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## MEDICAL HISTORY QUESTIONNAIRE SERIES

### Volume 4: CODEBOOKS FOR INFANTS AT ENROLLMENT AND EXIT

C. A. Edwards, A. B. Holland, D. L. Wesley, A. M. Bell,  
L. Y. Weissler, M. Nelsen

December 1986

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## HEALTH INSURANCE EXPERIMENT

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THE **RAND**  
CORPORATION

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## PREFACE

The codebooks in this volume describe the contents of six data files from the Health Insurance Experiment (HIE), a large social experiment conducted by The RAND Corporation from 1974 to 1982 in six sites across the United States. The experiment was conducted under a grant from the U.S. Department of Health and Human Services. The HIE is issuing a number of data files, grouped in topical series, with associated documentation.

This volume is the fourth of four volumes documenting files in the medical history questionnaire (MHQ) series, a series of survey instruments that gathered self-reported health status and health satisfaction data primarily from insured participants in the experiment. Survey instruments, administered for most participants at enrollment and exit, consisted of two separate forms, Form A and Form B. Form A generally collected subjective evaluations, i.e., perceptions and attitudes concerning health care; Form B collected more objective health status information such as verifiable physical limitations and chronic medical conditions.

This volume contains the codebooks for the infant enrollment and exit Form A and Form B files. These files consist of identifying variables for each participant and question variables from the various enrollment and exit MHQs. Infant Form A and infant Form B data are presented in separate files. For both the Form A and the Form B data, infant enrollment data are grouped by location and presented in separate files: Dayton infants at enrollment and nonDayton (i.e., experiment sites other than Dayton) infants at enrollment. (See Sec. I for details on the experiment sites.) Infant exit data from all six sites are presented in two files, Form A and Form B.

The codebooks contained herein are basic references for users of the files. The infant Form A and Form B enrollment and exit files and codebooks supersede all previously issued experiment data.



## ACKNOWLEDGMENTS

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## I. INTRODUCTION

This section presents an overview of the Health Insurance Experiment (HIE) and its data collection and file development efforts. It provides essential background for understanding the contents of these codebooks. Section II describes the distinctive features of the data files these codebooks document and the medical history questionnaire series of which they are a part. Section III presents an overview of the codebooks contained herein; Secs. IV through IX present the codebooks themselves.

### EXPERIMENTAL DESIGN

The RAND Corporation conducted the Health Insurance Experiment from 1974 to 1982 in six sites across the United States: Dayton, Ohio; Seattle, Washington; Franklin County and Fitchburg, Massachusetts; and Georgetown County and Charleston, South Carolina.<sup>1</sup> The main purpose of the experiment was to assess how varying patients' cost of health services affected their use of services, their satisfaction with health care, the quality of their care, and the state of their health. A related purpose was to study how those outcomes were affected by the mode of delivery--fee for service or health maintenance organization (HMO).<sup>2</sup>

Over the course of the experiment, information of some kind was obtained for 26,148 persons. A total of 24,340 persons were administered a baseline interview (*baseline participants*<sup>3</sup>), of which

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<sup>1</sup>The sites were chosen to represent the four census regions of the country and both urban and rural areas. They also differed in the amount of delay to obtain an appointment, reflecting different degrees of stress on the ambulatory medical care system. Site selection is described in Philip J. Held, *Site Selection Criteria for the Health Insurance Study*, The RAND Corporation, N-2266-HHS, May 1985.

<sup>2</sup>For a discussion of the purposes and design of the HIE, see Joseph P. Newhouse, "A Design for a Health Insurance Experiment," *Inquiry*, Vol. 11, 1974, pp. 5-27. HIE is also called HIS, Health Insurance Study. The terms are synonymous.

<sup>3</sup>This and other distinctive HIE terms are defined in the Glossary at the end of this document.

7,700 were ultimately enrolled.<sup>4</sup> An additional 554 persons were enrolled later, all but a few of them newborns or adopted children under one year of age. Those 8,254 *insured enrollees* were assigned to an *experimental insurance treatment*, and data on their use of health services were collected throughout their period of participation.<sup>5</sup> Another 2,483 *adjunct enrollees* were not assigned to an insurance treatment but resided with insured enrollees or were members of a short-lived control group in Dayton.

### Selection of Enrollees

Persons offered enrollment in the experiment represent a random sample from each site, subject to certain eligibility restrictions.<sup>6</sup> They were chosen by a two-stage baseline selection process. In each site an areawide probability sample of dwelling units was drawn. Their occupants were interviewed for eligibility, and those found eligible were questioned in depth about their socioeconomic characteristics and experience with health care (baseline interview).

Eligibility criteria excluded those whose health care delivery systems differed from options available to the general population. The following groups were excluded:

- Those who were eligible for Medicare or would become so during the experiment, i.e., those 62 years of age and older, or younger than 62 but with a Medicare-eligible condition such as end-stage renal disease.
- Those with family incomes over \$25,000 (1973 dollars).

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<sup>4</sup>Of the remaining 16,640 persons, the 15,411 who did not enroll are called *baseline-only participants*; the other 1,229 are part of the adjunct enrollee group defined below.

<sup>5</sup>Note that "insured" in HIE terminology only means "assigned to an experimental treatment." By the same token, "uninsured" applies only to a participant not so assigned, not necessarily someone lacking health insurance altogether.

<sup>6</sup>Subject also to slight oversampling of low-income families in Dayton, Massachusetts, and South Carolina.



- Those institutionalized (jail, long-term hospital).
- Veterans with service-connected disabilities.
- Those in the military and their dependents.<sup>7</sup>

Project staff verified the accuracy of the information given by baseline participants with employers and insurance companies.

In the second selection stage, HIE staff drew a representative sample of eligible persons to be offered enrollment and assigned each family to one of the insurance plans described below. A sophisticated technique assured that, across plans, families closely resembled each other in 24 health and socioeconomic characteristics.<sup>8</sup>

### Experimental Treatments

Sixteen experimental treatments distinguished between coinsurance rates, delivery systems, and maximum out-of-pocket expenditures. All but one of the treatments were health insurance plans, listed below as A-O. Enrollees who had gone through the baseline selection process were assigned to one of the plans. The remaining treatment involved a control group in Seattle, chosen separately.

**Insurance Plans.** Plans A-N entailed different degrees of cost sharing under the fee-for-service system. Within each cost-sharing group, listed below, plans also differed by the ceiling placed on maximum expenditure. Plan O involved participation in a prepaid group practice, a traditional type of HMO:

- A. Free care (0% coinsurance) (one plan).
- B-D. Family pays 25% of its medical bills (25% coinsurance) (three plans).

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<sup>7</sup>Details of HIE eligibility requirements are in Lorraine Clasquin and Marie E. Brown, *Rules of Operation for the RAND Health Insurance Study*, The RAND Corporation, R-1602-HEW, May 1977, Sec. II.

<sup>8</sup>The logic and techniques used to determine optimal sample sizes and assign individual families to experimental plans are described in Carl N. Morris, "A Finite Selection Model for Experimental Design of the Health Insurance Study," *Journal of Econometrics*, Vol. 11, 1979, pp. 43-61.

- E-G. 50% coinsurance (three plans).
- H-J. 50% coinsurance for dental and outpatient mental health services and 25% coinsurance for all other services (three plans).
- K-M. 95% coinsurance (three plans).
- N. 95% coinsurance on outpatient services; 0% on hospital care (one plan).<sup>9</sup>
- O. 0% coinsurance if care was received at a Seattle HMO, Group Health Cooperative of Puget Sound; 95% if care was received outside the HMO (one plan).

Plans requiring coinsurance (B-N) placed a ceiling on annual out-of-pocket expenditures, above which care was free.<sup>10</sup> In all but one plan (N), the ceiling was a specified percentage of the family's income or a dollar limit, whichever was less. The percentage varied with family income and the dollar limit varied with the plan, as indicated below:

<i>Plan</i>	<i>Percentage of Family Income</i>	<i>Dollar Limit</i>
B-D	5, 10, or 15	1000/750 <sup>11</sup>
E-G	5, 10, or 15	1000
H-J	5, 10, or 15	1000/750
K-M	5, 10, or 15	1000
N	--	150 per individual; 450 per family

<sup>9</sup>During the experiment's first year in Dayton, the provisions of plans A-N differed in two ways: Only plan A covered dental services for adults; and the coinsurance rate on plans K-N was 100 percent instead of 95 percent.

<sup>10</sup>During the experiment's first year in Dayton, expenditures for outpatient mental health care did not apply toward the ceiling.

<sup>11</sup>In plans B-D and H-J the \$1000 limit applied during the first two years of enrollment for Dayton families who enrolled from November 1974 to February 1975; and during the first year of enrollment for Seattle families who enrolled from January to September 1976. The \$750 limit applied during subsequent enrollment years for the aforementioned families, and during the entire enrollment period for all other families.

**HMO Control Group.** A random sample of existing members of the Group Health Cooperative (subject to HIE eligibility requirements) was drawn as a control group for the HMO experimental group assigned to plan O. The control group was formed to compare HMO use by those who had *chosen* that delivery mode (i.e., members of the control group) with use by those experimentally *transferred* to an HMO from the fee-for-service system (i.e., members of the experimental group). Enrollees in the HMO control group continued with the Group Health Cooperative under their prior arrangements but provided the same data as HMO experimental members. With respect to the insurance provider, enrollees assigned to plans A-O (including the HMO experimental group) were said to be HIE-insured; the HMO control group was termed HMO-insured.

### **Services Provided**

Plans A-O provided the same comprehensive benefits, including hospital, physician, dental, mental health, visual, and auditory services, drugs (including over-the-counter drugs for certain chronic conditions), and supplies. Services of nonphysician providers, such as audiologists, chiropractors, clinical psychologists, optometrists, physical therapists, and speech therapists, were also covered. The only noteworthy exclusions were nonpreventive orthodontic services, cosmetic surgery for preexisting conditions, and outpatient mental health visits exceeding 52 per year.

Enrollees were able to choose the physicians and other persons who provided their health care. However, if those in the HMO experimental group sought care outside the HMO that was available within, they were responsible for 95 percent of the cost. (For covered services, such as dental or chiropractic, that were unavailable at the HMO, members of the experimental HMO group were fully reimbursed.)

Enrollees in the HMO control group retained whatever benefit package they or their employer had purchased from the HMO. Members of both control and experimental groups were reimbursed 5 percent of the cost of care obtained outside the HMO to encourage the reporting of non-HMO care.

### Terms of Enrollment

Families who accepted the insurance plan offered from plans A-0 were enrolled in the experiment for either three or five years, the term randomly assigned. All members of the HMO control group were enrolled for five years.

Enrollees assigned any benefits from their existing health insurance policies to the HIE during the time they participated. No family was financially penalized by HIE enrollment. Enrollees were reimbursed for the cost of maintaining their policies, and if their HIE plan could, under any conceivable set of circumstances, provide less coverage than their private policies, they were paid the maximum difference.<sup>12</sup>

Table 1 indicates the timing of enrollment in the experiment and number of enrollees insured immediately after the baseline selection process in each site.

### DATA COLLECTION

Over the course of the experiment, extensive data were collected on participants' demographic and economic characteristics, health status, and use of health services. Background information was obtained on local health care costs, providers, and types of services rendered. The data collection instruments are described in Table 2.

Table 2 shows the types of data gathered from the various participant groups. The most extensive data, especially longitudinal data on the use of health services, are available from the 8,254 insured enrollees, who participated in the experiment longest. The 15,411 baseline-only participants provided much demographic and socioeconomic data, as well as information on health status, experience with health care, and health-related attitudes. Limited data were obtained for the 2,483 adjunct enrollees.

Several subcontractors to RAND participated in the data collection effort. Until March 1975, Mathematica, Inc., supervised data collection, administered the insurance plans, and processed claim forms.

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<sup>12</sup>Calculation of the maximum difference is described in Appendix A.

Table 1  
HIE ENROLLMENT PERIODS

Site	Number of Enrollees <sup>1</sup>	1974	1975	1976	1977	1978	1979	1980	1981	1982
Dayton	1137	Nov.							Feb.	
3-year	533								Feb.	
5-year	604									
Seattle	3112		Jan.						Sept.	
3-year	1500								Sept.	
5-year	1612									
Fitchburg	723		July						Oct.	
3-year	547								Oct.	
5-year	176									
Franklin Co.	889		July						Oct.	
3-year	649								Oct.	
5-year	240									
Charleston	779		Nov.						Feb.	
3-year <sup>2</sup>	571									
5-year	208									
Georgetown Co.	1060		Nov.						Feb.	
3-year <sup>3</sup>	800									
5-year	260									
Total	7700									

NOTE: Timelines mark the month and year in which the first person enrolled in the experiment and the month and year in which the last person left the experiment. Data on use of health services continued to be collected from several groups after the end dates shown here: one year afterward for the Dayton 5-year group and Seattle, Fitchburg, and Franklin County 3-year groups; six months afterward for the Dayton 3-year group.

<sup>1</sup>Numbers refer to enrollees insured immediately after the baseline selection process. An additional 554 persons were enrolled and insured later, nearly all of them newborns or adopted children under 1 year of age. Figures for Seattle include the HMO control group.

<sup>2</sup>Some of these enrollees were also members of a preenrollment group between November 1976 and February 1979. An additional 339 persons participated in the preenrollment phase but did not formally enroll in the experiment.

