unknown-refused 998: Unknown-not ascertained 999: Unknown-don't know

Variable: "MOD10FTP"

Name:	MOD10FTP
Label:	Frequency of moderate activity 10+ minutes: Time period
Variable Text:	MOD10FTP reports the time period (never, day, week, month, year) that respondents used to describe the frequency of the light or moderate leisure-time physical activity that they engaged in for at least 10 minutes. This variable must be interpreted in conjunction with MOD10FNO, which reports the number of units corresponding to the time period in MOD10FTP. For example, a respondent who walks once a day would have a MOD10FNO value of 1 (to indicate 1 time) and a MOD10FTP value of 2 (which is the code for "day"). MOD10FWK, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in MOD10FTP and MOD10FNO and reports the frequency of light or moderate leisure-time physical activities in terms of a single time unit, times per week. Light or moderate activities are described in the survey question itself as activities that "cause only light sweating or a slight to moderate increase in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of light or moderate leisure-time physical activities, although these examples were not routinely shared with respondents. These examples include leisurely walking or bicycling, slow swimming or dancing, and simple gardening. For further discussion of data collection on leisure-time physical activity in

	general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).
Concept:	Physical Activity Variables -- PERSON
Start Position:	573
End Position:	573
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Never
2	Day
3	Week
4	Month
5	Year
6	Unable to do this activity
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "MOD10FWK"

Name:	MOD10FWK
Label:	Frequency of moderate activity 10+ minutes: Times per week
Variable Text:	MOD10FWK is a recoded variable created by the staff at the National Center for Health Statistics that draws upon the information in MOD10FTP (Frequency of moderate activity 10+ minutes: Time period) and MOD10FNO (Frequency of moderate activity 10+ minutes: Number of units) and reports the frequency of light or moderate leisure-time physical activities in terms of a single time unit, times per week. Light or moderate activities are described in the survey question itself as activities that "cause only light sweating or a slight to moderate increase in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of light or moderate leisure-time physical activities, although these examples were not routinely shared with respondents. These examples include leisurely walking or bicycling, slow swimming or dancing, and simple gardening. For general discussion of how and why the NHIS collected information on adult physical activity for 1997 forward, see VIG10FNO.
Concept:	Physical Activity Variables -- PERSON
Start Position:	574
End Position:	575
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	MOD10FWK is a 2-digit-numeric variable. 00: Not in Universe 94: Less than once per week 95: Never 96: Unable to do this activity 97: Unknown-refused 98: Unknown-not ascertained 99: Unknown-don't know

Variable: "VIG10DMIN"

Name:	VIG10DMIN

Label:	Duration of vigorous activity 10+ minutes: Minutes
Variable Text:	VIG10DMIN is a recoded variable created by the staff at the National Center for Health Statistics that draws upon the information in VIG10DNO (Duration of vigorous activity 10+ minutes: Number of units) and VIG10DTP (Duration of vigorous activity 10+ minutes: Time period) and reports the duration of vigorous leisure-time physical activities in terms of a standardized time unit, minutes. Thus, a respondent who engaged in vigorous exercise for an hour and half would have a VIG10DMIN value of 90 (to represent 90 minutes). Vigorous activities are described in the survey questionnaire as activities that "cause heavy sweating or large increases in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of vigorous activities, although these examples were not routinely shared with respondents. These examples include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening. For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).
Concept:	Physical Activity Variables -- PERSON
Start Position:	576
End Position:	578
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	VIG10DMIN is a 3-digit-numeric variable. 000: Not in Universe 997: Unknown-refused 998: Unknown-not ascertained 999: Unknown-don't know

Variable: "VIG10DNO"

Name:	VIG10DNO
Label:	Duration of vigorous activity 10+ minutes: Number of units

| Variable Text: | VIG10DNO reports the duration, in number of units, of sample adults' vigorous leisure-time physical activities that lasted at least 10 minutes. This variable must be interpreted in conjunction with the variable VIG10DTP, which reports the time period (minutes or hours) corresponding to the number of units reported in VIG10DNO. For example, a respondent who jogs for 30 minutes would have a VIG10DNO value of 30 and a VIG10DTP value of 1 (which is the IPUMS NHIS code for "minutes").

VIG10DMIN, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in VIG10DNO and VIG10DTP and reports the duration of vigorous physical activity in a standardized unit of time, minutes.

Vigorous activities are described in the survey questionnaire as activities that "cause heavy sweating or large increases in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of vigorous activities, although these examples were not routinely shared with respondents. These examples include fast walking or fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units). |
|---|---|
| Concept: | Physical Activity Variables -- PERSON |
| Start Position: | 579 |
| End Position: | 581 |
| Width: | 3 |
| Variable Format: | numeric |
| Implied Decimal Places: | 0 |
| Coder Instructions: | VIG10DNO is a 3-digit-numeric variable.

000: Not in Universe
997: Unknown-refused
998: Unknown-not ascertained
999: Unknown-don't know |

Variable: "VIG10DTP"

Name:	VIG10DTP
Label:	Duration of vigorous activity 10+ minutes: Time period

Variable Text:	VIG10DTP reports the time period (minutes or hours) during which sample adults engaged in vigorous leisure-time physical activities lasting at least 10 minutes. This variable must be interpreted in conjunction with the variable VIG10DNO, which reports the duration in number of units corresponding to the time period reported in VIG10DTP. For example, a respondent who jogs for 30 minutes would have a VIG10DNO value of 30 and a VIG10DTP value of 1 (which is the IPUMS NHIS code for "minutes"). VIG10DMIN, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in VIG10DNO and VIG10DTP and reports the duration of vigorous physical activity in a standardized unit of time, minutes. Leisure-time vigorous activities are described in the survey questionnaire as activities that "cause heavy sweating or large increases in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of vigorous activities, although these examples were not routinely shared with respondents. These examples include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening. For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).
Concept:	Physical Activity Variables -- PERSON
Start Position:	582
End Position:	582
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Minutes
2	Hours

7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "VIG10FNO"

Name:	VIG10FNO
Label:	Frequency of vigorous activity 10+ minutes: Number of units
Variable Text:	VIG10FNO reports the frequency, in number of units, with which sample adults engaged in vigorous leisure-time physical activities for periods of at least 10 minutes. It must be interpreted in conjunction with the variable VIG10FTP, which reports the time period (e.g., per day, week, month, or year) corresponding to the number of units in VIG10FNO. For example, a respondent who runs once a day would have a VIG10FNO value of 1 (to indicate 1 time) and a VIG10FTP value of 2 (which is the code for "day").
	VIG10FWK, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in VIG10FTP and VIG10FNO and reports the frequency of vigorous leisure-time physical activities in terms of a single time unit, times per week.
	According to the Field Representative's Manuals for 2001 forward, the maximum frequency of each broad category of physical activity was topcoded at 4 times per day (or its equivalent in some other time unit).
	Definitions and Scope of Inquiry on Physical Activity, 1997 forward
	For 1997 forward, interviewers began the inquiry into adult leisure-time physical activity by stating, "The next questions are about physical activities (exercise, sports, physically active hobbies ...) that you may do in your leisure time." "Exercise, sports, [and] physically active hobbies" were to be respondent defined.
	For each year, beginning in 1997, the survey collected information about sample adults' leisure time spent in "vigorous," "light or moderate," and "strengthening" physical activities. (See MOD10FNO and STRONGFNO for definitions of "light or moderate activity" and "strengthening activity".) In 2001, information was also collected on leisure time spent by sample adults in "stretching" activities. (See STRETCHFNO.) Strengthening and stretching exercises can be done at a pace that is either "vigorous" or "moderate," so exercise sessions involving strengthening and stretching overlap with vigorous and moderate exercise sessions.
	For VIG10FNO, beginning in quarter 3 of 1997, sample adults were asked, "How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?" The Field Representative's Manuals for 1997 forward provide examples of vigorous activities, although these examples were not routinely shared with respondents. These examples include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

Rationale for and Use of Physical Activity Data

The Field Representative's Manuals for 2001 forward noted that information about general health behaviors, including physical activity, "helps researchers measure how a person's daily habits affect his/her overall health." More specifically, according to the Manuals for 2002 forward, responses to the questions about leisure-time physical activity were used "for tracking Healthy People Objectives (22.1-22.4)."

For example, one such objective framed in terms of vigorous activity is increasing the proportion of adults who "engage in vigorous physical activity that promotes the development and maintenance of cardio respiratory fitness 3 or more days per week for 20 or more minutes per occasion."

Beginning in 2005, NHIS data on physical activity were also used in Health, United States to classify adults as "inactive," "with some leisure time activity," or "with regular leisure-time activity." This classification system is described in the Appendix of Health, United States for 2005 as follows:

Adults classified as inactive did not report any sessions of light/moderate or vigorous leisure-time physical activity of at least 10 minutes duration or reported that they were unable to perform leisure-time physical activity. Adults classified with some leisure-time activity reported at least one session of light/moderate or vigorous activity of at least 10 minutes duration but did not meet the requirement for regular leisure-time activity. Adults classified with regular leisure-time activity reported at least three sessions per week of vigorous leisure-time physical activity lasting at least 20 minutes in duration or at least 5 sessions per week of light/moderate physical activity lasting at least 30 minutes in duration.

Changes in Data Collection Beginning in 1997

The National Health Interview Series first collected information on physical activity beginning in 1975. Prior to 1997, these inquiries generally focused on specific activities, such walking or playing baseball. (See the National Health Interview Survey's summary website on Adult Physical Activity Information in the NHIS [URL omitted from DDI.] for full details.)

The Survey Descriptions for 1997-2000 note that the physical activity questions included in the sample adult (core) module were "substantially different from those included in pre-1997 NHIS questionnaires."

Because of the large number of topic areas covered in the redesigned NHIS, only a brief set of leisure-time physical activity questions could be included in the Sample Adult Module. For this reason, the questions are general and lend themselves to broad classifications of activity levels.

The aforementioned website on "Adult Physical Activity Information in the NHIS" supplies the following background information on the development of these questions:

In 1997, as part of the National Health Interview Survey (core) questionnaire redesign, physical activity questions were included in the [core] questionnaire for the first time. Questions used in Australia, Finland, and Canada, as well as studies of older adults and youth in the United States, influenced the development of the NHIS Sample Adult annual physical activity questions. Question wording and response options were modified for use in the NHIS Sample Adult questionnaire, tested in the

	Questionnaire Design Research Laboratory (QDRL) of CDC's National Center for Health Statistics, and included in a field pretest. Decisions concerning question phrasing, reference period, and response options were based on results of cognitive testing and debriefing of interviewers after the pretest. Consistency with other parts of the National Health Interview Survey questionnaire was also considered. The final NHIS core physical activity questions consisted of asking frequency and duration of usual leisure-time vigorous and light-moderate activities and the frequency of strengthening activities.
Concept:	Physical Activity Variables -- PERSON
Start Position:	583
End Position:	585
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	VIG10FNO is a 3-digit-numeric variable. 000: Not in Universe 994: 994+ 995: Never 996: Unable to do this activity 997: Unknown-refused 998: Unknown-not ascertained 999: Unknown-don't know

Variable: "VIG10FTP"

Name:	VIG10FTP
Label:	Frequency of vigorous activity 10+ minutes: Time period
Variable Text:	VIG10FTP reports the time period (never, day, week, month, year) that respondents used to describe the frequency of vigorous leisure-time activity that they engaged in for at least 10 minutes. This variable must be interpreted in conjunction with VIG10FNO, which reports the number of units corresponding to the time period in VIG10FTP. For example, a respondent who runs once a day would have a VIG10FNO value of 1 (to indicate 1 time) and a VIG10FTP value of 2 (which is the code for "day"). VIG10FWK, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in VIG10FTP and VIG10FNO and reports the frequency of vigorous leisure-time physical activities in terms of a

single time unit, times per week.

Vigorous leisure-time activities are described in the survey question itself as activities that "cause heavy sweating or large increases in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of vigorous activities, although these examples were not routinely shared with respondents. These examples include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).

Concept:	Physical Activity Variables -- PERSON
Start Position:	586
End Position:	586
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Never
2	Day
3	Week
4	Month
5	Year
6	Unable to do this activity
7	Unknown-refused

8	Unknown-not ascertained
9	Unknown-don't know

Variable: "VIG10FWK"

Name:	VIG10FWK
Label:	Frequency of vigorous activity 10+ minutes: Times per week
Variable Text:	VIG10FWK is a recoded variable created by the staff at the National Center for Health Statistics that draws upon the information in VIG10FTP (Frequency of vigorous activity 10+ minutes: Time period) and VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units) and reports the frequency of vigorous leisure-time physical activities in terms of a single time unit, times per week.

Vigorous leisure-time activities are described in the survey question itself as activities that "cause heavy sweating or large increases in breathing or heart rate." The Field Representative's Manuals for 1997 forward provide examples of vigorous activities, although these examples were not routinely shared with respondents. These examples include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance, and strenuous gardening.

For general discussion of how and why the NHIS collected information on adult physical activity for 1997 forward, see VIG10FNO. |
Concept:	Physical Activity Variables -- PERSON
Start Position:	587
End Position:	588
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	00: Not in Universe
94: Less than once per week
95: Never
96: Unable to do moderate/vigorous activity

	97: Unknown-refused 98: Unknown-not ascertained 99: Unknown-don't know

Variable: "STRONGFNO"

Name:	STRONGFNO
Label:	Frequency of strengthening activity: Number of units
Variable Text:	STRONGFNO reports the frequency, in number of units, with which sample adults engaged in strengthening leisure-time physical activities. It must be interpreted in conjunction with the variable STRONGFTP, which reports the time period (e.g., per day, week, month, or year) corresponding to the number of units in STRONGFNO. For example, a respondent who lifts weights once a day would have a STRONGFNO value of 1 (to indicate 1 time) and a STRONGFTP value of 2 (which is the code for "day"). STRONGFWK, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in STRONGFTP and STRONGFNO and reports the frequency of strengthening leisure-time physical activities in terms of a single time unit, times per week. Definitions Strengthening activities are described in the survey question itself as activities "specifically designed to strengthen your muscles such as lifting weights or doing calisthenics." The Field Representative's Manuals for 1997 forward provide other examples of strengthening activities, although these examples were not routinely shared with respondents. These examples include "activities that require strenuous muscle contractions," such as resistance training, push-ups, and sit-ups. Data Collection According to the Field Representative's Manuals for 2001 forward, the maximum frequency of each broad category of physical activity was topcoded at 4 times per day (or its equivalent in some other time unit). Interviewers asked about the frequency of strengthening leisure-time physical activities after collecting information about vigorous and light or moderate leisure-time physical activities. They directed respondents to "include all such [strengthening] activities, even if you have mentioned them before." Strengthening activities could be done at either a "moderate" or a "vigorous" pace, and the time spent doing strengthening leisure-time activities was thus already incorporated in the duration variables for moderate and/or vigorous leisure-time physical activity. Accordingly, interviewers did not ask about the amount of time respondents spent doing strengthening activities. For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).
Concept:	Physical Activity Variables -- PERSON
Start Position:	589

End Position:	591
Width:	3
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	STRONGFNO is a 3-digit-numeric variable. 000: Not in Universe 994: 994+ times 995: Never 996: Unable to do this activity 997: Unknown-refused 998: Unknown-not ascertained 999: Unknown-don't know

Variable: "STRONGFTP"

Name:	STRONGFTP
Label:	Frequency of strengthening activity: Time period
Variable Text:	STRONGFTP reports the time period (never, day, week, month, year) that respondents used to describe the frequency with which they engaged in strengthening leisure-time physical activities. It must be interpreted in conjunction with the variable STRONGFNO, which reports the number of units corresponding to the time period in STRONGFTP. For example, a respondent who lifts weights once a day would have a STRONGFNO value of 1 (to indicate 1 time) and a STRONGFTP value of 2 (which is the code for "day"). STRONGFWK, a recoded variable created by the staff at the National Center for Health Statistics, draws upon the information in STRONGFTP and STRONGFNO and reports the frequency of strengthening leisure-time physical activities in terms of a single time unit, times per week. Definition of Strengthening Activities Strengthening activities are described in the survey question itself as activities "specifically designed to strengthen your muscles such as lifting weights or doing calisthenics." The Field Representative's Manuals for 1997 forward provide other examples of strengthening activities, although these examples were not routinely shared with respondents. These examples include "activities that require strenuous muscle contractions," such as resistance training, push-ups, and sit-ups. Data Collection Interviewers asked about the frequency of strengthening leisure-time physical

activities after collecting information about vigorous and light or moderate leisure-time physical activities. They directed respondents to "include all such [strengthening] activities, even if you have mentioned them before." Strengthening activities could be done at either a "moderate" or a "vigorous" pace, and the time spent doing strengthening leisure-time activities was thus already incorporated in the duration variables for moderate and/or vigorous leisure-time physical activity. Accordingly, interviewers did not ask about the amount of time respondents spent doing strengthening activities.