<sup>3</sup>Some of these enrollees were also members of a preenrollment group between November 1976 and February 1979. An additional 213 persons participated in the preenrollment phase but did not formally enroll in the experiment.

Table 2

## PRINCIPAL HIE DATA COLLECTION INSTRUMENTS

Instrument	Topics Covered	How	Data Collected	
			When	From
1. Screening questionnaire [1]	Demographic information to establish basic eligibility	Interview	Beginning of HIE operation in site	Occupants of representative sample of dwelling units on geographic clusters in site
2. Baseline questionnaire, 2 parts	Income, employment Family composition	Interview	4-6 months before enrollment	Baseline participants
	Health status Health care experience and insurance coverage Satisfaction with medical care	Self-administered	4-6 months before enrollment	Baseline participants
3. Enrollment verification form	Changes in family composition, economics, or insurance coverage since baseline questionnaire	Interview	Between administration of baseline questionnaire and enrollment date	Baseline participants determined eligible
4. Medical history questionnaire (MHQ), 3 versions by age group: 0-4 years 5-13 years 14+ years	Form A: health status, attitudes, habits Form B: specific medical disorders	Administered by self or parent [2]	Just before enrollment and exit [3]	Insured enrollees
	Physiologic tests	Paramedical personnel	Just before enrollment and exit	Sample of insured enrollees at enrollment; all exiting enrollees
5. Medical screening examinations, 3 versions by age group: 0-2 years 3-13 years 14+ years	Use of medical or dental services and time spent obtaining them; any restricted activity or bed disability	Administered by self or parent	Biweekly during period of participation	Insured enrollees [4]
6. Health report				

1. Administered as a separate questionnaire only in Dayton; part of baseline questionnaire in the other sites.
2. When "parent" appears in this column, a parent was asked to provide data for children 13 and younger.
3. "Exit" refers to normal departure from the experiment after completing the assigned enrollment period, three or five years. Those who "attrited," or voluntarily left the experiment early, received an "attrition" MHQ that was identical to the exit MHQ.
4. In the first year of the experiment in Dayton, the health report was administered weekly to a random half of Dayton enrollees. In the first year of the experiment in Massachusetts and South Carolina, 25 percent of enrollees were exempted to measure the reporting requirement's effect on the use of health services. Also at one point virtually all participants stopped filling out health reports, for budgetary reasons.

Table 2 (cont.)

Instrument	Topics Covered	Data Collected		
		How	When	From
7. Health care questionnaire, 3 versions by age group: 0-4 years 5-13 years 14+ years	Health status, attitudes, habits (subset of MHQ)	Administered by self or parent	Each anniversary of enrollment except at exit	Insured enrollees
8. Annual income report	Amount and sources of family income, taxes paid	Self-administered	Annually (April)	Head of insured family
9. Periodic employment report	Wages, hours worked, family payments for care of children or elderly, government program benefits received	Self-administered	Semiannually	Enrollees (head and family members 16 and older)
10. Assets and debts questionnaire	Family assets and liabilities	Self-administered	Exit	Head of insured family
11. Knowledge of coverage questionnaire	Details of HIE insurance plan	Self-administered	Specified intervals [5]	Insured enrollees
12. Insurance abstraction	Details of selected insurance policies	Abstraction	At time of knowledge of coverage questionnaire	Insurance company brochures
13. Chronic condition questionnaire	Status of condition, correctness of diagnosis, adequacy of treatment	Physician interview	At exit medical screening examination	Sample of insured enrollees found to have certain chronic conditions [6]
14. Evaluation questionnaire	Perceptions and attitudes about HIE and health care system	Self-administered	Exit	Head of insured family
15. Health notice	Use of medical or dental services	Administered by self or parent	Biweekly during preenrollment phase (South Carolina); 6 months-1 year after exit (other sites)	Preenrollees (South Carolina), insured enrollees who have exited (other sites)

5. Intended intervals were enrollment, 18 months, 3 years, and 5 years after enrollment (the last only for the 5-year participants). Actual mailings approximated those intervals in Massachusetts and South Carolina; the first mailing was 2-1/2 years and 1 year after enrollment in Dayton and Seattle, respectively.

6. Hypertension, diabetes, thyroid diseases, chronic heart diseases, chronic lung diseases, joint diseases, ulcers, cerebrovascular disease.

Table 2 (cont.)

Instrument	Topics Covered	Data Collected		
		How	When	From
16. Medical expense report (MER)--fee-for-service claim form, 4 types: Doctors' services and supplies Dental care Hospital and extended care Pharmacy	Each use of medical or dental service, drugs, and equipment; reason or diagnosis; treatment	Administered by self or parent	Time of occurrence	Insured enrollees and providers/suppliers
17. Services rendered report (SERR)--HMO equivalent of MER [7], 2 types: Doctors' services and supplies Hospital and extended care	Each use of medical service provided by HMO; reason or diagnosis; treatment	Abstraction	Annually to cover entire previous year	HMO records for insured enrollees in HMO experimental and control groups
18. Factor price survey	Wages and benefits of selected hospital personnel [8], average daily inpatient population	Phone and mail	Semiannually	Sample of local hospitals
19. Consumer price index	Prices of selected nonmedical products in the six HIE sites	Phone and inspection	Semiannually	Sample of local retailers
20. Physician capacity utilization survey (PCUTS)	Availability of services [9]	Phone	Annually	Sample of local physicians [10]
21. Dentist capacity utilization survey (DCUTS)	Similar to PCUTS	Phone	Annually	Sample of local dentists [11]
22. Insurance preference questionnaire	Willingness to pay higher premium to reduce out-of-pocket expense limit	Self-administered	Exit	Head of insured family

7. Pharmacy data were obtained directly from an HMO-supplied computer tape. Dental care was not available through the HMO; HMO participants reported claims for dental care and other non-HMO services on the MER.
8. Categories of personnel: registered nurses (general-duty), medical technicians, licensed professional nurses, nursing aides, kitchen helpers, general stenographers, and maids or porters.
9. Waiting time for appointments; appointments per hour; patients seen in office, home, and hospital; weekend office hours; office staffing; cost of office visit; whether new patients accepted.
10. Physicians (M.D. or D.O.) specializing in general practice, internal medicine, and pediatrics.
11. Except in Fitchburg, Franklin County, and Georgetown County, where all dentists were surveyed.



Thereafter, National Opinion Research Center managed data collection and Glen Slaughter and Associates handled insurance administration and claim processing. American Health Profiles, Inc., conducted the medical screening examinations at enrollment (October 1974 through January 1977); CompuHealth administered those examinations at exit (October 1977 through December 1981).

## FILE DEVELOPMENT

Subcontractors sent the collected data to RAND, either in hardcopy form or as cleaned data tapes. At RAND the hardcopy data were encoded for machine readability and subjected to computerized checks for logical consistency and adherence to specified response ranges; outliers were checked only for fidelity to the original response and otherwise left unchanged. Limited cross-checking was done to assess logical consistency among a respondent's answers. All identifiers permitting information to be linked to a specific respondent were replaced twice to protect respondents' privacy.<sup>13</sup> The cleaned records were then arranged in the HIE version of standard computer file format, and the resulting files of *primary variables* made available for HIE analyses.

When an analyst needed information that required manipulation of primary data, *derived variables* were constructed. The analyst and a programmer determined a suitable way of obtaining the information by extracting, aggregating, or transforming primary data, and the programmer wrote the appropriate logic. With the analyst's approval, the new variable was entered on the master file.

Both primary and derived variable files are being issued to the public in a number of topical series. Appendix B provides a complete list of the files to be issued.

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<sup>13</sup>The first conversion was known only to the subcontractor, the second only to RAND. Neither institution could make the full link from the respondent's name to his or her identifier on the analytic files.

The machine-readable tape for each file includes data in both SAS<sup>14</sup> (Statistical Analysis System) and character formats, and an index of character-format variables.<sup>15</sup>

A codebook is also provided for each file. This volume contains the codebooks for six primary variable files in the MHQ series, namely, the infant enrollment and exit Form A and Form B files. Section II describes the files and their place in the series; Sec. III describes the organization of the six codebooks contained in this volume. The six codebooks, the Dayton infant Form A enrollment, nonDayton (i.e., all sites except Dayton) infant Form A enrollment, all sites infant Form A exit, Dayton infant Form B enrollment, nonDayton infant Form B enrollment, and all sites infant Form B exit codebooks, are presented in Secs. IV through IX.

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<sup>14</sup>A registered trademark of the SAS Institute Inc.

<sup>15</sup>These are the components of all files issued by RAND. Other institutions (e.g., National Archives) will distribute these files and may alter their contents.

## II. THE MEDICAL HISTORY QUESTIONNAIRE SERIES

This section provides background information concerning the medical history questionnaires (MHQs), a series of survey instruments that gathered self-reported health status and health satisfaction information primarily from *insured* participants. Each participant was given two MHQs, Form A and Form B; Form A measured health habits, perceptions, and attitudes; Form B measured specific health status. Different sets of MHQs were administered for three age groups: adults (age 14 and older), children (ages 5-13), and infants (ages 0-4). In this section, we discuss the scope and administration of all MHQs to provide users with an overview of the entire MHQ data collection process.

### SERIES SAMPLE

MHQs were self-administered questionnaires given to all insured HIE participants, including experimental and control group participants enrolled in an HMO in Seattle, Washington. MHQs were fielded twice for most participants: once after the participant had accepted enrollment in the experiment and again as the participant exited. Exceptions are as follows:

**Two enrollment MHQs** appear for:

- Members of the South Carolina *preenrollment group* (PEG) who later enrolled in the experiment.<sup>1</sup>

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<sup>1</sup>In South Carolina, a special preenrollment group was created; members of this group filled out enrollment MHQs in 1976 as part of the preenrollment process. In 1978, those who were still eligible and wished to join the experiment enrolled in the South Carolina three-year group, filling out enrollment MHQs at that time.

Enrollment MHQs only appear for:

- Persons who were terminated, i.e., became ineligible or refused to cooperate, or persons who attrited, i.e., left voluntarily.
- Members of a control group in Dayton who were not insured.
- Persons who initially accepted HIE insurance but who subsequently refused to join the study or were found ineligible to join.
- Members of the PEG who did not subsequently enroll in the South Carolina three-year group.
- Persons who died during the study.

Exit MHQs only appear for:

- Persons insured after the study began (primarily newborns).

In Dayton, only those participants who took the enrollment medical screening (physical) examination, or who enrolled after the screening examination center closed, received Form B of the MHQ.

Enrolling participants who did not return MHQs are *not* found in the enrollment files.<sup>2</sup> However, exiting participants who did not return exit MHQs *are* found in the MHQ files and their data values listed as "Missing."

## THE SURVEY INSTRUMENT

As indicated above, MHQs consisted of two separate forms, Form A and Form B.

**Form A** measured (1) health status, (2) health habits, and (3) health perceptions and attitudes. This was accomplished by gathering participant evaluations regarding:

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<sup>2</sup>An exception is the three-year South Carolina group, the last enrollment group in the study. Data for South Carolina three-year participants who did not return enrollment MHQs are listed in the file as "Missing," and the variable FINLSTAT will indicate the reason the data are missing, if the reason could be ascertained. FINLSTAT is described in detail later in this section.

- functional limitations (e.g., physical capabilities)
- eating habits and diet
- levels of sleep and exercise
- levels of alcohol and tobacco use (adult MHQs only)
- levels of social interaction (adult, child MHQs only)
- acute symptoms present
- general perceptions concerning health habits
- satisfaction with medical and dental care in general and satisfaction with their own medical and dental care in particular (adult MHQs only)

**Form B** measured specific health status using participant-reported information concerning:

- physical abilities and disabilities
- certain medical disorders such as allergies, diabetes, joint problems, hearing disorders, heart problems, pulmonary diseases, and dental conditions.

Although there is a good deal of overlap in health status reporting, *in general*, Form A collects more *subjective* evaluations, i.e., perceptions and attitudes concerning health care, as well as information about general health habits such as diet, exercise, etc., whereas Form B measures more *objective* health status information such as verifiable physical limitations and the presence of certain chronic medical conditions.

## **MHQ ADMINISTRATION**

### **Enrollment**

In most sites, a random sample of approximately 50 to 75 percent of the insured participants were asked to take a medical screening examination in addition to the MHQ.

Medical screening examinations and enrollment MHQs were administered as follows:

- If a person was scheduled for a screening examination, he/she was asked to bring the completed Form A to the examination center, where he/she was given Form B to complete.
- If the participant was not scheduled to take a screening examination, the participant was given both Form A and Form B and was asked to mail the completed forms in the prepaid envelopes to the enrollment office.
- At Dayton, all insured participants were asked to complete Form A; only those participants who took the screening examination filled out Form B. Dayton participants who enrolled after the examination center had closed were asked to fill out both forms.

Adults filled out their own forms, if possible, and parents filled out the forms for children and infants. Table 3 lists the dates of administration of enrollment MHQs in all sites.

Table 3

MHQ ADMINISTRATION DATES AT ENROLLMENT

Site	Dates
Dayton 3- and 5-year	10/14/74-01/31/75
Seattle 3- and 5-year	11/22/75-09/03/76
Massachusetts 3- and 5-year	05/21/76-10/20/76
South Carolina PEG and 5-year	09/10/76-01/30/77
South Carolina 3-year	09/27/78-01/30/79

## Exit

Exit MHQs were mailed, and participants were instructed to fill them out and bring them to the final medical screening examination. All participants received a screening examination at exit.

Exiting families who lived farther than 100 miles from the medical screening examination site were asked to take the examination with their own physician and to return completed exit MHQs by mail. Families had to complete both the medical screening examination and MHQs to receive a completion bonus.

Persons who changed age groups during the course of the study received different age group MHQs at exit than at enrollment. For example, persons under age 14 at enrollment, but 14 or over at exit, received child enrollment and adult exit MHQs. Similarly, persons under age 5 at enrollment but 5 or over at exit received infant enrollment and child exit MHQs.

Listed in Table 4 are the dates of administration of exit MHQs at all sites. The dates begin with the initial mailing of the questionnaires and end with the completion of follow-up efforts

Table 4  
MHQ ADMINISTRATION DATES AT EXIT

Site	Dates
Dayton 3-year	10/01/77-03/13/78
Dayton 5-year	09/28/79-05/08/80
Seattle 3-year	12/26/78-10/25/79
Seattle 5-year	02/02/81-12/01/81
Massachusetts 3-year	05/16/79-01/08/80
Massachusetts 5-year	04/30/81-01/01/82
South Carolina 3- and 5-year	07/28/81-05/01/82

concerning uncompleted screening examinations and nonreturned questionnaires.

### **Follow-Up**

Some enrollment and exit MHQs were partially, incorrectly, or ambiguously completed and required follow-up contact by the HIE. Such follow-up was done either by phone or in person. Follow-up concerning missing exit screening examinations and nonreturned MHQs continued after the examination centers had closed at each site.

The variable FINLSTAT indicates the status of the MHQ, including the reasons the questionnaire was not returned, if the reason could be ascertained. Although recontact was attempted whenever MHQs contained only partial information, such recontacts were not always successful; in such cases, the partial information from the MHQ is given for that person and unanswered questions receive a value of "Missing" (.).

## **RELATED FILES**

### **Derived Variable Files**

Two related series of derived variable files are projected for publication.<sup>3</sup> The *medical disorder series* combines Form B and medical screening examination data for enrollment and exit. The files may be used to study the prevalence of certain medical disorders. Table 5 lists the disorders.

The *health status and attitudes series* contains derived variables from the enrollment Form B and the exit Form B. The files contain data about perceptions of general health and satisfaction.

### **Demographic and Eligibility Files**

To select analytic subsamples using particular demographic and eligibility criteria, reference to two volumes in the *master sample series* will be necessary. Volume 1 in the *master sample series* provides

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<sup>3</sup>See Appendix B for more details.



Table 5

CHRONIC DISEASES AND CONDITIONS MEASURED  
DURING THE HEALTH INSURANCE EXPERIMENT

Diseases and Conditions	Applicable Age Group	
	Infants and Children (0-13)	Adults
Allergic conditions (asthma, hay fever)	x	x
Acne		x
Anemia	x	x
Angina pectoris		x
Chronic obstructive airway disease		x
Congestive heart failure		x
Diabetes mellitus		x
Hearing disorders <sup>1</sup>	x	x
Hypercholesterolemia (high cholesterol)		x
Hypertension		x
Joint disorders		x
Kidney disease and urinary tract infection		x
Peptic ulcer disease		x
Sleeping pill and tranquilizer use		x
Surgical conditions (hernia, tonsils, hemorrhoids, varicose veins)		x
Thyroid disease		x
Vision disorders	x	x

<sup>1</sup>For children and infants only, includes Otitis media (middle ear infection).

data concerning eligibility and family changes among enrollees.<sup>4</sup>

Volume 2 presents demographic and baseline data for all enrollees and anyone considered for enrollment.<sup>4</sup>

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<sup>4</sup>S. M. Polich and C. d'Arc Taylor, *Master Sample Series, Volume 1: Codebook for Eligibility-Family Changes File*, The RAND Corporation, N-2264/1-HHS, May 1986.

<sup>5</sup>S. M. Polich et al., *Master Sample Series, Volume 2: Codebook for Full Sample Demographic File*, The RAND Corporation, N-2264/2-HHS, May 1986.

### III. OVERVIEW OF INFANT ENROLLMENT AND EXIT CODEBOOKS

Codebooks for the six infant enrollment and exit MHQs, both Form A and Form B, are presented in this volume.

Dayton enrollment MHQs, Form A and B, differ substantially from the nonDayton enrollment MHQs, partly because they were administered two years earlier than those in the nonDayton sites; they are thus presented separately.

Questions are organized by topic. Specific questionnaire topics, or *batteries*, found in the codebooks are listed in the Table of Contents. An alphabetical listing of questionnaire batteries used in all enrollment and exit questionnaires may be found in Appendix C.

#### CODEBOOK CONSTRUCTION

The codebooks describe each variable in the MHQ infant enrollment and exit files. Technical descriptions of each file, including the location and length of each variable, are provided in Appendix C. Variables are of two types: header variables and question variables.

#### Header Variables

The following eight header variables appear in the data records, with exceptions as noted:

FILENAME	Denotes the particular file
PERSON	Identifies each participant by person number, permitting data to be gathered for a certain person across all files
SITE	Contains codes that identify the site where the participant was enrolled
INSTAT	(Insurance Status); indicates the HIE insurance status of the participant INSTAT = 1 identifies insured participants INSTAT = 2 identifies members of the Seattle HMO control group INSTAT = 3 indicates participants who were never insured

ENRTERM	(Enrollment Term); identifies terms of enrollment of participants
DATE	(Date Received); indicates the date the MHQ document was received by the HIE, or the last date of contact with the participant concerning the document
FINLSTAT	(Final Questionnaire Status); indicates the completion status of questionnaires <sup>1</sup>
SORCIND	(Source Indicator); for South Carolina three-year enrollees who were also members of the PEG, indicates which of two enrollment forms the record represents

In the codebooks, the header variables are set off in boxes as illustrated in Fig. 1.

The box on the left provides a basic description of the variable, including the file name and response codes/definitions. File names for the codebooks in this volume are:

PHIA1E	Infant enrollment Form A Dayton
PHIANE	Infant enrollment Form A nonDayton
PHIAAX	Infant exit Form A
PHIB1E	Infant enrollment Form B Dayton
PHIBNE	Infant enrollment Form B nonDayton
PHIBAX	Infant exit Form B

Below the box explanatory notes may appear. To the right of the box for most header variables is a table of response frequencies. The first column lists all response codes appearing for the variable. The second and third columns show, respectively, the absolute and cumulative response frequencies for each code. The fourth and fifth columns show the corresponding absolute and cumulative percentages.

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<sup>1</sup>Exit and nonDayton enrollment files only; does not appear in Dayton enrollment files.

VARIABLE	SITE	FILE PHANE; HEADER	SITE VALUE	FREQ	CUM FREQ	%	CUM %
Site			2	306	306	37.09	37.09
CODES			3	63	369	7.64	44.73
			4	86	455	10.42	55.15
			5	149	604	18.06	73.21
			6	221	825	26.79	100.00

  

1 - Dayton, Ohio
2 - Seattle, Washington
3 - Fitchburg, Massachusetts
4 - Franklin County, Massachusetts
5 - Charleston, South Carolina
6 - Georgetown County, South Carolina

SITE identifies the participant's place of residence when HIE data were collected.

Fig. 1 -- Codebook header variable format

### Question Variables

The main body of each codebook consists of questions taken from the MHQs. Each codebook follows the MHQ as closely as possible. On the MHQ, each question is identified by a question number. In the codebook, each variable is identified by a data element indicator (DEI) number. Generally, a single question corresponds to a single DEI number.

In the following codebooks, the MHQ battery titles are set off in boxes. The respective questions for each battery are set off in variable boxes with the corresponding DEI number appearing in the upper left, as illustrated in Fig. 2. As with the header variables, a table of response frequencies appears to the right of each variable box. Each numeric missing value in the frequencies is denoted by a dot "."; each alphabetic missing value appears as a blank.

DEI3606		FILE PHIAAX		DEI3606				
				VALUE	FREQ	CUM FREQ	%	CUM %
9. CONSIDERING THIS CHILD'S PROGRESS IN ROLLING OVER, SITTING UP, WALKING, AND TALKING, HOW DO YOU FEEL ABOUT THE WAY HE OR SHE IS GROWING UP OR DEVELOPING?  1. VERY SATISFIED 2. SOMEWHAT SATISFIED 3. NEITHER SATISFIED NOR WORRIED 4. SOMEWHAT WORRIED 5. VERY WORRIED				.	15	.		
				1	607	607	90.19	90.19
				2	48	655	7.13	97.33
				3	11	666	1.63	98.96
				4	4	670	0.59	99.55
				5	3	673	0.45	100.00

Fig. 2 -- Codebook question variable format

Whenever a question was reworded in such a way as to change the nature of the information gathered, the question was assigned a new DEI number. Some questions are unique to certain sites only. In such cases, the particular site(s) of administration is noted beneath the question box; any question variations appear immediately following the first version of the question.

Batteries and questions in each codebook are presented in the order they appeared on the survey documents. Respondents were asked to circle only one response for each question, unless other special instructions were given such as writing in their own response, or skipping certain questions depending on responses to previous questions. Questions logically skipped by a respondent have data values listed as "missing." If on questions requiring a written response the respondent wrote a range of numbers, the range was averaged and rounded to the nearest whole number.

### Warning

Some questionnaire responses may be improbable because of inaccuracies by respondents. Recall that a parent or other adult in the family filled out the MHQs for each infant. In addition, some respondents may have responded to questions that they were instructed to skip over. If a response was outside the normal range for a given question, or a response was given to a question that should have been logically skipped, the MHQ was inspected to verify that the value on the data files matched the value on the survey instrument. If the response was on the survey instrument, the value was left unchanged.

IV. CODEBOOK FOR DAYTON INFANT ENROLLMENT  
FORM A

FILENAME	VALUE	FREQ	CUM FREQ	%	CUM %
PHIA1E		187	187	100.00	100.00

  

SITE	VALUE	FREQ	CUM FREQ	%	CUM %
	1	187	187	100.00	100.00

VARIABLE	FILENAME	FILE PHIA1E; HEADER
Name of file		
FILENAME is a unique 6-character code that identifies this file as PHIA1E (Medical History Questionnaire, Form A, for infants, ages 0-4, from Dayton enrollment).		

VARIABLE	PERSON	FILE PHIA1E; HEADER
Person identifier		
PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.		

VARIABLE	SITE	FILE PHIA1E; HEADER
Site		
CODES		
	1 - Dayton, Ohio	
	2 - Seattle, Washington	
	3 - Fitchburg, Massachusetts	
	4 - Franklin County, Massachusetts	
	5 - Charleston, South Carolina	
	6 - Georgetown County, South Carolina	
SITE identifies the participant's place of residence when HIE data were collected.		



VARIABLE	INSTAT	FILE PHIA1E; HEADER
Insurance status		
CODES		
1 - Ever insured		
2 - Ever assigned to HMO control group		
3 - Never insured		
INSTAT describes the participant's insurance status in the Health Insurance Experiment.		

INSTAT	FREQ	CUM FREQ	%	CUM %
1	124	124	66.31	66.31
3	63	187	33.69	100.00

VARIABLE	ENRTERM	FILE PHIA1E; HEADER
Enrollment term		
CODES		
0 - None--person never enrolled		
2 - None--participant in PEG period only		
3 - 3 years		
5 - 5 years		
ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.		

ENRTERM	FREQ	CUM FREQ	%	CUM %
3	56	56	29.95	29.95
5	131	187	70.05	100.00

VARIABLE	DATE	FILE PHIA1E; HEADER
Date received		
DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19740109 to 19750220.		