For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).

Concept:	Physical Activity Variables -- PERSON
Start Position:	592
End Position:	592
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Never
2	Day
3	Week
4	Month
5	Year
6	Unable to do this activity
7	Unknown-refused

8	Unknown-not ascertained
9	Unknown-don't know

Variable: "STRONGFWK"

Name:	STRONGFWK
Label:	Frequency of strengthening activity: Times per week
Variable Text:	STRONGFWK is a recoded variable created by the staff at the National Center for Health Statistics that draws upon the information in STRONGFTP (Frequency of strengthening activity: Time period) and STRONGFNO (Frequency of strengthening activity: Number of units) and reports the frequency of strengthening leisure-time physical activities in terms of a single time unit, times per week. Definitions Leisure-time strengthening activities are described in the survey question itself as activities "specifically designed to strengthen your muscles such as lifting weights or doing calisthenics." The Field Representative's Manuals for 1997 forward provide other examples of strengthening activities, although these examples were not routinely shared with respondents. These examples include "activities that require strenuous muscle contractions," such as resistance training, push-ups, and sit-ups. Data Collection Interviewers asked about the frequency of strengthening leisure-time physical activities after collecting information about vigorous and light or moderate leisure-time physical activities. They directed respondents to "include all such [strengthening] activities, even if you have mentioned them before." Strengthening activities could be done at either a "moderate" or a "vigorous" pace, and the time spent doing strengthening leisure-time activities was thus already incorporated in the duration variables for moderate and/or vigorous leisure-time physical activity. Accordingly, interviewers did not ask about the amount of time respondents spent doing strengthening activities. For further discussion of data collection on leisure-time physical activity in general for 1997 forward, see VIG10FNO (Frequency of vigorous activity 10+ minutes: Number of units).
Concept:	Physical Activity Variables -- PERSON
Start Position:	593
End Position:	594

Width:	2
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	STRONGFWK is a 2-digit-numeric variable. 00: Not in Universe 94: Less than once per week 95: Never 96: Unable to do this activity 97: Unknown-refused 98: Unknown-not ascertained 99: Unknown-don't know

Variable: "HRSLEEP"

Name:	HRSLEEP
Label:	Usual hours sleep per day
Variable Text:	This variable reports how many hours, on average, the respondent sleeps per day. In 1977 and 1983, respondents were asked about hours slept "at night" while for all later years, the survey asked about hours slept in a 24 hour period. However, the 1977 Field Representative's Manual notes that if the person works at night, "hours of sleep" referred to the person's normal sleeping hours. Similarly, the 1983 Manual defines "sleep at night" to be the number of hours usually slept, "even if the sample person sleeps during the day." For surveys prior to 2004, interviewers were instructed to write down responses verbatim. From 2004 forward, interviewers were instructed to report the hours of sleep in whole numbers, rounding values of 30 minutes or more UP to the nearest hour or otherwise rounding down. IPUMS NHIS recodes the values from the earlier surveys into whole number values, following the same rules as 2004 forward.
Concept:	Sleep Variables -- PERSON
Start Position:	595
End Position:	596
Width:	2

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
00	NIU
01	1 hour (1990: 0 or 1 hour)
02	2 hours
03	3 hours
04	4 hours
05	5 hours
06	6 hours
07	7 hours
08	8 hours
09	9 hours
10	10 hours
11	11 hours
12	12 hours
13	13 hours
14	14 hours
15	15 hours
16	16 hours
17	17 hours

18	18 hours
19	19 hours
20	20 hours
21	21 hours
22	22 hours
23	23 hours
24	24 hours
25	Less than 1 hour
97	Unknown-refused
98	Unknown-not ascertained
99	Unknown-don't know

Variable: "AEFFORT"

Name:	AEFFORT
Label:	Felt everything an effort, past 30 days (adults)
Variable Text:	AEFFORT reports responses to the question, "During the past 30 days, how often did you feel that everything was an effort?"
	The Field Representative's Manual for 1997-2000 stated that the meaning of "everything" was respondent defined. At the beginning of the section of the survey devoted to evaluating nonspecific psychological distress, interviewers stated, "Now I am going to ask you some questions about feelings you may have experienced over the past 30 days." They then handed respondents a flashcard listing five categories (all of the time; most of the time; some of the time; a little of the time; none of the time), from which respondents were to select the appropriate response. The Manual for 1997-2000 directed the interviewer to "reread the question, emphasizing the wording of the answer categories," if the respondent gave an answer that did not match these categories.
	Related Variables
	AEFFORT is one of a series of six variables whose responses can be summed as a scale measuring nonspecific psychological distress over a 30-day recall period. This scale, developed by Ronald C. Kessler and known as the Kessler 6 Scale (K6), asks about six manifestations of nonspecific psychological distress.
	Kessler's instrument asks how often, during the past 30 days, the respondent

felt:

So sad that nothing could cheer you up? (ASAD)
Nervous? (ANERVOUS)
Restless or fidgety? (ARESTLESS)
Hopeless? (AHOPELESS)
That everything was an effort? (AEFFORT)
Worthless? (AWORTHLESS)

As noted above, acceptable responses fell into five categories, ranging from "none of the time" to "all of the time."

Scoring Variables

Kessler recommends scoring the scale by assigning 0 to 4 points for each of the six questions, based on the reported frequency of the feelings (i.e., 0 for "none of the time"; 1 for "a little of the time"; 2 for "some of the time"; 3 for "most of the time"; and 4 for "all of the time"). The range for summed responses on the K6 Scale is thus 0 to 24, with 0 suggesting the lowest level of nonspecific psychological distress, and 24 suggesting the highest level of nonspecific psychological distress. According to the scoring criteria proposed by Kessler, persons with a score of 13 or greater are likely to be experiencing severe mental illness.

To assist researchers who intend to sum responses to the variables included in the K6 Scale, IPUMS NHIS assigns codes that are consistent with Kessler's advised scoring system (i.e., with "none of the time" coded as 0 and "all of the time" coded as 4). To produce valid results, users must exclude not in universe cases (persons other than sample adults, code 6 in IPUMS NHIS) and unknown cases (codes 7, 8, and 9 in IPUMS NHIS) before summing the responses.

Follow-up Questions

As a follow-up to the K6 Scale questions, the NHIS included a question that was not part of Kessler's original survey instrument. All sample adults who answered "some of the time," "most of the time," or "all of the time" to any of the six questions included in the Kessler 6 Scale were asked, "Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?" (AFEELINT1MO). In 1999, additional follow-up questions collected further information about how "these feelings" affected the person (see FBADHOWOFT, FBADMORE, FBADLESS, FBADUNABLE, and FBADCUTDOWN).

Concept:	Adult Mental Health Variables -- PERSON
Start Position:	597
End Position:	597
Width:	1
	numeric

Variable Format:	
Implied Decimal Places:	0

Categories

Value	Label
0	None of the time
1	A little of the time
2	Some of the time
3	Most of the time
4	All of the time
6	NIU
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "AFEELINT1MO"

Name:	AFEELINT1MO
Label:	Feelings interfered w. life, past 30 days (adults)
Variable Text:	For sample adults who reported feeling sad, nervous, restless or fidgety, hopeless, worthless, or that everything was an effort at least "some of the time" during the past 30 days, AFEELINT1MO reports responses to the question, "Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?"
	The indicators of sample adults' feelings used to determine who was asked this question were based on variables from the Kessler 6 Scale (K6), which was developed by Ronald C. Kessler to measure nonspecific psychological distress over a 30-day reference period. Kessler's instrument asks how often, during the past 30 days, the respondent felt:
	So sad that nothing could cheer you up? (ASAD)

Nervous? (ANERVOUS)
Restless or fidgety? (ARESTLESS)
Hopeless? (AHOPELESS)
That everything was an effort? (AEFFORT)
Worthless? (AWORTHLESS)

For each of these questions, respondents selected one of the following responses listed on a flashcard: "none of the time," "a little of the time," "some of the time," "most of the time," "all of the time."

Interviewers began by noting, "We just talked about a number of feelings you had during the past 30 days." Sample adults who responded "some of the time," "most of the time," or "all of the time" to any of these questions were asked the aforementioned question about how such feelings interfered with their life or activities. This follow-up question was not part of the tool designed by Kessler to measure nonspecific psychological distress or severe mental illness.

Concept:	Adult Mental Health Variables -- PERSON
Start Position:	598
End Position:	598
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	A lot
2	Some
3	A little
4	Not at all
7	Unknown-refused

| 8 | Unknown-not ascertained |
| 9 | Unknown-don't know |

Variable: "AHOPELESS"

Name:	AHOPELESS
Label:	How often felt hopeless, past 30 days (adults)
Variable Text:	AHOPELESS reports responses to the question, "During the past 30 days, how often did you feel hopeless?" At the beginning of the section of the survey devoted to evaluating nonspecific psychological distress, interviewers stated, "Now I am going to ask you some questions about feelings you may have experienced over the past 30 days." They then handed respondents a flashcard listing five categories (all of the time; most of the time; some of the time; a little of the time; none of the time), from which respondents were to select the appropriate response. The Field Representatives Manuals for 1997-2000 directed the interviewer to "reread the question, emphasizing the wording of the answer categories," if the respondent gave an answer that did not match these categories. Related Variables AHOPELESS is one of a series of six variables whose responses can be summed as a scale measuring nonspecific psychological distress over a 30-day recall period. This scale, developed by Ronald C. Kessler and known as the Kessler 6 Scale (K6), asks about six manifestations of nonspecific psychological distress. Kessler's instrument asks how often, during the past 30 days, the respondent felt: So sad that nothing could cheer you up? (ASAD) Nervous? (ANERVOUS) Restless or fidgety? (ARESTLESS) Hopeless? (AHOPELESS) That everything was an effort? (AEFFORT) Worthless? (AWORTHLESS) As noted above, acceptable responses fell into five categories, ranging from "none of the time" to "all of the time." Scoring Variables Kessler recommends scoring the scale by assigning 0 to 4 points for each of these six questions, based on the reported frequency of the feelings (i.e., 0 for "none of the time"; 1 for "a little of the time"; 2 for "some of the time"; 3 for "most of the time"; and 4 for "all of the time"). The range for summed responses on the K6 Scale is thus 0 to 24, with 0 suggesting the lowest level of nonspecific psychological distress, and 24 suggesting the highest level of nonspecific psychological distress. According to the scoring criteria proposed by Kessler, persons with a score of 13 or greater are likely to be experiencing severe mental illness.

To assist researchers who intend to sum responses to the variables included in the K6 Scale, IPUMS NHIS assigns codes that are consistent with Kessler's advised scoring system (i.e., with "none of the time" coded as 0 and "all of the time" coded as 4). To produce valid results, users must exclude not in universe cases (persons other than sample adults, code 6 in IPUMS NHIS) and unknown cases (codes 7, 8, and 9 in IPUMS NHIS) before summing the responses.

Follow-up Questions

As a follow-up to the K6 Scale questions, the NHIS included a question that was not part of Kessler's original survey instrument. All sample adults who answered "some of the time," "most of the time," or "all of the time" to any of the six questions included in the Kessler 6 Scale were asked, "Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?" (AFEELINT1MO). In 1999, additional follow-up questions collected further information about how "these feelings" affected the person (see FBADHOWOFT, FBADMORE, FBADLESS, FBADUNABLE, and FBADCUTDOWN).

Concept:	Adult Mental Health Variables -- PERSON
Start Position:	599
End Position:	599
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	None of the time
1	A little of the time
2	Some of the time
3	Most of the time

4	All of the time
6	NIU
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ANERVOUS"

Name:	ANERVOUS
Label:	How often felt nervous, past 30 days (adults)
Variable Text:	ANERVOUS reports responses to the question, "During the past 30 days, how often did you feel nervous?"
	At the beginning of the section of the survey devoted to evaluating nonspecific psychological distress, interviewers stated, "Now I am going to ask you some questions about feelings you may have experienced over the past 30 days." They then handed respondents a flashcard listing five categories (all of the time; most of the time; some of the time; a little of the time; none of the time), from which respondents were to select the appropriate response. The Field Representative's Manuals for 1997-2000 directed the interviewer to "reread the question, emphasizing the wording of the answer categories," if the respondent gave an answer that did not match these categories.
	Related Variables
	ANERVOUS is one of a series of six variables whose responses can be summed as a scale measuring nonspecific psychological distress over a 30-day recall period. This scale, developed by Ronald C. Kessler and known as the Kessler 6 Scale (K6), asks about six manifestations of nonspecific psychological distress.
	Kessler's instrument asks how often, during the past 30 days, the respondent felt:
	So sad that nothing could cheer you up? (ASAD) Nervous? (ANERVOUS) Restless or fidgety? (ARESTLESS) Hopeless? (AHOPELESS) That everything was an effort? (AEFFORT) Worthless? (AWORTHLESS)
	As noted above, acceptable responses fell into five categories, ranging from "none of the time" to "all of the time."
	Scoring Variables
	Kessler recommends scoring the scale by assigning 0 to 4 points for each of

these six questions, based on the reported frequency of the feelings (i.e., 0 for "none of the time"; 1 for "a little of the time"; 2 for "some of the time"; 3 for "most of the time"; and 4 for "all of the time"). The range for summed responses on the K6 Scale is thus 0 to 24, with 0 suggesting the lowest level of nonspecific psychological distress, and 24 suggesting the highest level of nonspecific psychological distress. According to the scoring criteria proposed by Kessler, persons with a score of 13 or greater are likely to be experiencing severe mental illness.

To assist researchers who intend to sum responses to the variables included in the K6 Scale, IPUMS NHIS assigns codes that are consistent with Kessler's advised scoring system (i.e., with "none of the time" coded as 0 and "all of the time" coded as 4). To produce valid results, users must exclude not in universe cases (persons other than sample adults, code 6 in IHIS) and unknown cases (codes 7, 8, and 9 in IHIS) before summing the responses.

Follow-up Questions

As a follow-up to the K6 Scale questions, the NHIS included a question that was not part of Kessler's original survey instrument. All sample adults who answered "some of the time," "most of the time," or "all of the time" to any of the six questions included in the Kessler 6 Scale were asked, "Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?" (AFEELINT1MO). In 1999, additional follow-up questions collected further information about how "these feelings" affected the person (see FBADHOWOFT, FBADMORE, FBADLESS, FBADUNABLE, and FBADCUTDOWN).

Concept:	Adult Mental Health Variables -- PERSON
Start Position:	600
End Position:	600
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	None of the time
1	A little of the time

2	Some of the time
3	Most of the time
4	All of the time
6	NIU
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ARESTLESS"

Name:	ARESTLESS
Label:	How often felt restless, past 30 days (adults)
Variable Text:	For sample adults aged 18 and older, ARESTLESS reports responses to the question, "During the past 30 days, how often did you feel restless or fidgety?" At the beginning of the section of the survey devoted to evaluating nonspecific psychological distress, interviewers stated, "Now I am going to ask you some questions about feelings you may have experienced over the past 30 days." They then handed respondents a flashcard listing five categories (all of the time; most of the time; some of the time; a little of the time; none of the time), from which respondents were to select the appropriate response. The Field Representative's Manuals for 1997-2000 directed the interviewer to "reread the question, emphasizing the wording of the answer categories," if the respondent gave an answer that did not match these categories. Related Variables ARESTLESS is one of a series of six variables whose responses can be summed as a scale measuring nonspecific psychological distress over a 30-day recall period. This scale, developed by Ronald C. Kessler and known as the Kessler 6 Scale (K6), asks about six manifestations of nonspecific psychological distress. Kessler's instrument asks how often, during the past 30 days, the respondent felt: So sad that nothing could cheer you up? (ASAD) Nervous? (ANERVOUS) Restless or fidgety? (ARESTLESS) Hopeless? (AHOPELESS) That everything was an effort? (AEFFORT) Worthless? (AWORTHLESS) As noted above, acceptable responses fell into five categories, ranging from

"none of the time" to "all of the time."

Scoring Variables

Kessler recommends scoring the scale by assigning 0 to 4 points for each of these six questions, based on the reported frequency of the feelings (i.e., 0 for "none of the time"; 1 for "a little of the time"; 2 for "some of the time"; 3 for "most of the time"; and 4 for "all of the time"). The range for summed responses on the K6 Scale is thus 0 to 24, with 0 suggesting the lowest level of nonspecific psychological distress, and 24 suggesting the highest level of nonspecific psychological distress. According to the scoring criteria proposed by Kessler, persons with a score of 13 or greater are likely to be experiencing severe mental illness.