WEIGHT
--------

DEI3600	FILE PH1ATE
1a. HOW MUCH DID THIS CHILD WEIGH AT BIRTH?	
_____ POUNDS	

DEI3600 VALUE	FREQ	CUM FREQ	%	CUM %
3	1	1	0.54	0.54
4	1	2	2.15	2.69
5	4	6	8.60	11.29
6	16	22	20.97	32.26
7	39	61	37.63	69.89
8	70	131	25.27	95.16
9	47	178	3.23	98.39
10	6	184	1.61	100.00
	3	187		

DEI3601	FILE PH1ATE
1b. HOW MUCH DID THIS CHILD WEIGH AT BIRTH? (OUNCES)	
OVER LAST WHOLE POUND)	
_____ OUNCES	

DEI3601 VALUE	FREQ	CUM FREQ	%	CUM %
0	1	1	6.99	6.99
1	13	14	4.30	11.29
2	8	22	8.60	19.89
3	16	38	4.84	24.73
4	9	47	9.14	33.87
5	17	64	5.91	39.79
6	11	75	5.91	45.70
7	11	86	3.76	49.46
8	7	93	5.91	55.38
9	11	104	3.76	59.14
10	7	111	6.45	65.59
11	12	123	6.45	72.04
12	12	135	8.60	80.65
13	16	151	6.99	87.63
14	13	164	4.84	92.47
15	9	173	7.53	100.00
	14	187		

DEVELOPMENT

DEI3602

FILE PHIA TE

2. WAS THIS CHILD BORN PREMATURELY? (THAT IS, EARLY OR NOT CARRIED AT LEAST 8-1/2 MONTHS.)

1. YES

2. NO

8. DON'T KNOW

DEI3602 VALUE	FREQ	CUM FREQ	%	CUM %
1	1	1	10.22	10.22
2	19	19	89.25	99.46
8	166	185	0.54	100.00
	1	186		

DEI3603

FILE PHIA TE

3. AT WHAT AGE DID THIS CHILD FIRST SIT UP WITHOUT HELP? (IF DOESN'T SIT UP YET, CIRCLE "99".)

MONTHS

99. DOESN'T SIT UP YET

DEI3603 VALUE	FREQ	CUM FREQ	%	CUM %
3	3	3	2.17	2.17
4	4	4	14.13	16.30
5	26	30	16.85	33.15
6	31	61	34.78	67.94
7	64	125	13.04	80.98
8	24	149	5.98	86.96
9	11	160	3.26	90.22
10	6	166	1.09	91.30
11	2	168	0.54	91.85
99	1	169	8.15	100.00
	15	184		

DEI3604

FILE PHIA1E

4. AT WHAT AGE DID THIS CHILD FIRST WALK WITHOUT HELP?  
(IF DOESN'T WALK YET, CIRCLE "99".)  
  
MONTHS  
99. DOESN'T WALK YET

DEI3604	VALUE	FREQ	CUM FREQ	%	CUM %
	7	2	2	1.08	1.08
	8	2	4	4.32	5.41
	9	8	10	4.32	5.41
	10	20	30	10.81	16.22
	11	25	55	13.51	29.73
	12	30	85	16.22	45.95
	13	32	117	17.30	63.24
	14	20	137	10.81	74.05
	15	6	143	3.24	77.30
	16	4	147	2.16	79.46
	99	3	150	1.62	81.08
		35	185	18.92	100.00

DEI3605

FILE PHIA1E

5. AT WHAT AGE DID THIS CHILD SPEAK A REAL WORD FOR THE FIRST TIME? (FOR EXAMPLE, "MAMA" OR "DADA".)  
(IF DOESN'T TALK YET, CIRCLE "99".)  
  
MONTHS  
99. DOESN'T TALK YET

DEI3605	VALUE	FREQ	CUM FREQ	%	CUM %
	1	4	4	0.55	0.55
	3	1	5	0.55	1.09
	4	7	12	3.83	4.92
	5	10	22	5.46	10.38
	6	32	54	17.49	27.87
	7	13	67	7.10	34.97
	8	24	91	13.12	48.09
	9	16	107	8.74	56.83
	10	18	125	9.84	66.67
	11	7	132	3.83	70.49
	12	15	147	8.20	78.69
	13	2	149	1.09	79.78
	14	1	150	0.55	80.33
	15	1	151	0.55	80.87
	16	4	155	2.19	83.06
	17	1	156	0.55	83.61
	18	3	159	1.64	85.25
	20	2	161	1.09	86.34
	23	1	162	0.55	86.89
	24	1	163	0.55	87.43
	99	23	186	12.57	100.00

DEI3606

FILE PH1A1E

6. CONSIDERING THIS CHILD'S PROGRESS IN SITTING UP, WALKING, AND TALKING, HOW DO YOU FEEL ABOUT THE WAY HE/SHE IS GROWING UP OR DEVELOPING?  
 1. VERY SATISFIED  
 2. SOMEWHAT SATISFIED  
 3. NEITHER SATISFIED NOR WORRIED  
 4. SOMEWHAT WORRIED  
 5. VERY WORRIED

DEI3607

FILE PH1A1E

7. HOW DO YOU FEEL ABOUT THIS CHILD'S EATING HABITS?  
 1. VERY SATISFIED  
 2. SOMEWHAT SATISFIED  
 3. NEITHER SATISFIED NOR WORRIED  
 4. SOMEWHAT WORRIED  
 5. VERY WORRIED

DEI3608

FILE PH1A1E

8. HOW DO YOU FEEL ABOUT THIS CHILD'S SLEEPING HABITS?  
 1. VERY SATISFIED  
 2. SOMEWHAT SATISFIED  
 3. NEITHER SATISFIED NOR WORRIED  
 4. SOMEWHAT WORRIED  
 5. VERY WORRIED

DEI3606	VALUE	FREQ	CUM FREQ	%	CUM %
	1	172	172	91.98	91.98
	2	9	181	4.81	96.79
	3	4	185	2.14	98.93
	4	1	186	0.54	99.47
	5	1	187	0.54	100.00

DEI3607	VALUE	FREQ	CUM FREQ	%	CUM %
	1	116	116	62.03	62.03
	2	44	160	23.53	85.56
	3	18	178	9.63	95.19
	4	9	187	4.81	100.00

DEI3608	VALUE	FREQ	CUM FREQ	%	CUM %
	1	137	137	73.26	73.26
	2	31	168	16.58	89.84
	3	13	181	6.95	96.79
	4	4	185	2.14	98.93
	5	2	187	1.07	100.00

DEI3609	FILE	PHIATE
9.	HOW DO YOU FEEL ABOUT THIS CHILD'S BOWEL HABITS?	
	1. VERY SATISFIED	
	2. SOMEWHAT SATISFIED	
	3. NEITHER SATISFIED NOR WORRIED	
	4. SOMEWHAT WORRIED	
	5. VERY WORRIED	

DEI3609	VALUE	FREQ	CUM FREQ	%	CUM %
	1	149	149	79.68	79.68
	2	28	177	14.97	94.65
	3	8	185	4.28	98.93
	4	1	186	0.54	99.47
	5	1	187	0.54	100.00

DEI3610	FILE	PHIATE
10.	HOW MUCH TIME HAVE DOCTORS SPENT TALKING TO YOU ABOUT THIS CHILD'S EATING, SLEEPING, AND BOWEL HABITS?	
	1. TOO MUCH TIME	
	2. ENOUGH TIME	
	3. NOT ENOUGH TIME	
	9. HAVEN'T TALKED WITH A DOCTOR ABOUT THESE HABITS	

DEI3610	VALUE	FREQ	CUM FREQ	%	CUM %
	2	103	103	55.08	55.08
	3	17	120	9.09	64.17
	9	67	187	35.83	100.00

IMMUNIZATIONS
---------------

DE13611	FILE PH1A1E
11a. HAS THIS CHILD HAD THE FOLLOWING IMMUNIZATION?	
DPT (DIPHTHERIA, WHOOPING COUGH, AND TETANUS)	
1. YES	
2. NO	
8. DON'T KNOW	

DE13612	FILE PH1A1E
11b. HAS THIS CHILD HAD THE FOLLOWING IMMUNIZATION?	
POLIO	
1. YES	
2. NO	
8. DON'T KNOW	

DE13611	VALUE	FREQ	CUM FREQ	%	CUM %
	1	174	174	93.05	93.05
	2	11	185	5.88	98.93
	8	2	187	1.07	100.00

DE13612	VALUE	FREQ	CUM FREQ	%	CUM %
	1	167	167	89.31	89.31
	2	16	183	8.56	97.86
	8	4	187	2.14	100.00

DEI3613	FILE	PHIATE
11c. HAS THIS CHILD HAD THE FOLLOWING IMMUNIZATION?		
SMALLPOX		
1. YES		
2. NO		
8. DON'T KNOW		

DEI3613	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	2	57	30.81	30.81
2	2	57	174	63.24	94.05
8	8	117	185	5.95	100.00

DEI3614	FILE	PHIATE
11d. HAS THIS CHILD HAD THE FOLLOWING IMMUNIZATION?		
REGULAR MEASLES		
1. YES		
2. NO		
8. DON'T KNOW		

DEI3614	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	1	131	70.43	70.43
2	2	131	173	22.58	93.01
8	8	42	186	6.99	100.00

DEI3615	FILE	PHIATE
11e. HAS THIS CHILD HAD THE FOLLOWING IMMUNIZATION?		
GERMAN MEASLES?		
1. YES		
2. NO		
8. DON'T KNOW		

DEI3615	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	113	113	60.43	60.43
2	2	52	165	27.81	88.24
8	8	22	187	11.77	100.00



DE13616	FILE PH1ATE
11f. HAS THIS CHILD HAD THE FOLLOWING IMMUNIZATION?	
MUMPS	
1. YES	
2. NO	
8. DON'T KNOW	

DE13616					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	2	2	47.03	47.03	
2	87	89	41.62	88.65	
8	77	166	11.35	100.00	
	21	187			

DE13617	FILE PH1ATE
11g. HAS THIS CHILD HAD THE FOLLOWING IMMUNIZATION?	
OTHER, DON'T KNOW WHAT FOR	
1. YES	
2. NO	
8. DON'T KNOW	

DE13617					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	14	14	13.87	13.87	
2	24	38	64.74	78.61	
8	112	150	21.39	100.00	
	37	187			

SAFETY
--------

DE13618	FILE PH1A1E
12. HAS THIS CHILD EVER ACCIDENTALLY SWALLOWED ANY MEDICINES, PILLS OR POISON?	
1. NEVER	
2. ONCE	
3. TWICE	
4. THREE OR MORE TIMES	
8. DON'T KNOW	

DRUG ALLERGY
--------------

DE13619	FILE PH1A1E
13. IS THIS CHILD ALLERGIC TO PENICILLIN OR AMPICILLIN?	
1. YES	
2. NO	
8. DON'T KNOW	

DE13618	VALUE	FREQ	CUM FREQ	%	CUM %
	1	169	169	90.37	90.37
	2	15	184	8.02	98.40
	4	2	186	1.07	99.47
	8	1	187	0.54	100.00

DE13619	VALUE	FREQ	CUM FREQ	%	CUM %
	1	9	9	4.81	4.81
	2	133	142	71.12	75.94
	8	45	187	24.06	100.00

HEIGHT AND WEIGHT
-------------------

DE13620	FILE PH1A1E
14a. HOW TALL IS THIS CHILD WITHOUT SHOES ON?	
_____ FEET	

DE13621	FILE PH1A1E
14b. HOW TALL IS THIS CHILD WITHOUT SHOES ON? ( INCHES OVER LAST WHOLE FOOT)	
_____ INCHES	

DE13620 VALUE	FREQ	CUM FREQ	%	CUM %
1	29	9	5.70	5.70
2	9	73	40.51	46.20
3	64	156	52.53	98.73
4	83	158	1.27	100.00
2	2			

  

DE13621 VALUE	FREQ	CUM FREQ	%	CUM %
0	33	20	12.99	12.99
1	20	29	5.84	18.83
2	9	45	10.39	29.22
3	16	59	9.09	38.31
4	14	73	9.09	47.40
5	14	89	10.39	57.79
6	16	102	8.44	66.23
7	13	112	6.49	72.73
8	10	122	6.49	79.22
9	10	134	7.79	87.01
10	12	148	9.09	96.10
11	14	154	3.90	100.00
6	6			

DEI3622	DEI3622 VALUE	FREQ	CUM FREQ	%	CUM %
FILE PHIA1E	8	10	2	1.13	1.13
15. HOW MUCH DOES THIS CHILD WEIGH WITHOUT HEAVY CLOTHING?	10	2	3	0.57	1.70
_____ POUNDS	11	1	5	1.13	2.83
	12	5	10	2.83	5.65
	13	2	12	1.13	6.78
	14	2	14	1.13	7.91
	15	1	15	0.57	8.48
	16	3	18	1.70	10.17
	17	1	19	0.57	10.73
	18	2	21	1.13	11.86
	19	4	25	2.26	14.12
	20	3	28	1.70	15.82
	21	3	31	1.70	17.51
	22	5	36	2.83	20.34
	23	4	40	2.26	22.60
	24	4	44	2.26	24.86
	25	9	53	5.09	29.94
	26	7	60	3.96	33.90
	27	7	67	3.96	37.85
	28	8	75	4.52	42.37
	29	8	83	4.52	46.89
	30	15	98	8.48	55.37
	31	4	102	2.26	57.63
	32	5	107	2.83	60.45
	33	3	110	1.70	62.15
	34	3	113	1.70	63.84
	35	20	133	11.30	75.14
	36	5	138	2.83	77.97
	37	4	142	2.26	80.23
	38	3	145	1.70	81.92
	39	1	146	0.57	82.49
	40	10	156	5.65	88.14
	41	3	159	1.70	89.83
	43	2	161	1.13	90.96
	44	2	163	1.13	92.09
	45	10	173	5.65	97.74
	46	2	175	1.13	98.87
	48	1	176	0.57	99.44
	60	1	177	0.57	100.00

-----+  
 | EAR INFECTIONS |  
 |-----+-----+  
 +-----+-----+

DE13623	FILE PH1ATE
16. DURING THE PAST 12 MONTHS, ABOUT HOW MANY TIMES HAS THIS CHILD EVER HAD AN EAR INFECTION? (IF NO EAR INFECTIONS, CIRCLE "99".)	
99. _____ NUMBER OF TIMES (Go to Q. 17) _____ HASN'T HAD AN EAR INFECTION (Go to Q. 21)	

DE13624	FILE PH1ATE
17. DURING THE PAST 12 MONTHS, HOW MUCH HAVE THIS CHILD'S EAR INFECTIONS WORRIED OR CONCERNED YOU?	
1. A LOT 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	

DE13625	FILE PH1ATE
18. IN GENERAL, WHEN THIS CHILD HAS HAD AN EAR INFECTION, HOW MANY DAYS HAS IT LASTED?	
_____ DAYS	

DE13623	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	1	1	16.67	16.67
2	2	31	31	5.91	22.58
3	3	11	42	3.76	26.34
4	4	7	49	1.61	27.96
6	6	3	52	0.54	28.50
99	99	133	186	71.51	100.00

DE13624	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	133	5	9.26	9.26
2	2	5	19	25.93	35.19
3	3	14	47	51.85	87.04
4	4	28	54	12.96	100.00
		7			

DE13625	VALUE	FREQ	CUM FREQ	%	CUM %
2	2	135	11	21.15	21.15
3	3	11	25	26.92	48.08
4	4	14	33	15.39	63.46
5	5	8	39	11.54	75.00
6	6	6	43	7.69	82.69
7	7	4	49	11.54	94.23
10	10	6	51	3.85	98.08
14	14	2	52	1.92	100.00
		1			

DEI3626

FILE PH1ATE

19. IN GENERAL, WHEN THIS CHILD HAS HAD AN EAR INFECTION, HOW MANY DAYS HAS IT KEPT THIS CHILD IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)  

\_\_\_\_\_ DAYS IN BED

DEI3627

FILE PH1ATE

20. DURING THE PAST 12 MONTHS, WHEN THIS CHILD HAS HAD AN EAR INFECTION, HOW OFTEN HAS IT KEPT HIM FROM DOING THE KINDS OF ACTIVITIES OTHER CHILDREN THE SAME AGE DO?  