To assist researchers who intend to sum responses to the variables included in the K6 Scale, IPUMS NHIS assigns codes that are consistent with Kessler's advised scoring system (i.e., with "none of the time" coded as 0 and "all of the time" coded as 4). To produce valid results, users must exclude not in universe cases (persons other than sample adults, code 6 in IPUMS NHIS) and unknown cases (codes 7, 8, and 9 in IPUMS NHIS) before summing the responses.

Related Variables

As a follow-up to the K6 Scale questions, the NHIS included a question that was not part of Kessler's original survey instrument. All sample adults who answered "some of the time," "most of the time," or "all of the time" to any of the six questions included in the Kessler 6 Scale were asked, "Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?" (AFEELINT1MO). In 1999, additional follow-up questions collected further information about how "these feelings" affected the person (see FBADHOWOFT, FBADMORE, FBADLESS, FBADUNABLE, and FBADCUTDOWN).

Concept:	Adult Mental Health Variables -- PERSON
Start Position:	601
End Position:	601
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	None of the time
1	A little of the time
2	Some of the time
3	Most of the time
4	All of the time
6	NIU
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "ASAD"

Name:	ASAD
Label:	How often felt sad, past 30 days (adults)
Variable Text:	ASAD reports responses to the question, "During the past 30 days, how often did you feel so sad that nothing could cheer you up?" At the beginning of the section of the survey devoted to evaluating nonspecific psychological distress, interviewers stated, "Now I am going to ask you some questions about feelings you may have experienced over the past 30 days." They then handed respondents a flashcard listing five categories (all of the time; most of the time; some of the time; a little of the time; none of the time), from which respondents were to select the appropriate response. The Field Representative's Manuals for 1997 forward directed the interviewer to "reread the question, emphasizing the wording of the answer categories," if the respondent gave an answer that did not match these categories. Related Variables ASAD is one of a series of six variables whose responses can be summed as a scale measuring nonspecific psychological distress over a 30-day recall period. This scale, developed by Ronald C. Kessler and known as the Kessler 6 Scale (K6), asks about six manifestations of nonspecific psychological distress. Kessler's instrument asks how often, during the past 30 days, the respondent felt: So sad that nothing could cheer you up? (ASAD)

Nervous? (ANERVOUS)
Restless or fidgety? (ARESTLESS)
Hopeless? (AHOPELESS)
That everything was an effort? (AEFFORT)
Worthless? (AWORTHLESS)

As noted above, acceptable responses fell into five categories, ranging from "none of the time" to "all of the time."

Scoring Variables

Kessler recommends scoring the scale by assigning 0 to 4 points for each of these six questions, based on the reported frequency of the feelings (i.e., 0 for "none of the time"; 1 for "a little of the time"; 2 for "some of the time"; 3 for "most of the time"; and 4 for "all of the time"). The range for summed responses on the K6 Scale is thus 0 to 24, with 0 suggesting the lowest level of nonspecific psychological distress, and 24 suggesting the highest level of nonspecific psychological distress. According to the scoring criteria proposed by Kessler, persons with a score of 13 or greater are likely to be experiencing severe mental illness.

To assist researchers who intend to sum responses to the variables included in the K6 Scale, IPUMS NHIS assigns codes that are consistent with Kessler's advised scoring system (i.e., with "none of the time" coded as 0 and "all of the time" coded as 4). To produce valid results, users must exclude not in universe cases (persons other than sample adults, code 6 in IPUMS NHIS) and unknown cases (codes 7, 8, and 9 in IPUMS NHIS) before summing the responses.

Follow-up Questions

As a follow-up to the K6 Scale questions, the NHIS included a question that was not part of Kessler's original survey instrument. All sample adults who answered "some of the time," "most of the time," or "all of the time" to any of the six questions included in the Kessler 6 Scale were asked, "Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?" (AFEELINT1MO). In 1999, additional follow-up questions collected further information about how "these feelings" affected the person (see FBADHOWOFT, FBADMORE, FBADLESS, FBADUNABLE, and FBADCUTDOWN).

Concept:	Adult Mental Health Variables -- PERSON
Start Position:	602
End Position:	602
Width:	1
Variable Format:	numeric
	0

Implied Decimal Places:	

Categories

Value	Label
0	None of the time
1	A little of the time
2	Some of the time
3	Most of the time
4	All of the time
6	NIU
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "AWORTHLESS"

Name:	AWORTHLESS
Label:	How often felt worthless, past 30 days (adults)
Variable Text:	AWORTHLESS reports responses to the question, "During the past 30 days, how often did you feel worthless?" The Field Representative's Manual for 1997-2000 stated that the meaning of "worthless" was respondent defined. At the beginning of the section of the survey devoted to evaluating nonspecific psychological distress, interviewers stated, "Now I am going to ask you some questions about feelings you may have experienced over the past 30 days." They then handed respondents a flashcard listing five categories (all of the time; most of the time; some of the time; a little of the time; none of the time), from which respondents were to select the appropriate response. The Manual for 1997-2000 directed the interviewer to "reread the question, emphasizing the wording of the answer categories," if the respondent gave an answer that did not match these categories. Related Variables AWORTHLESS is one of a series of six variables whose responses can be summed

as a scale measuring nonspecific psychological distress over a 30-day recall period. This scale, developed by Ronald C. Kessler and known as the Kessler 6 Scale (K6), asks about six manifestations of nonspecific psychological distress.

Kessler's instrument asks how often, during the past 30 days, the respondent felt:

So sad that nothing could cheer you up? (ASAD)
Nervous? (ANERVOUS)
Restless or fidgety? (ARESTLESS)
Hopeless? (AHOPELESS)
That everything was an effort? (AEFFORT)
Worthless? (AWORTHLESS)

As noted above, acceptable responses fell into five categories, ranging from "none of the time" to "all of the time."

Scoring Variables

Kessler recommends scoring the scale by assigning 0 to 4 points for each of these six questions, based on the reported frequency of the feelings (i.e., 0 for "none of the time"; 1 for "a little of the time"; 2 for "some of the time"; 3 for "most of the time"; and 4 for "all of the time"). The range for summed responses on the K6 Scale is thus 0 to 24, with 0 suggesting the lowest level of nonspecific psychological distress, and 24 suggesting the highest level of nonspecific psychological distress. According to the scoring criteria proposed by Kessler, persons with a score of 13 or greater are likely to be experiencing severe mental illness.

To assist researchers who intend to sum responses to the variables included in the K6 Scale, IPUMS NHIS assigns codes that are consistent with Kessler's advised scoring system (i.e., with "none of the time" coded as 0 and "all of the time" coded as 4). To produce valid results, users must exclude not in universe cases (persons other than sample adults, code 6 in IPUMS NHIS) and unknown cases (codes 7, 8, and 9 in IPUMS NHIS) before summing the responses.

Follow-up Questions

As a follow-up to the K6 Scale questions, the NHIS included a question that was not part of Kessler's original survey instrument. All sample adults who answered "some of the time," "most of the time," or "all of the time" to any of the six questions included in the Kessler 6 Scale were asked, "Altogether, how much did these feelings interfere with your life or activities: a lot, some, a little, or not at all?" (AFEELINT1MO). In 1999, additional follow-up questions collected further information about how "these feelings" affected the person (see FBADHOWOFT, FBADMORE, FBADLESS, FBADUNABLE, and FBADCUTDOWN).

Concept:	Adult Mental Health Variables -- PERSON
Start Position:	603
End Position:	603

Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
0	None of the time
1	A little of the time
2	Some of the time
3	Most of the time
4	All of the time
6	NIU
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WORFREQ"

Name:	WORFREQ
Label:	How often feel worried, nervous, or anxious
Variable Text:	Respondents reported how often they felt worried, nervous or anxious.

In 2010, this item was collected for sample adults who completed the Quality of Life supplement [URL omitted from DDI.] (administered to approximately a quarter of sample adults). In 2011-2017, this item was collected for sample adults who completed the Adult Functioning and Disability supplement [URL omitted from DDI.] (administered to a subset of sample adults). Beginning in 2018, this item was included on the sample adult questionnaire. |
| Concept: | Anxiety Variables -- PERSON |

Start Position:	604
End Position:	604
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WORRX"

Name:	WORRX
Label:	Take medication for worried, nervous, or anxious feeings
Variable Text:	Respondents reported whether they took medication for feelings of worry, nervousness, or anxiety.

In 2010, this item was collected for sample adults who completed the Quality of Life supplement [URL omitted from DDI.] (administered to approximately a quarter of sample adults). In 2011-2017, this item was collected for sample adults who completed the Adult Functioning and Disability supplement [URL omitted from DDI.] (administered to a subset of sample adults). Beginning in 2018, this item was included on the sample adult questionnaire.

Concept:	Anxiety Variables -- PERSON
Start Position:	605
End Position:	605
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	No
2	Yes
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WORFEELEVL"

Name:	WORFEELEVL
Label:	Level of worried, nervous, or anxious feelings, last time

Variable Text:	Respondents reported the level of their feelings of worry, nervousness, or anxiety. This question was only asked of respondents who reported feeling worried, nervous, or anxious at least monthly (WORFREQ) or who took medication for those feelings (WORRX).

In 2010, this item was collected for sample adults who completed the Quality of Life supplement [URL omitted from DDI.] (administered to approximately a quarter of sample adults). In 2011-2017, this item was collected for sample adults who completed the Adult Functioning and Disability supplement [URL omitted from DDI.] (administered to a subset of sample adults). Beginning in 2018, this item was included on the sample adult questionnaire. |
Concept:	Anxiety Variables -- PERSON
Start Position:	606
End Position:	606
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	A lot
2	A little
3	Somewhere between a little and a lot
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WRYSTDLIV"

Name:	WRYSTDLIV
Label:	Worried about maintaining standard of living
Variable Text:	For sample adults aged 18 and older, WRYSTDLIV reports how worried they are right now about not being able to maintain the standard of living they enjoy. This variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013. Related Variables For a list of other variables related to financial worries included in the ASI section, refer to WRYBILLS.
Concept:	Anxiety Variables -- PERSON
Start Position:	607
End Position:	607
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Unknown-refused

8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WRYMEDCST"

Name:	WRYMEDCST
Label:	Worried about medical costs due to illness/accident
Variable Text:	For sample adults aged 18 and older, WRYMEDCST reports how worried they are right now about not being able to pay medical costs of a serious illness or accident. This variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013. Related Variables For a list of other variables related to financial worries included in the ASI section, refer to WRYBILLS.
Concept:	Anxiety Variables -- PERSON
Start Position:	608
End Position:	608
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
0	NIU
1	Very worried
2	Moderately worried

3	Not too worried
4	Not worried at all
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WRYHOUS"

Name:	WRYHOUS
Label:	Worried about paying rent/mortgage/housing costs
Variable Text:	For sample adults aged 18 and older, WRYHOUS reports how worried they are right now about not being able to pay their rent, mortgage, or other housing costs. This variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013. Related Variables For a list of other variables related to financial worries included in the ASI section, refer to WRYBILLS.
Concept:	Anxiety Variables -- PERSON
Start Position:	609
End Position:	609
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label

0	NIU
1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WRYCCPAY"

Name:	WRYCCPAY
Label:	Worried about credit card payments
Variable Text:	For sample adults aged 18 and older, WRYCCPAY reports how worried they are right now about not being able to make the minimum payments on their credit cards. This variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013. Related Variables For a list of other variables related to financial worries included in the ASI section, refer to WRYBILLS.
Concept:	Anxiety Variables -- PERSON
Start Position:	610
End Position:	610
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
5	I don't have credit cards
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WRYHCCST"

Name:	WRYHCCST
Label:	Worried about medical costs of healthcare
Variable Text:	For sample adults aged 18 and older, WRYHCCST reports how worried they are right now about not having enough to pay medical costs for normal healthcare. This variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013. Related Variables For a list of other variables related to financial worries included in the ASI section, refer to WRYBILLS.
Concept:	Anxiety Variables -- PERSON
Start Position:	611
End Position:	611
Width:	1

Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WRYRET"

Name:	WRYRET
Label:	Worried about money for retirement
Variable Text:	For sample adults aged 18 and older, WRYRET reports how worried they are right now about not having enough money for retirement. This variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013. Related Variables For a list of other variables related to financial worries included in the ASI section, refer to WRYBILLS.
Concept:	Anxiety Variables -- PERSON
Start Position:	612

End Position:	612
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
0	NIU
1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WRYCOLL"

Name:	WRYCOLL
Label:	Worried about paying for children's college
Variable Text:	For sample adults aged 18 and older, WRYCOLL reports how worried they are right now about not having enough money to pay for their children's college. This variable was included as a core item in the Adult Supplemental Items (ASI) section of the Sample Adult questionnaire, introduced in 2013. Related Variables For a list of other variables related to financial worries included in the ASI section, refer to WRYBILLS.

Concept:	Anxiety Variables -- PERSON
Start Position:	613
End Position:	613
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories	

Value	Label
0	NIU
1	Very worried
2	Moderately worried
3	Not too worried
4	Not worried at all
5	This does not apply to me
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "WORFEELCLAR"

Name:	WORFEELCLAR
Label:	Clarification of in-between amount of feeling worried or anxious

Variable Text:	Respondents reported whether the level of their feelings of worry, nervousness, or anxiety, during the last time they experienced these feelings, was "closer to a little, closer to a lot, or exactly in the middle." This question was only asked of respondents who reported that their level of depression was "somewhere in between a little and a lot" (WORFEELEVL) and who had feelings of worry, nervousness, or anxiety at least monthly (WORFREQ) or who had taken medication for those feelings (WORRX).
	In 2010, this item was collected for sample adults who completed the Quality of Life supplement [URL omitted from DDI.] (administered to approximately a quarter of sample adults). In 2011, this item was collected for sample adults who completed the Adult Functioning and Disability supplement [URL omitted from DDI.] (administered to a subset of sample adults).
Concept:	Anxiety Variables -- PERSON
Start Position:	614
End Position:	614
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
0	NIU
1	Closer to a little
2	Closer to a lot
3	Exactly in the middle
7	Unknown-refused
8	Unknown-not ascertained
9	Unknown-don't know

Variable: "MORTELIG"

Name:	MORTELIG
Label:	Eligibility status for mortality follow-up
Variable Text:	MORTELIG indicates whether participants in the NHIS during survey years 1986 to 2014 were eligible for follow-up by linkage to National Death Index (NDI) records. Only persons who were age 18+ at the time of interview and who provided sufficient data were eligible for linking to the NDI and eligible for inclusion in the public use files (IPUMS NHIS code 1 in MORTELIG). Linked mortality data for children (IPUMS NHIS code 2) are not available from the NHIS public use files; researchers interested in these data or in material with additional detail should review the documentation for the restricted access NHIS Linked Mortality Files [URL omitted from DDI.]. Adults with insufficient data for matching (IPUMS NHIS code 3) could not be linked to the NDI to create mortality variables.
	Linking of Death Records to NHIS participants
	The NCHS website provides the following description of the NDI:
	The National Death Index (NDI) is a central computerized index of death record information on file in the State vital statistics offices. Working with these State offices, NCHS established the NDI as a resource to aid epidemiologists and other health and medical investigators with their mortality ascertainment activities. [The NDI is] [a]vailable to investigators solely for statistical purposes in medical and health research.
	The NCHS has assisted researchers by linking the records for NHIS survey participants with the NDI. The mortality variables in the NHIS public use files (and in IPUMS NHIS) are based on results from probabilistic matches between NHIS records and NDI death certificate records. The NCHS website explains:
	Linkage of the NHIS survey participants with the NDI provides the opportunity to conduct studies designed to investigate the association of a variety of health factors with mortality, using the richness of the NHIS questionnaires.
	For additional information, see the technical documents from NCHS on the creation and analysis of the NHIS Linked Mortality Files [URL omitted from DDI.].
	Appropriate Weights
	Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents (IPUMS NHIS code 3 in MORTELIG) could lead to biased mortality analysis. To correct this bias, NCHS developed eligibility-adjusted weights: MORTWT, available for 1986-2014, for use with variables from the NHIS person files, and MORTWTSA, available for 1997-2014, for use with variables from the sample adult files. When analyzing NHIS variables from the person files in conjunction with mortality variables, users should employ MORTWT (rather than the standard person weight, PERWEIGHT). When analyzing variables from the sample adult files in conjunction with mortality variables, users should employ MORTWTSA (rather than the standard sample weight, SAMPWEIGHT).
	Related Variables For a list of the other mortality variables included in the IPUMS NHIS, please refer to the MORTSTAT variable description.