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

DEI3626	VALUE	FREQ	CUM FREQ	%	CUM %
	0	134	42	79.25	79.25
	1	42	46	7.55	86.79
	2	4	50	7.55	94.34
	3	2	52	3.77	98.11
	4	1	53	1.89	100.00

DEI3627	VALUE	FREQ	CUM FREQ	%	CUM %
	1	133	1	1.85	1.85
	2	1	6	9.26	11.11
	3	5	16	18.52	29.63
	4	10	41	46.30	75.93
	5	25	54	24.07	100.00
		13			

+-----+	
	COLDS
+-----+	

DEI3628	FILE PHIA1E
21. DURING THE PAST 12 MONTHS, ABOUT HOW MANY COLDS HAS THIS CHILD HAD? (IF NO COLDS, CIRCLE "99".)	
<div> <div>NUMBER OF COLDS (Go to Q. 22)</div> <div>99. HASN'T HAD A COLD (Go to Q. 26)</div> </div>	

DEI3629	FILE PHIA1E
22. DURING THE PAST 12 MONTHS, HOW MUCH HAVE THIS CHILD'S COLDS WORRIED OR CONCERNED YOU?	
<div> <div>1. A LOT</div> <div>2. SOMEWHAT</div> <div>3. A LITTLE</div> <div>4. NOT AT ALL</div> </div>	

DEI3630	FILE PHIA1E
23. IN GENERAL, WHEN THIS CHILD HAS HAD A COLD, HOW MANY DAYS HAS IT LASTED?	
<div> <div>_____ DAYS</div> </div>	

DEI3628	VALUE	FREQ	CUM FREQ	%	CUM %
	1	13	13	6.95	6.95
	2	45	58	24.06	31.02
	3	43	101	23.00	54.01
	4	25	126	13.37	67.38
	5	18	144	9.63	77.01
	6	11	155	5.88	82.89
	7	3	158	1.60	84.49
	8	3	161	1.60	86.10
	9	1	162	0.54	86.63
	10	2	164	1.07	87.70
	99	23	187	12.30	100.00

DEI3629	VALUE	FREQ	CUM FREQ	%	CUM %
	1	23	23	12.20	12.20
	2	20	43	31.10	43.29
	3	51	94	39.63	82.93
	4	65	159	17.07	100.00
	28	28	187		

DEI3630	VALUE	FREQ	CUM FREQ	%	CUM %
	1	23	23	2.44	2.44
	2	4	27	9.15	11.59
	3	15	42	16.46	28.05
	4	27	69	21.34	49.39
	5	35	104	4.88	54.27
	6	8	112	21.34	75.61
	7	35	147	3.66	79.27
	8	6	153		
			(cont.)		

VARIABLE DE13630 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
9	1	131	0.61	79.88
10	12	143	7.32	87.20
12	2	145	1.22	88.42
14	15	160	9.15	97.56
18	1	161	0.61	98.17
20	2	163	1.22	99.39
45	1	164	0.61	100.00
DE13631				
VALUE	FREQ	CUM FREQ	%	CUM %
0	24	135	82.82	82.82
1	135	145	6.14	88.96
2	10	150	3.07	92.03
3	7	157	4.29	96.32
4	1	158	0.61	96.93
5	1	159	0.61	97.55
6	1	160	0.61	98.16
7	2	162	1.23	99.39
8	1	163	0.61	100.00
DE13632				
VALUE	FREQ	CUM FREQ	%	CUM %
1	23	1	0.61	0.61
2	1	4	1.83	2.44
3	31	35	18.90	21.34
4	61	96	37.20	58.54
5	68	164	41.46	100.00

DE13631

FILE PHIA1E

24. IN GENERAL, WHEN THIS CHILD HAS HAD A COLD, HOW MANY DAYS HAS IT KEPT THIS CHILD IN BED ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)

\_\_\_\_\_ DAYS IN BED

DE13632

FILE PHIA1E

25. DURING THE PAST 12 MONTHS, WHEN THIS CHILD HAS HAD A COLD, HOW OFTEN HAS IT KEPT HIM FROM DOING THE KINDS OF ACTIVITIES OTHER CHILDREN THE SAME AGE DO?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME



-----+  
 | FUTURE HEALTH EXPENSES |  
 +-----+

DEI3633

FILE PHIA TE

26. HOW MUCH DO YOU THINK THIS CHILD'S HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS? INCLUDE EVERY EXPENSE FOR DOCTORS, DENTISTS, NURSES, CLINICS, PSYCHIATRISTS, MEDICAL TESTS, DRUGS, HOSPITALS, ETC. INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICAID, MEDICARE, AND OTHER PEOPLE.

1. LESS THAN \$100 (Go to Q. 27)  
 2. BETWEEN \$100 - \$500 (Go to Q. 26a)  
 3. BETWEEN \$500 - \$1000 (Go to Q. 26b)  
 4. OVER \$1000 (Go to Q. 26c)

DEI3633

VALUE	FREQ	CUM FREQ	%	CUM %
1	2	2	53.51	53.51
2	99	101	39.46	92.97
3	73	174	4.87	97.84
4	9	183	2.16	100.00

DEI3634

FILE PHIA TE

26a. WHAT WILL THIS CHILD'S HEALTH CARE COST FOR THE NEXT 12 MONTHS - BETWEEN \$100 AND \$500?

\$ \_\_\_\_\_

DEI3634

VALUE	FREQ	CUM FREQ	%	CUM %
100	125	125	6.45	6.45
125	4	129	1.61	8.07
150	1	130	1.61	9.68
162	15	145	24.19	33.87
170	1	146	1.61	35.48
175	2	148	3.23	38.71
191	2	150	3.23	41.94
200	1	151	1.61	43.55
250	16	167	25.81	69.36
275	6	173	9.68	79.04
300	1	174	1.61	80.65
350	5	179	8.07	88.72
400	3	182	4.84	93.56
500	4	186	6.45	100.00



DEI3638

FILE PHIA1E

28a. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES - MONTH?

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

DEI3638	VALUE	FREQ	CUM FREQ	%	CUM %
	6	186	1	100.00	100.00

DEI3639

FILE PHIA1E

28b. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES - YEAR?

\_\_\_\_\_ YEAR

DEI3639	VALUE	FREQ	CUM FREQ	%	CUM %
	1974	186	1	100.00	100.00

DEI3640

FILE PHIA1E

29. DID THIS CHILD WEAR EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME?

1. YES (Go to Q. 30a)

2. NO (Go to Q. 31)

DEI3640	VALUE	FREQ	CUM FREQ	%	CUM %
	1	186	1	100.00	100.00

DE13641

FILE PH1A1E

30a. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME - MONTH?

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

DE13642

FILE PH1A1E

30b. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME - YEAR?

\_\_\_\_\_ YEAR

DE13643

FILE PH1A1E

31. DOES THIS CHILD WEAR A HEARING AID?

1. YES (Go to Q. 32a)

2. NO (Go to Q. 35)

DE13641	VALUE	FREQ	CUM FREQ	%	CUM %
	12	186	1	100.00	100.00

DE13642	VALUE	FREQ	CUM FREQ	%	CUM %
	1973	186	1	100.00	100.00

DE13643	VALUE	FREQ	CUM FREQ	%	CUM %
	2	187	187	100.00	100.00

DEI3644	32a. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW HEARING AID - MONTH?	FILE PHIAE	DEI3644	VALUE	FREQ	CUM FREQ	%	CUM %
	1. JANUARY 2. FEBRUARY 3. MARCH 4. APRIL 5. MAY 6. JUNE 7. JULY 8. AUGUST 9. SEPTEMBER 10. OCTOBER 11. NOVEMBER 12. DECEMBER				187	.	.	.
DEI3645	32b. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW HEARING AID - YEAR?	FILE PHIAE	DEI3645	VALUE	FREQ	CUM FREQ	%	CUM %
	_____ YEAR				187	.	.	.
DEI3646	33. DID THIS CHILD WEAR A HEARING AID BEFORE THAT TIME?	FILE PHIAE	DEI3646	VALUE	FREQ	CUM FREQ	%	CUM %
	1. YES (Go to Q. 34a) 2. NO (Go to Q. 35)				187	.	.	.

DE13647	34a. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW HEARING AID BEFORE THAT TIME - MONTH?	FILE PH1A1E	DE13647	VALUE	FREQ	CUM FREQ	%	CUM %
	1. JANUARY 2. FEBRUARY 3. MARCH 4. APRIL 5. MAY 6. JUNE 7. JULY 8. AUGUST 9. SEPTEMBER 10. OCTOBER 11. NOVEMBER 12. DECEMBER				187	.	.	.
DE13648	34b. WHEN WAS THE LAST TIME THIS CHILD GOT A NEW HEARING AID BEFORE THAT TIME - YEAR? _____ YEAR	FILE PH1A1E	DE13648	VALUE	FREQ	CUM FREQ	%	CUM %
					187	.	.	.
DE13649	35. DOES THIS CHILD WEAR BRACES FOR TEETH? 1. YES (Go to Q. 36a) 2. NO (Go to Q. 39)	FILE PH1A1E	DE13649	VALUE	FREQ	CUM FREQ	%	CUM %
				2	187	187	100.00	100.00

DE12864	DE12864	VALUE	FREQ	CUM FREQ	%	CUM %
	36a. WHEN WAS THE LAST TIME THIS CHILD GOT NEW BRACES FOR TEETH - MONTH?		187	.	.	.
	1. JANUARY					
	2. FEBRUARY					
	3. MARCH					
	4. APRIL					
	5. MAY					
	6. JUNE					
	7. JULY					
	8. AUGUST					
	9. SEPTEMBER					
	10. OCTOBER					
	11. NOVEMBER					
	12. DECEMBER					

DE12898	DE12898	VALUE	FREQ	CUM FREQ	%	CUM %
	36b. WHEN WAS THE LAST TIME THIS CHILD GOT NEW BRACES FOR TEETH - YEAR?		187	.	.	.
	_____ YEAR					

DE12917	DE12917	VALUE	FREQ	CUM FREQ	%	CUM %
	37. DID THIS CHILD WEAR BRACES FOR TEETH BEFORE THAT TIME?		187	.	.	.
	1. YES (Go to Q. 38a)					
	2. NO (Go to Q. 39)					

DE12918	FILE PH1A1E
38a. WHEN WAS THE LAST TIME THIS CHILD GOT NEW BRACES FOR TEETH BEFORE THAT TIME - MONTH?	
1. JANUARY 2. FEBRUARY 3. MARCH 4. APRIL 5. MAY 6. JUNE 7. JULY 8. AUGUST 9. SEPTEMBER 10. OCTOBER 11. NOVEMBER 12. DECEMBER	

DE12918	VALUE	FREQ	CUM FREQ	%	CUM %
	.	187	.	.	.

DE12919	FILE PH1A1E
38b. WHEN WAS THE LAST TIME THIS CHILD GOT NEW BRACES FOR TEETH BEFORE THAT TIME - YEAR?	
_____ YEAR	

DE12919	VALUE	FREQ	CUM FREQ	%	CUM %
	.	187	.	.	.