Concept:	Mortality Variables -- PERSON
Start Position:	615
End Position:	615
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	Eligible
2	Under age 18
3	Ineligible

Variable: "MORTSTAT"

Name:	MORTSTAT
Label:	Final mortality status
Variable Text:	For persons age 18+ included in the NHIS during survey years 1986 to 2014 who provided sufficient data for linking (MORTELIG), MORTSTAT reports the final vital status (assumed alive or assumed deceased). This status was determined by NCHS based on probabilistic matches of survey participants' NHIS records to National Death Index (NDI) records.
	For further information on the NDI and the creation of the mortality variables, see the variable description for MORTELIG and the technical documents from NCHS on the creation and analysis of the NHIS Linked Mortality Files [URL omitted from DDI.].
	Weights for Mortality Data
	Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents (IPUMS NHIS code 3 in MORTELIG) could lead to biased

mortality analysis. To correct this bias, NCHS developed eligibility-adjusted weights: MORTWT, available for 1986-2014, for use with variables from the NHIS person files, and MORTWTSA , available for 1997-2014, for use with variables from the sample adult files. When analyzing NHIS variables from the person files in conjunction with mortality variables, users should employ MORTWT (rather than the standard person weight, PERWEIGHT). When analyzing variables from the sample adult files in conjunction with mortality variables, users should employ MORTWTSA (rather than the standard sample weight, SAMPWEIGHT).

Related Variables

The other mortality variables included in IPUMS NHIS are the following:

MORTDODY (Year of death)
MORTDODQ (Quarter of death)
MORTUCOD (Underlying cause of death)
MORTUCODLD (Leading underlying cause of death)
MORTDIAB (Multiple cause of death flag, diabetes as a contributing factor)
MORTHIPFX (Multiple cause of death flag, hip fracture as a contributing factor)
MORTHYPR (Multiple cause of death flag, hypertension as a contributing factor)
MORTCMS (Mortality status obtained from Centers for Medicaid and Medicare Services)
MORTNDI (Mortality match with National Death Index)
MORTSSA (Mortality status obtained from Social Security Administration)

Concept:	Mortality Variables -- PERSON
Start Position:	616
End Position:	616
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1	Assumed deceased
2	Assumed alive

9	NIU

Variable: "MORTDODQ"

Name:	MORTDODQ
Label:	Quarter of death
Variable Text:	For persons age 18+ included in the NHIS during survey years 1986 to 2014 who provided sufficient data for linking (MORTELIG) and whose final vital status was judged deceased (MORTSTAT), MORTDODQ reports the quarter of death. This information was determined by NCHS based on probabilistic matches of survey participants' NHIS records to National Death Index (NDI) records. The related variable MORTDODY reports the year of death. For further information on the NDI and the creation of the mortality variables, see the variable description for MORTELIG and the NHIS Analytic Guidelines (2010) at NHIS Linked Mortality Files [URL omitted from DDI.] Weights for Mortality Data Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents (IPUMS NHIS code 3 in MORTELIG) could lead to biased mortality analysis. To correct this bias, NCHS developed eligibility-adjusted weights: MORTWT, available for 1986-2014, for use with variables from the NHIS person files, and MORTWTSA, available for 1997-2014, for use with variables from the sample adult files. When analyzing NHIS variables from the person files in conjunction with MORTDODQ, users should employ MORTWT (rather than the standard person weight, PERWEIGHT). When analyzing NHIS variables from the sample adult files in conjunction with MORTDODQ, users should use MORTWTSA (rather than the standard sample weight, SAMPWEIGHT). Related Variables For a list of the other mortality variables included in the IPUMS NHIS, please refer to the MORTSTAT variable description.
Concept:	Mortality Variables -- PERSON
Start Position:	617
End Position:	617
Width:	1
Variable Format:	numeric
	0

Categories

Value	Label
1	January-March
2	April-June
3	July-September
4	October-December
9	NIU

Variable: "MORTDODY"

Name:	MORTDODY
Label:	Year of death
Variable Text:	For persons age 18+ included in the NHIS sample during survey years 1986 to 2014 who provided sufficient data for linking (MORTELIG) and whose final vital status was judged deceased (MORTSTAT), MORTDODY reports the year of death. This information was determined by NCHS based on probabilistic matches of survey participants' NHIS records to National Death Index (NDI) records. The related variable MORTDODQ reports the quarter of death. For further information on the NDI and the creation of the mortality variables, see the variable description for MORTELIG and the technical documents from NCHS on the creation and analysis of the NHIS Linked Mortality Files [URL omitted from DDI.]. Weights for Mortality Data Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents (IPUMS NHIS code 3 in MORTELIG) could lead to biased mortality analysis. To correct this bias, NCHS developed eligibility-adjusted weights: MORTWT, available for 1986-2014, for use with variables from the NHIS person files, and MORTWTSA, available for 1997-2014, for use with variables from the sample adult files. When analyzing NHIS variables from the person files in conjunction with MORTDODY, users should employ MORTWT (rather than the standard person weight, PERWEIGHT). When analyzing NHIS variables from the sample adult files in conjunction with MORTDODY, users should use MORTWTSA (rather than the standard sample weight, SAMPWEIGHT). Related Variables

For a list of the other mortality variables included in the IPUMS NHIS, please refer to the MORTSTAT variable description.

Concept:	Mortality Variables -- PERSON
Start Position:	618
End Position:	621
Width:	4
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label
1986	1986
1987	1987
1988	1988
1989	1989
1990	1990
1991	1991
1992	1992
1993	1993
1994	1994
1995	1995
1996	1996
1997	1997

1998	1998
1999	1999
2000	2000
2001	2001
2002	2002
2003	2003
2004	2004
2005	2005
2006	2006
2007	2007
2008	2008
2009	2009
2010	2010
2011	2011
2012	2012
2013	2013
2014	2014
2015	2015
9999	NIU

Variable: "MORTUCODLD"

Name:	MORTUCODLD
Label:	Leading underlying cause of death (ICD-10)
Variable Text:	For persons age 18+ included in the NHIS during survey years 1986 to 2014 who provided sufficient data for linking (MORTELIG) and whose final vital status was judged deceased (MORTSTAT), MORTUCODLD reports the leading underlying

cause of death. This information was determined by NCHS based on probabilistic matches of survey participants' NHIS records to National Death Index (NDI) records and aggregated into 10 cause of death categories. For survey respondents in the 2005 or later surveys and decedents who died after December 2006, MORTUCODLD is the most detailed information available on the linked NHIS-NDI public use files about underlying cause of death. For access to the detailed cause of death codes available on the linked NHIS-NDI restricted access files, see documentation on the restricted version of the NHIS Linked Mortality Files [URL omitted from DDI.].

MORTUCODLD is a recode created by NCHS to classify underlying cause of death across 113 categories. Deaths that occurred prior to 1999 are coded based on the 9th revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death (ICD-9). Deaths that occurred from 1999 forward were coded based on the 10th revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death (ICD-10).

Weights for Mortality Data

Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents (IPUMS NHIS code 3 in MORTELIG) could lead to biased mortality analysis. To correct this bias, NCHS developed eligibility-adjusted weights: MORTWT, available for 1986-2014, for use with variables from the NHIS person files, and MORTWTSA, available for 1997-2014, for use with variables from the sample adult files. When analyzing NHIS variables from the person files in conjunction with MORTUCODLD, users should employ MORTWT (rather than the standard person weight, PERWEIGHT). When analyzing variables from the sample adult files in conjunction with MORTUCODLD, users should employ MORTWTSA (rather than the standard sample weight, SAMPWEIGHT).

For further information on the NDI and the creation of the mortality variables, see the variable description for MORTELIG and the technical documents from NCHS on the creation and analysis of the NHIS Linked Mortality Files [URL omitted from DDI.].

Related Variables
For other mortality variables included in IPUMS NHIS, refer to the MORTSTAT variable description.