GENERAL HEALTH
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DEI2931	FILE PHIA1E
39. IS THIS CHILD ABLE TO TAKE PART IN ALL ORDINARY PLAY WITH OTHER CHILDREN?	
1. YES (Go to Q. 41)	
2. NO (Go to Q. 40)	

DEI2932	FILE PHIA1E
40. HOW LONG HAS THIS CHILD BEEN UNABLE TO TAKE PART IN ALL ORDINARY PLAY?	
1. LESS THAN 1 MONTH	
2. 1 - 3 MONTHS	
3. MORE THAN 3 MONTHS	

DEI2933	FILE PHIA1E
41. IS THIS CHILD LIMITED IN THE KIND OR AMOUNT OF PLAY HE CAN DO BECAUSE OF HEALTH?	
1. YES (Go to Q. 42)	
2. NO (Go to Q. 43)	

DEI2931	VALUE	FREQ	CUM FREQ	%	CUM %
	1	180	180	96.77	96.77
	2	6	186	3.23	100.00

DEI2932	VALUE	FREQ	CUM FREQ	%	CUM %
	1	183	1	50.00	50.00
	2	2	3	25.00	75.00
	3	1	4	25.00	100.00

DEI2933	VALUE	FREQ	CUM FREQ	%	CUM %
	1	1	1	1.61	1.61
	2	183	186	98.39	100.00

<p>DE13228</p> <p>42. HOW LONG HAS THIS CHILD BEEN LIMITED IN THE KIND OR AMOUNT OF PLAY BECAUSE OF HEALTH?</p> <p>1. LESS THAN 1 MONTH 2. 1 - 3 MONTHS 3. MORE THAN 3 MONTHS</p>	<p>FILE PHIA1E</p>
<p>DE13229</p> <p>43. DOES THIS CHILD NEED MORE HELP THAN USUAL FOR CHILDREN OF THE SAME AGE IN EATING, DRESSING, BATHING, OR USING THE TOILET?</p> <p>1. YES (Go to Q. 44) 2. NO (Go to Q. 45)</p>	<p>FILE PHIA1E</p>
<p>DE13230</p> <p>44. HOW LONG HAS THIS CHILD NEEDED MORE HELP THAN USUAL FOR CHILDREN OF THE SAME AGE IN EATING, DRESSING, BATHING, OR USING THE TOILET?</p> <p>1. LESS THAN 1 MONTH 2. 1 - 3 MONTHS 3. MORE THAN 3 MONTHS</p>	<p>FILE PHIA1E</p>

<p>DE13228</p> <p>VALUE</p> <p>184 1 2</p> <p>3</p>	<p>FREQ</p> <p>184 1 2</p> <p>3</p>	<p>CUM FREQ</p> <p>1 2 3</p> <p>33.33 66.67</p> <p>100.00</p>	<p>CUM %</p> <p>33.33 66.67</p> <p>100.00</p>
<p>DE13229</p> <p>VALUE</p> <p>1 2</p> <p>2</p>	<p>FREQ</p> <p>2 2 183</p> <p>2</p>	<p>CUM FREQ</p> <p>2 185</p> <p>1.08 98.92</p> <p>100.00</p>	<p>CUM %</p> <p>1.08 98.92</p> <p>100.00</p>
<p>DE13230</p> <p>VALUE</p> <p>3</p>	<p>FREQ</p> <p>185 2</p> <p>2</p>	<p>CUM FREQ</p> <p>2</p> <p>100.00</p>	<p>CUM %</p> <p>100.00</p>

DEI3238		FILE PH1A1E		DEI3238			
45. DOES THIS CHILD USE CRUTCHES, ARTIFICIAL LIMBS, OR BRACES TO WALK?				VALUE	FREQ	CUM FREQ	CUM %
1. YES (Go to Q. 46)				2	1	186	100.00
2. NO (Go to Q. 47)					186		100.00
DEI3239		FILE PH1A1E		DEI3239			
46. HOW LONG HAS THIS CHILD USED CRUTCHES, ARTIFICIAL LIMBS, OR BRACES TO WALK?				VALUE	FREQ	CUM FREQ	CUM %
1. LESS THAN 1 MONTH					187		
2. 1 - 3 MONTHS							
3. MORE THAN 3 MONTHS							
DEI3240		FILE PH1A1E		DEI3240			
47. IS THIS CHILD IN BED FOR ALL OR MOST OF THE DAY BECAUSE OF HEALTH?				VALUE	FREQ	CUM FREQ	CUM %
1. YES (Go to Q. 48)				2	1	186	100.00
2. NO (Go to Q. 49)					186		100.00

<div data-bbox="305 945 532 1848"> <div>DE13241</div> <div>FILE PH1ATE</div> <div>48. HOW LONG HAS THIS CHILD BEEN IN BED FOR ALL OR MOST OF THE DAY BECAUSE OF HEALTH?</div> <div>1. LESS THAN 1 MONTH</div> <div>2. 1 - 3 MONTHS</div> <div>3. MORE THAN 3 MONTHS</div> </div>	<div>DE13241</div> <div>VALUE</div> <div>.</div> <div>FREQ</div> <div>187</div> <div>CUM FREQ</div> <div>.</div> <div>%</div> <div>.</div> <div>CUM %</div> <div>.</div>
<div data-bbox="597 945 805 1848"> <div>DE13242</div> <div>FILE PH1ATE</div> <div>49. IS THIS CHILD IN A HOSPITAL OR OTHER MEDICAL FACILITY BECAUSE OF HEALTH?</div> <div>1. YES (Go to Q. 50)</div> <div>2. NO</div> </div>	<div>DE13242</div> <div>VALUE</div> <div>1</div> <div>4</div> <div>182</div> <div>FREQ</div> <div>1</div> <div>4</div> <div>186</div> <div>CUM FREQ</div> <div>.</div> <div>2.15</div> <div>97.85</div> <div>%</div> <div>2.15</div> <div>100.00</div> <div>CUM %</div>
<div data-bbox="867 945 1097 1848"> <div>DE13243</div> <div>FILE PH1ATE</div> <div>50. HOW LONG HAS THIS CHILD BEEN IN A HOSPITAL OR OTHER MEDICAL FACILITY BECAUSE OF HEALTH?</div> <div>1. LESS THAN 1 MONTH</div> <div>2. 1 - 3 MONTHS</div> <div>3. MORE THAN 3 MONTHS</div> </div>	<div>DE13243</div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> <div>FREQ</div> <div>183</div> <div>2</div> <div>1</div> <div>4</div> <div>CUM FREQ</div> <div>.</div> <div>50.00</div> <div>25.00</div> <div>25.00</div> <div>%</div> <div>50.00</div> <div>75.00</div> <div>100.00</div> <div>CUM %</div>

DE13283	FILE PH1A1E
I.D. OF H1E PARTICIPANT WHO FILLED OUT THIS FORM	

DE13284	FILE PH1A1E
<p>IF THE PERSON WHO WAS ASKED TO FILL THE FORM OUT DID NOT FILL IT OUT ALONE, CIRCLE REASON FOR HELP.</p> <p>PERSON WHO WAS ASKED TO FILL FORM OUT:</p> <ol style="list-style-type: none"> <li>1. CAN'T READ WELL ENOUGH</li> <li>2. HAS EYESIGHT PROBLEM</li> <li>3. HAS ARTHRITIS OR OTHER WRITING LIMITATION</li> <li>4. DOESN'T SPEAK ENGLISH WELL ENOUGH</li> <li>5. IS AWAY FROM HOME AND WILL NOT RETURN BEFORE FORM IS DUE</li> <li>6. OTHER</li> </ol>	

DE13284	VALUE	FREQ	CUM FREQ	%	CUM %
	1	183	3	75.00	75.00
	6	3	4	25.00	100.00
		1			



V. CODEBOOK FOR NONDAYTON INFANT ENROLLMENT  
FORM A

VARIABLE	FILENAME	FILE PHIANE; HEADER
	Name of file	
	FILENAME is a unique 6-character code that identifies this file as PHIANE (Medical History Questionnaire, Form A, for infants, ages 0-4, from Seattle and Massachusetts enrollment, and South Carolina 3-year, 5-year and PEG enrollment).	

VARIABLE	PERSON	FILE PHIANE; HEADER
	Person identifier	
	PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.	

VARIABLE	SITE	FILE PHIANE; HEADER
	Site	
	CODES	
	1 - Dayton, Ohio	
	2 - Seattle, Washington	
	3 - Fitchburg, Massachusetts	
	4 - Franklin County, Massachusetts	
	5 - Charleston, South Carolina	
	6 - Georgetown County, South Carolina	
	SITE identifies the participant's place of residence when HIE data were collected.	

FILENAME	VALUE	FREQ	CUM FREQ	%	CUM %
	PHIANE	825	825	100.00	100.00

  

SITE	VALUE	FREQ	CUM FREQ	%	CUM %
	2	306	306	37.09	37.09
	3	63	369	7.64	44.73
	4	86	455	10.42	55.15
	5	149	604	18.06	73.21
	6	221	825	26.79	100.00



VARIABLE	INSTAT	FILE	PHIANE;	HEADER
Insurance status				
CODES				
	1 - Ever insured			
	2 - Ever assigned to HMO control group			
	INSTAT describes the participant's insurance status in the Health Insurance Experiment.			

INSTAT	FREQ	CUM FREQ	%	CUM %
1	700	700	84.85	84.85
2	67	767	8.12	92.97
3	58	825	7.03	100.00

VARIABLE	ENRTERM	FILE	PHIANE;	HEADER
Enrollment term				
CODES				
	0 - None--person never enrolled			
	2 - None--participant in PEG period only			
	3 - 3 years			
	5 - 5 years			
	ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.			

ENRTERM	FREQ	CUM FREQ	%	CUM %
0	7	7	0.85	0.85
2	50	57	6.06	6.91
3	537	594	65.09	72.00
5	231	825	28.00	100.00

SORCIND	VALUE	FREQ	CUM FREQ	%	CUM %
	3	455	140	37.84	37.84
	5	230	370	62.16	100.00

VARIABLE	SORCIND	FILE	PHIANE; HEADER
Source file indicator			
CODES			
3	- South Carolina 3-year enrollment		
5	- South Carolina 5-year and PEG enrollment		
SORCIND describes the source file for a participant's data record on this file. In the case of multiple records for a participant, this field can be used to determine the origin of a particular record.			

VARIABLE	DATE	FILE	PHIANE; HEADER
Date received			
DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19751204 to 19791102.			

VARIABLE	FINLSTAT	FILE PHIANE; HEADER	FINLSTAT VALUE	FREQ	CUM FREQ	%	CUM %
Final questionnaire status							
CODES							
3	- Not returned; participant deceased		8	685	5	3.57	3.57
4	- Not returned; participant withdrawn		11	5	122	83.57	87.14
5	- Not returned; participant moved out of country		21	117	138	11.43	98.57
6	- Not returned; participant moved/unlocatable		31	16	140	1.43	100.00
7	- Not returned; participant refused to complete questionnaire			2			
8	- Not returned; field period ended						
11	- Completed as received; no follow-up necessary						
21	- Completed after recontact						
31	- Recontact required, but not obtained (if questions were refused in writing on MHQ, recontact was not attempted)						
41	- Corrections made by editors						
51	- Completed with interviewer assistance, by phone or in person						
71	- Recontact required but not attempted due to end of field period						
80	- Questionnaire returned after field period; MHQ blank, no follow-up attempted						
81	- Questionnaire returned after field period; at least one question answered, no follow-up attempted						
FINLSTAT indicates whether a data collection instrument was completed or returned and whether any follow-up efforts were required. Code values with a "1" in the second column indicate documents that are complete or partially complete.							

NOTE: Present for South Carolina 3-year enrollment only.

NOTE: Present for South Carolina 3-year enrollment only.

HEIGHT AND WEIGHT

DEI 3600

FILE PHIANE

1a. HOW MUCH DID THIS CHILD WEIGH AT BIRTH?

\_\_\_\_\_ POUNDS

DE I 3600	VALUE	FREQ	CUM FREQ	%	CUM %
1	13	2	2	0.25	0.25
2	5	7	7	0.62	0.86
3	4	11	11	0.39	1.36
4	19	30	30	2.34	3.70
5	83	113	113	10.22	13.92
6	211	324	324	25.99	39.90
7	268	592	592	33.01	72.91
8	156	748	748	19.21	92.12
9	46	794	794	5.67	97.78
10	15	809	809	1.85	99.63
11	1	810	810	0.12	99.75
13	1	811	811	0.12	99.88
32	1	812	812	0.12	100.00

DEI3601

FILE PHIANE

1b. HOW MUCH DID THIS CHILD WEIGH AT BIRTH? (OUNCES  
OVER LAST WHOLE POUND)

OUNCES

VALUE	FREQ	CUM FREQ	%	CUM %
0	20	20	9.81	9.81
1	79	99	4.60	14.41
1	37	136	6.71	21.12
2	54	190	6.46	27.58
3	52	242	6.96	34.53
4	56	298	4.85	39.38
5	39	337	8.82	48.20
6	71	408	8.20	56.40
7	66	474	6.83	63.23
8	55	529	5.59	68.82
9	45	574	4.60	73.42
10	37	591	5.09	78.51
11	41	632	6.09	84.60
12	49	681	5.59	90.19
13	45	726	5.09	95.28
14	41	767	4.72	100.00
15	38	805		

DEI3602

FILE PHIANE

2. WAS THIS CHILD BORN PREMATURELY? (THAT IS, EARLY, OR NOT CARRIED AT LEAST 8-1/2 MONTHS.)

1. YES, BORN PREMATURELY
2. NO, NOT BORN PREMATURELY
3. DON'T KNOW

DEI3602	VALUE	FREQ	CUM FREQ	%	CUM %
	1	7	7	7.46	7.46
	2	61	61	91.69	99.14
	3	750	811	0.86	100.00
		7	818		

DEI3620

FILE PHIANE

3a. HOW TALL IS THIS CHILD NOW, WITHOUT SHOES ON?

\_\_\_\_\_ FEET

DEI3620	VALUE	FREQ	CUM FREQ	%	CUM %
	0	163	163	0.60	0.60
	1	4	4	6.80	7.40
	2	45	49	43.51	50.91
	3	288	337	47.43	98.34
	4	314	651	1.36	99.70
	5	9	660	0.30	100.00
		2	662		

DEI3621

FILE PHIANE

3b. HOW TALL IS THIS CHILD NOW, WITHOUT SHOES ON? (INCHES OVER LAST WHOLE FOOT)

\_\_\_\_\_ INCHES

DEI3621	VALUE	FREQ	CUM FREQ	%	CUM %
	0	186	186	15.65	15.65
	1	100	100	7.04	22.69
	2	45	145	8.61	31.30
	3	55	200	8.29	39.59
	4	53	253	9.39	47.89
	5	60	306	10.49	57.28
	6	67	366	7.67	67.76
	7	49	433	8.92	75.43
	8	57	482	5.32	84.35
	9	34	539	5.01	89.67
	10	32	573	5.01	94.68
	11	32	605	0.16	99.69
	16	1	637	0.16	99.84
	78	1	639		100.00

DEI3622	DEI3622 VALUE	FREQ	CUM FREQ	%	CUM %
4. HOW MUCH DOES THIS CHILD WEIGH NOW, WITHOUT HEAVY CLOTHING?					
_____ POUNDS					
4	92	1	1	0.14	0.14
7	1	2	2	0.14	0.27
8	3	5	5	0.41	0.68
9	3	8	8	0.41	1.09
10	8	16	16	1.09	2.18
11	5	21	21	0.68	2.87
12	9	30	30	1.23	4.09
13	5	35	35	0.68	4.78
14	3	38	38	0.41	5.18
15	9	47	47	1.23	6.41
16	9	56	56	1.23	7.64
17	10	66	66	1.36	9.00
18	11	77	77	1.50	10.51
19	10	87	87	1.36	11.87
20	22	109	109	3.00	14.87
21	21	130	130	2.87	17.74
22	30	160	160	4.09	21.83
23	33	193	193	4.50	26.33
24	21	214	214	2.87	29.20
25	40	254	254	5.46	34.65
26	23	277	277	3.14	37.79
27	19	296	296	2.59	40.38
28	30	326	326	4.09	44.48
29	20	346	346	2.73	47.20
30	62	408	408	8.46	55.66
31	20	428	428	2.73	58.39
32	36	464	464	4.91	63.30
33	21	485	485	2.87	66.17
34	13	498	498	1.77	67.94
35	55	553	553	7.50	75.44
36	12	565	565	1.64	77.08
37	15	580	580	2.05	79.13
38	21	601	601	2.87	81.99
39	17	618	618	2.32	84.31
40	36	654	654	4.91	89.22
41	10	664	664	1.36	90.59
42	7	671	671	0.96	91.54
43	4	675	675	0.55	92.09
44	2	677	677	0.27	92.36
45	19	696	696	2.59	94.95
47	3	699	699	0.41	95.36
48	10	709	709	1.36	96.73
				(cont.)	

VARIABLE DE13622 (cont.)

+-----+  
| DEVELOPMENT |  
+-----+

DE15363	FILE	PHIANE
5. AT WHAT AGE DID THIS CHILD FIRST ROLL OVER? ( IF DOESN'T ROLL OVER YET, CIRCLE "99". )		
MONTHS		
99. DOESN'T ROLL OVER YET		

VALUE	FREQ	CUM FREQ	%	CUM %
49	6	715	0.82	97.54
50	10	725	1.36	98.91
52	2	727	0.27	99.18
56	1	728	0.14	99.32
58	1	729	0.14	99.45
60	2	731	0.27	99.73
75	1	732	0.14	99.86
80	1	733	0.14	100.00

DE15363	VALUE	FREQ	CUM FREQ	%	CUM %
1		40	82	10.45	10.45
2		82	225	18.22	28.66
3		143	453	29.05	57.71
4		228	608	19.75	77.45
5		155	693	10.83	88.28
6		85	722	3.69	91.98
7		29	732	1.27	93.25
8		10	739	0.89	94.14
9		7	740	0.13	94.27
10		1	744	0.51	94.78
11		4	745	0.13	94.90
12		1	747	0.26	95.16
90		2	749	0.26	95.41
99		36	785	4.59	100.00

DE13603	VALUE	FREQ	CUM FREQ	%	CUM %
	2	36	5	0.63	0.63
	3	5	29	3.04	3.68
	4	24	103	9.38	13.05
	5	158	261	20.03	33.08
	6	272	533	34.47	67.55
	7	106	639	13.44	80.99
	8	44	683	5.58	86.57
	9	19	702	2.41	88.97
	10	5	707	0.63	89.61
	11	4	711	0.51	90.11
	12	3	714	0.38	90.49
	13	1	715	0.13	90.62
	15	1	716	0.13	90.75
	99	73	789	9.25	100.00

DE13605

FILE PHIANE

8. AT WHAT AGE DID THIS CHILD SPEAK A REAL WORD FOR THE FIRST TIME? (FOR EXAMPLE, "MAMA" OR "DADA.")  
(IF DOESN'T TALK YET, CIRCLE "99".)

MONTHS

99. DOESN'T TALK YET



VARIABLE DE13605 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
20	2	665	0.26	85.15
21	2	667	0.26	85.40
22	1	668	0.13	85.53
24	5	673	0.64	86.17
99	108	781	13.83	100.00
DE13606				
VALUE	FREQ	CUM FREQ	%	CUM %
1	14	724	89.27	89.27
2	724	783	7.28	96.55
3	59	799	1.97	98.52
4	16	810	1.36	99.88
5	11	811	0.12	100.00
DE13607				
VALUE	FREQ	CUM FREQ	%	CUM %
1	5	491	59.88	59.88
2	491	689	24.15	84.02
3	198	768	9.63	93.66
4	79	817	5.98	99.63
5	49	820	0.37	100.00

DE13606	FILE PHIANE
9. CONSIDERING THIS CHILD'S PROGRESS IN ROLLING OVER, SITTING UP, WALKING, AND TALKING, HOW DO YOU FEEL ABOUT THE WAY HE OR SHE IS GROWING UP OR DEVELOPING?	
1. VERY SATISFIED	
2. SOMEWHAT SATISFIED	
3. NEITHER SATISFIED NOR WORRIED	
4. SOMEWHAT WORRIED	
5. VERY WORRIED	
DE13607	FILE PHIANE
10. HOW DO YOU FEEL ABOUT THIS CHILD'S EATING HABITS?	
1. VERY SATISFIED	
2. SOMEWHAT SATISFIED	
3. NEITHER SATISFIED NOR WORRIED	
4. SOMEWHAT WORRIED	
5. VERY WORRIED	

DEI3608

FILE PHIANE

11. HOW DO YOU FEEL ABOUT THIS CHILD'S SLEEPING HABITS?

1. VERY SATISFIED

2. SOMEWHAT SATISFIED

3. NEITHER SATISFIED NOR WORRIED

4. SOMEWHAT WORRIED

5. VERY WORRIED

DEI3609

FILE PHIANE

12. HOW DO YOU FEEL ABOUT THIS CHILD'S BOWEL HABITS?

1. VERY SATISFIED

2. SOMEWHAT SATISFIED

3. NEITHER SATISFIED NOR WORRIED

4. SOMEWHAT WORRIED

5. VERY WORRIED

DEI5364

FILE PHIANE

13. DO YOU FEEL THAT DOCTORS HAVE SPENT ENOUGH TIME TALKING TO YOU ABOUT THIS CHILD'S EATING, SLEEPING, AND BOWEL HABITS?

1. THEY SPEND TOO MUCH TIME TALKING ABOUT THESE THINGS

2. YES, ENOUGH TIME

3. NO, NOT ENOUGH TIME

4. HAVEN'T TALKED WITH A DOCTOR ABOUT THESE THINGS

DEI3608	VALUE	FREQ	CUM FREQ	%	CUM %
1	5	591	591	72.07	72.07
2	151	742	742	18.42	90.49
3	54	796	796	6.59	97.07
4	22	818	818	2.68	99.76
5	2	820	820	0.24	100.00

DEI3609	VALUE	FREQ	CUM FREQ	%	CUM %
1	13	577	577	71.06	71.06
2	577	725	725	18.23	89.29
3	148	782	782	7.02	96.31
4	57	807	807	3.08	99.38
5	25	812	812	0.62	100.00

DEI5364	VALUE	FREQ	CUM FREQ	%	CUM %
1	13	13	13	1.23	1.23
2	10	10	23	64.29	65.52
3	522	522	532	11.58	77.09
4	94	94	626	22.91	100.00
	186	186	812		

-----+  
 | GENERAL HEALTH |  
 |-----+-----+  
 +-----+-----+

DEI5365	FILE	PHIANE
14.	IN GENERAL, WOULD YOU SAY THIS CHILD'S HEALTH IS EXCELLENT, GOOD, FAIR, OR POOR?	
	1.	EXCELLENT
	2.	GOOD
	3.	FAIR
	4.	POOR

DEI5365	VALUE	FREQ	CUM FREQ	%	CUM %
1	6	458	458	55.92	55.92
2	338	796	796	41.27	97.19
3	21	817	817	2.56	99.76
4	2	819	819	0.24	100.00

DEI5366	FILE	PHIANE
15.	DURING THE PAST 3 MONTHS, HOW MUCH HAVE YOU WORRIED ABOUT THIS CHILD'S HEALTH?	
	1.	A GREAT DEAL
	2.	SOMEWHAT
	3.	A LITTLE
	4.	NOT AT ALL

DEI5366	VALUE	FREQ	CUM FREQ	%	CUM %
1	7	37	37	4.52	4.52
2	118	155	155	14.43	18.95
3	315	470	470	38.51	57.46
4	348	818	818	42.54	100.00

DEI5367	FILE	PHIANE
16.	DURING THE PAST 3 MONTHS, HOW MUCH PAIN OR DISTRESS HAS THIS CHILD'S HEALTH CAUSED HIM OR HER?	
	1.	A GREAT DEAL
	2.	SOME
	3.	A LITTLE
	4.	NONE AT ALL

DEI5367	VALUE	FREQ	CUM FREQ	%	CUM %
1	6	11	11	1.34	1.34
2	84	95	95	10.26	11.60
3	315	410	410	38.46	50.06
4	409	819	819	49.94	100.00

DEI5368	VALUE	FREQ	CUM FREQ	%	CUM %
	1	9	9	0.98	0.98
	2	8	17	0.84	1.82
	3	676	693	83.82	85.64
		132	825	16.18	100.00

DEI5369	VALUE	FREQ	CUM FREQ	%	CUM %
	1	802	802	21.74	21.74
	2	5	807	17.39	39.13
	3	4	811	60.87	100.00
		14			

DEI5370	VALUE	FREQ	CUM FREQ	%	CUM %
	1	9	9	2.82	2.82
	2	23	32	97.18	100.00
		793			

DEI5368

FILE PHIANE

17. IS THIS CHILD UNABLE TO WALK, UNLESS ASSISTED BY AN ADULT OR BY CRUTCHES, ARTIFICIAL LIMB, OR BRACES?

1. YES, UNABLE TO WALK UNLESS ASSISTED (Go to Q. 17a)

2. NO, NO TROUBLE WALKING (Go to Q. 18)

3. NOT WALKING YET BECAUSE OF AGE (Go to Q. 18)

DEI5369

FILE PHIANE

17a. HOW LONG HAS THE CHILD BEEN UNABLE TO WALK WITHOUT ASSISTANCE?

1. LESS THAN 1 MONTH

2. 1 - 3 MONTHS

3. MORE THAN 3 MONTHS

DEI5370

FILE PHIANE

18. BECAUSE OF HEALTH, DOES THIS CHILD NEED MORE HELP THAN USUAL FOR A CHILD THIS AGE IN EATING, DRESSING, BATHING, OR USING THE TOILET?