Concept:	Mortality Variables -- PERSON
Start Position:	622
End Position:	623
Width:	2
Variable Format:	numeric
Implied Decimal Places:	0

Value	Label
01	Diseases of heart
02	Malignant neoplasms
03	Chronic lower respiratory diseases
04	Accidents (unintentional injuries)
05	Cerebrovascular diseases
06	Alzheimer's disease
07	Diabetes mellitus
08	Influenza and pneumonia
09	Nephritis, nephrotic syndrome and nephrosis
10	All other causes (residual)
96	NIU

Variable: "MORTWT"

Name:	MORTWT
Label:	Weight adjusted for ineligible respondents in mortality analysis
Variable Text:	MORTWT reports the sampling weight that adjusts for ineligible respondents in mortality analysis based on linking NHIS sample members during survey years 1986 to 2014 to the National Death Index (NDI). Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents could lead to biased mortality analysis. To correct this bias, NCHS developed the eligibility-adjusted weight in MORTWT (available for 1987-2014) for use with variables from the NHIS person files and MORTWTSA (available for 1997-2014) for use with variables from the sample adult files. NCHS cautions that the MORTWT, rather than the standard person weight (PERWEIGHT), should be used when analyzing mortality variables in conjunction with variables from the person files for all years other than 1986.. Similarly, MORTWTSA should be used when analyzing mortality variables in conjunction with variables from the sample adult files. In 1986, NCHS recommends that analysts use values for PERWEIGHT; the IPUMS

variable MORTWT in 1986 reports values of PERWEIGHT for persons eligible for mortality follow-up (MORTELIG values of 1)

Linked Mortality Data

Only persons who were age 18+ at the time of interview and who provided sufficient data were eligible for linking to the NDI and eligible for inclusion in the linked public use mortality files (indicated by IPUMS NHIS code 1 in MORTELIG). Linked mortality data for children are not available for public use; researchers interested in access to such data, or in linked mortality data with additional detail, should review the technical documentation for linked restricted access mortality files at NHIS Linked Mortality Files [URL omitted from DDI.].

For additional information, see the variable description for MORTELIG, the IPUMS NHIS User Note on the use of sampling weights [URL omitted from DDI.], and the related technical documents from NCHS, including the material on the creation and analysis of the NHIS Linked Mortality Files [URL omitted from DDI.] and the NHIS Analytic Guidelines (2010) at NHIS Linked Mortality Files [URL omitted from DDI.].

Related Variables
For other mortality variables included in the IPUMS NHIS, refer to the MORTSTAT variable description.

Concept:	Mortality Variables -- PERSON
Start Position:	624
End Position:	631
Width:	8
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	MORTWT is a variable with eight columns and no implied decimal places.

Variable: "MORTDIAB"

Name:	MORTDIAB
Label:	Diabetes flag from multiple cause of death (MCOD)
Variable Text:	For persons age 18+ included in the NHIS during survey years 1986 to 2014 who provided sufficient data for linking (MORTELIG) and whose final vital status was judged deceased (MORTSTAT), MORTDIAB indicates whether, in addition to the

leading underlying cause of death (MORTUCODLD), diabetes was listed as a contributing cause of death. This information was determined by NCHS based on probabilistic matches of survey participants' NHIS records to National Death Index (NDI) records. Diabetes was classified based on an ICD-9 code of 250 for 1986-1998 and on an ICD-10 code of E10-E14 for 1999 forward.

Weights for Mortality Data

Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents (IPUMS NHIS code 3 in MORTELIG) could lead to biased mortality analysis. To correct this bias, NCHS developed eligibility-adjusted weights: MORTWT, available for 1986-2014, for use with variables from the NHIS person files, and MORTWTSA, available for 1997-2014, for use with variables from the sample adult files. When analyzing NHIS variables from the person files in conjunction with mortality variables, users should employ MORTWT (rather than the standard person weight, PERWEIGHT). When analyzing variables from the sample adult files in conjunction with mortality variables, users should employ MORTWTSA (rather than the standard sample weight, SAMPWEIGHT).

Related Variables

MORTDIAB is one of three multiple cause of death flags that indicate whether specific health conditions were listed as contributing causes of death (in addition to the underlying cause of death). MORTHIPFX, not available for decedents who died after December 2006, indicates whether hip fracture was listed as a contributing cause of death; and MORTHYPR indicates whether hypertension was listed as a contributing cause of death.

For a list of the other mortality variables included in the IPUMS NHIS, please refer to the MORTSTAT variable description.

Concept:	Mortality Variables -- PERSON
Start Position:	632
End Position:	632
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0

Categories

Value	Label

1	No
2	Yes
9	NIU

Variable: "MORTHYPR"

Name:	MORTHYPR
Label:	Hypertension flag from multiple cause of death (MCOD)
Variable Text:	For persons age 18+ included in the NHIS during survey years 1986 to 2014 who provided sufficient data for linking (MORTELIG) and whose final vital status was judged deceased (MORTSTAT), MORTHYPR indicates whether, in addition to the underlying cause of death (MORTUCOD or MORTUCODLD), hypertension was listed as a contributing cause of death. This information was determined by NCHS based on probabilistic matches of survey participants' NHIS records to National Death Index (NDI) records. Hypertension was classified based on an ICD-9 code of 401 or 403 for 1986-1998 and on an ICD-10 code of I10 or I12 for 1999 forward. Use of Weights with Mortality Data Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents (IPUMS NHIS code 3 in MORTELIG) could lead to biased mortality analysis. To correct this bias, NCHS developed eligibility-adjusted weights: MORTWT, available for 1986-2014, for use with variables from the NHIS person files, and MORTWTSA, available for 1997-2014, for use with variables from the sample adult files. When analyzing NHIS variables from the person files in conjunction with mortality variables, users should employ MORTWT (rather than the standard person weight, PERWEIGHT). When analyzing variables from the sample adult files in conjunction with mortality variables, users should employ MORTWTSA (rather than the standard sample weight, SAMPWEIGHT). Related Variables MORTHYPR was one of three multiple cause of death flags that indicate whether specific health conditions were listed as contributing causes of death (in addition to the underlying cause of death). MORTDIAB indicates whether diabetes was listed as a contributing cause of death; MORTHIPFX, not available for NHIS participants in the 2005-forward surveys or for decedents who died after December 2006, indicates whether hip fracture was listed as a contributing cause of death. For other mortality variables included in IPUMS NHIS, refer to the MORTSTAT variable description. For further information on the NDI and the creation of the mortality variables, see the variable description for MORTELIG and the technical documents from NCHS on the creation and analysis of the NHIS Linked Mortality Files [URL omitted from DDI.].
Concept:	Mortality Variables -- PERSON

Start Position:	633
End Position:	633
Width:	1
Variable Format:	numeric
Implied Decimal Places:	0
Categories	

Value	Label
1	No
2	Yes
9	NIU

Variable: "MORTWTSA"

Name:	MORTWTSA
Label:	Sample adult weight adjusted for ineligible respondents in mortality analysis
Variable Text:	MORTWTSA reports the sampling weight that adjusts for ineligible respondents in mortality analysis, based on linking NHIS respondents during survey years 1997 to 2014 to the National Death Index (NDI).

Because adult survey participants who provided insufficient data for linking may differ from those who provided enough data for linking, ignoring the ineligible adult respondents could lead to biased mortality analysis. To correct this bias, NCHS developed the eligibility-adjusted weight in MORTWTSA. MORTWTSA is a mortality weight designed for use with sample adult variables and is available for the NHIS years 1997-2014. (A similar variable, MORTWT, is appropriate for weighting variables from the NHIS person files in conjunction with mortality variables and is available for the NHIS years 1986-2014).

When analyzing NHIS variables from the sample adult files in conjunction with any of the mortality variables, users should employ MORTWTSA rather than the sample adult weight (SAMPWEIGHT). SAMPWEIGHT is based on the Final Annual Sample Adult Weights (for survey years 1997 forward) in the original |

NHIS public use files.

Linked Mortality Data

Only persons who were at least age 18 at the time of interview and who provided sufficient data (e.g., Social Security number, date of birth, and name) were eligible for linking to the NDI and eligible for inclusion in the linked public use mortality files (indicated by IPUMS NHIS code 1 in MORTELIG). Linked mortality data for children are not available for public use; researchers interested in access to such data, or in linked mortality data with additional detail, should review the technical documentation at NHIS Linked Mortality Files [URL omitted from DDI.].

For additional information, see the NHIS Analytic Guidelines (2010) at NHIS Linked Mortality Files [URL omitted from DDI.]. Further information is also available in the variable description for MORTELIG and in the IHIS User Note on the use of sampling weights [URL omitted from DDI.].

Related Variables
For a list of the other mortality variables included in the IPUMS NHIS, please refer to the MORTSTAT variable description.

Concept:	Mortality Variables -- PERSON
Start Position:	634
End Position:	641
Width:	8
Variable Format:	numeric
Implied Decimal Places:	0
Coder Instructions:	MORTWTSA is a variable with eight columns and no implied decimals.