1. YES (Go to Q. 18a)

2. NO (Go to Q. 19)

DEI3230	FILE PHIANE	VALUE	FREQ	CUM FREQ	%	CUM %
18a. HOW LONG HAS THE CHILD NEEDED EXTRA HELP WITH EATING, DRESSING, BATHING OR USING THE TOILET?						
1. LESS THAN 1 MONTH			781	7	15.91	15.91
2. 1 - 3 MONTHS			4	11	9.09	25.00
3. MORE THAN 3 MONTHS			33	44	75.00	100.00

  

DEI5371	FILE PHIANE	VALUE	FREQ	CUM FREQ	%	CUM %
19. DOES THIS CHILD'S HEALTH KEEP HIM OR HER FROM TAKING PART IN ORDINARY PLAY?						
1. YES (Go to Q. 19a)			8	8	0.98	0.98
2. NO (Go to Q. 20)			809	817	99.02	100.00

  

DEI2932	FILE PHIANE	VALUE	FREQ	CUM FREQ	%	CUM %
19a. HOW LONG HAS THE CHILD'S HEALTH KEPT HIM OR HER FROM TAKING PART IN ORDINARY PLAY?						
1. LESS THAN 1 MONTH			801	14	58.33	58.33
2. 1 - 3 MONTHS			3	17	12.50	70.83
3. MORE THAN 3 MONTHS			7	24	29.17	100.00

DEI2933	FILE PHIANE	20. DOES THIS CHILD'S HEALTH LIMIT THE KIND OR AMOUNT OF ORDINARY PLAY HE OR SHE CAN DO?  1. YES, HEALTH LIMITS THIS (Go to Q. 20a) 2. NO	VALUE	FREQ	CUM FREQ	%	CUM %
			1	9	15	1.84	1.84
			2	801	816	98.16	100.00

DEI3228	FILE PHIANE	20a. HOW LONG HAS THE CHILD'S HEALTH LIMITED THE KIND OR AMOUNT OF PLAY HE OR SHE CAN DO?  1. LESS THAN 1 MONTH 2. 1 - 3 MONTHS 3. MORE THAN 3 MONTHS	VALUE	FREQ	CUM FREQ	%	CUM %
			1	795	12	40.00	40.00
			2	12	16	13.33	53.33
			3	14	30	46.67	100.00

DEI5372	FILE PHIANE	21. DOES HEALTH LIMIT THIS CHILD IN ANY WAY FROM DOING ANYTHING HE OR SHE WANTS TO DO?  1. YES (Go to Q. 21a) 2. NO (Go to Q. 22a)	VALUE	FREQ	CUM FREQ	%	CUM %
			1	8	11	1.35	1.35
			2	806	817	98.65	100.00

DEI5373	VALUE	FREQ	CUM FREQ	%	CUM %
21a. HOW LONG HAS THE CHILD'S HEALTH LIMITED HIM OR HER IN DOING THINGS HE OR SHE WANTS TO DO?					
1. LESS THAN 1 MONTH	1	791	15	44.12	44.12
2. 1 - 3 MONTHS	2	15	21	17.65	61.77
3. MORE THAN 3 MONTHS	3	6	34	38.24	100.00
		13			

DEI5374	VALUE	FREQ	CUM FREQ	%	CUM %
22a. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?					
FLUORIDATED TOOTHPASTE					
1. YES	1	20	505	62.73	62.73
2. NO	2	505	802	36.89	99.63
3. DON'T KNOW	3	297	805	0.37	100.00

DE15375	VALUE	FREQ	CUM FREQ	%	CUM %
1	25	34	34	4.25	4.25
2	34	763	797	95.38	99.63
3	3	3	800	0.38	100.00

DE15376

FILE PHANE

22c. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?

FLUORIDE MOUTHWASH ON A REGULAR BASIS

1. YES  
2. NO  
3. DON'T KNOW

DE15376	VALUE	FREQ	CUM FREQ	%	CUM %
1	29	32	4.02	4.02	4.02
2	32	794	95.73	95.73	99.75
3	2	796	0.25	0.25	100.00

DE15377

FILE PHIANE

22d. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?

DID THIS CHILD EVER HAVE HIS TEETH PAINTED WITH FLUORIDE BY A DENTIST OR DENTAL ASSISTANT

1. YES  
2. NO  
3. DON'T KNOW

DE15377	VALUE	FREQ	CUM FREQ	%	CUM %
1	23	68	8.48	8.48	8.48
2	726	90.52	99.00	99.00	99.00
3	8	802	100.00	100.00	100.00



DEI5378				
VALUE	FREQ	CUM FREQ	%	CUM %
1	21	21	17.91	17.91
2	144	144	81.10	99.01
3	652	796	1.00	100.00
	8	804		
DEI5379				
VALUE	FREQ	CUM FREQ	%	CUM %
1	24	24	4.00	4.00
2	32	32	95.88	99.88
3	768	800	0.13	100.00
	1	801		
DEI5380				
VALUE	FREQ	CUM FREQ	%	CUM %
1	7	7	17.24	17.24
2	141	141	17.85	35.09
3	146	287	33.25	68.34
4	272	559	12.23	80.56
5	100	659	6.48	87.04
6	53	712	2.57	89.61
7	21	733	10.39	100.00
	85	818		

DEI5378	
FILE PHIANE	
22e. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
DOES THE CHILD USE ANY FLUORIDE-VITAMIN PREPARATION	
1. YES	
2. NO	
3. DON'T KNOW	

DEI5379	
FILE PHIANE	
22f. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
FLUORIDE DROPS ON A REGULAR BASIS	
1. YES	
2. NO	
3. DON'T KNOW	

DEI5380	
FILE PHIANE	
23. HOW OFTEN DOES THIS CHILD EAT SOMETHING IN BETWEEN REGULAR MEALS?	
1. 4 OR MORE TIMES A DAY	
2. 3 TIMES A DAY	
3. ABOUT TWICE A DAY	
4. MAYBE ONCE A DAY	
5. OCCASIONALLY, NOT EVERY DAY	
6. RARELY OR NEVER EATS BETWEEN MEALS	
7. CHILD IS AN INFANT, DOES NOT EAT REGULAR MEALS	

DEI5381		FILE PHIANE				
24a.	DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?					
	SUGAR-COATED CEREAL					
	1. YES					
	2. NO					
DEI5381	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	15	233	28.77	28.77	
	2	577	810	71.24	100.00	
DEI5382		FILE PHIANE				
24b.	DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?					
	COOKIES, CAKE, PIE, DOUGHNUTS					
	1. YES					
	2. NO					
DEI5382	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	11	503	61.79	61.79	
	2	311	814	38.21	100.00	
DEI5383		FILE PHIANE				
24c.	DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?					
	SODA POP, COLA DRINKS					
	1. YES					
	2. NO					
DEI5383	VALUE	FREQ	CUM FREQ	%	CUM %	
	1	10	333	40.86	40.86	
	2	482	815	59.14	100.00	

DEI5384	FILE PHIANE
24d. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?	
PEANUT BUTTER	
1. YES	
2. NO	

DEI5384	VALUE	FREQ	CUM FREQ	%	CUM %
1	11	282	282	34.64	34.64
2	532	814	814	65.36	100.00

DEI5385	FILE PHIANE
24e. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?	
JELLY OR HONEY	
1. YES	
2. NO	

DEI5385	VALUE	FREQ	CUM FREQ	%	CUM %
1	13	248	248	30.54	30.54
2	564	812	812	69.46	100.00

DEI5386	FILE PHIANE
24f. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?	
RAISINS, FIGS, PRUNES	
1. YES	
2. NO	

DEI5386	VALUE	FREQ	CUM FREQ	%	CUM %
1	12	149	149	18.33	18.33
2	664	813	813	81.67	100.00

<div>DEI5387</div> <div>FILE PHIANE</div> <div>24g. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?</div> <div>CHEWING GUM</div> <div>1. YES 2. NO</div>	<div>DEI5387</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 11</div> <div>2 242</div> <div>29.73</div> <div>29.73</div> <div>2 572</div> <div>814</div> <div>70.27</div> <div>100.00</div>
<div>DEI5388</div> <div>FILE PHIANE</div> <div>24h. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?</div> <div>CANDY</div> <div>1. YES 2. NO</div>	<div>DEI5388</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 10</div> <div>2 315</div> <div>38.65</div> <div>38.65</div> <div>2 500</div> <div>815</div> <div>61.35</div> <div>100.00</div>
<div>DEI5390</div> <div>FILE PHIANE</div> <div>24i. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?</div> <div>SUGAR (TABLE SUGAR)</div> <div>1. YES 2. NO</div>	<div>DEI5390</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 15</div> <div>2 253</div> <div>31.24</div> <div>31.24</div> <div>2 557</div> <div>810</div> <div>68.77</div> <div>100.00</div>

Two versions of Q. 25, with differing response values, were asked in different questionnaires. Both versions are presented below.

DEI5391	VALUE	FREQ	CUM FREQ	%	CUM %
	1	149			
	2	89	89	13.17	13.17
	3	138	227	20.41	33.58
	4	357	584	52.81	86.39
	5	30	614	4.44	90.83
		62	676	9.17	100.00

FILE PHIANE

25. IF THE CHILD ATE ANY OF THE ABOVE FOODS IN THE PAST 24 HOURS, DID HE OR SHE EAT THEM ONLY DURING REGULAR MEALS (BREAKFAST, LUNCH OR DINNER), OR ONLY BETWEEN REGULAR MEALS, OR BOTH DURING AND BETWEEN MEALS?

1. REGULAR MEALS ONLY
2. BETWEEN MEALS ONLY
3. BOTH DURING MEALS AND BETWEEN MEALS
4. CHILD IS AN INFANT, DOES NOT EAT REGULAR MEALS
5. CHILD DID NOT EAT ANY OF ABOVE FOODS IN PAST 24 HOURS

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DEI5877	VALUE	FREQ	CUM FREQ	%	CUM %
	1	694			
	2	15	15	11.45	11.45
	3	48	63	36.64	48.09
	4	40	103	30.53	78.63
	5	8	111	6.11	84.73
		20	131	15.27	100.00

FILE PHIANE

25. IF THE CHILD ATE ANY OF THE ABOVE FOODS IN THE PAST 24 HOURS, DID HE OR SHE EAT THEM ONLY DURING REGULAR MEALS (BREAKFAST, LUNCH OR DINNER), OR ONLY BETWEEN REGULAR MEALS, OR BOTH DURING AND BETWEEN MEALS?

1. REGULAR MEALS ONLY
2. BETWEEN MEALS ONLY
3. BOTH DURING MEALS AND BETWEEN MEALS
4. CHILD DID NOT EAT ANY OF ABOVE FOODS IN PAST 24 HOURS
5. CHILD IS AN INFANT, DOES NOT EAT REGULAR MEALS

NOTE: Asked in South Carolina 3-year enrollment only.

DEI5392	FILE	PHIANE
26a.	DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?	
	MILK (WHOLE MILK, SKIM MILK, OR LOW-FAT)	
	0. NONE	
	1. ONE TIME	
	2. TWICE	
	3. THREE TIMES	
	4. FOUR OR MORE	
	5. DON'T KNOW	

DEI5392	VALUE	FREQ	CUM FREQ	%	CUM %
	0	13	13	11.45	11.45
	1	93	93	11.95	23.40
	2	165	190	20.32	43.72
	3	202	355	24.88	68.60
	4	242	557	29.80	98.40
	5	13	799	1.60	100.00
			812		

DEI5393	FILE	PHIANE
26b.	DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?	
	CUSTARD	
	0. NONE	
	1. ONE TIME	
	2. TWICE	
	3. THREE TIMES	
	4. FOUR OR MORE	
	5. DON'T KNOW	

DEI5393	VALUE	FREQ	CUM FREQ	%	CUM %
	0	35	35	94.94	94.94
	1	750	750	3.17	98.10
	2	25	775	0.51	98.61
	3	4	779	0.25	98.86
	4	2	781	0.38	99.24
	5	3	784	0.76	100.00
		6	790		

DE15394

FILE PHIANE

26c. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?

CHEESE

0. NONE

1. ONE TIME

2. TWICE

3. THREE TIMES

4. FOUR OR MORE

5. DON'T KNOW

DE15394	VALUE	FREQ	CUM FREQ	%	CUM %
	0	27	27	52.01	52.01
	1	415	442	29.70	81.70
	2	237	679	11.40	93.11
	3	91	770	4.26	97.37
	4	34	804	1.63	99.00
	5	13	817	1.00	100.00
		8	798		

DE15395

FILE PHIANE

26d. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?

A MILK-SHAKE (OR FRAPPE)

0. NONE

1. ONE TIME

2. TWICE

3. THREE TIMES

4. FOUR OR MORE

5. DON'T KNOW

DE15395	VALUE	FREQ	CUM FREQ	%	CUM %
	0	28	28	94.73	94.73
	1	755	783	3.89	98.62
	2	31	814	0.38	99.00
	3	3	817	0.37	99.37
	4	2	819	0.25	99.62
	5	3	797	0.38	100.00

DE15396	FILE PHIANE
26e. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?	
A MALTED MILK	
0. NONE	
1. ONE TIME	
2. TWICE	
3. THREE TIMES	
4. FOUR OR MORE	
5. DON'T KNOW	

+-----+  
| IMMUNIZATIONS |  
+-----+

DE15396	VALUE	FREQ	CUM FREQ	%	CUM %
	0	25	25	96.38	96.38
	1	771	771	2.50	98.88
	2	20	791	0.25	99.13
	3	2	793	0.13	99.25
	5	1	794	0.75	100.00
		6	800		

DE13611	FILE PHIANE
27a. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?	
DPT (DIPHtheria, WHOOPING COUGH, AND TETANUS)	
1. YES	
2. NO	
3. DON'T KNOW	

DE13611	VALUE	FREQ	CUM FREQ	%	CUM %
	1	11	11	90.05	90.05
	2	733	733	7.74	97.79
	3	63	796	2.21	100.00
		18	814		



DEI3612

FILE PHIANE

27b. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?

POLIO

1. YES

2. NO

3. DON'T KNOW

DEI3613

FILE PHIANE

27c. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?

SMALLPOX

1. YES

2. NO

3. DON'T KNOW

DEI3614

FILE PHIANE

27d. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?

REGULAR MEASLES

1. YES

2. NO

3. DON'T KNOW

DEI3612	VALUE	FREQ	CUM FREQ	%	CUM %
	1	15	714	88.15	88.15
	2	714	791	9.51	97.65
	3	77	810	2.35	100.00
		19			

DEI3613	VALUE	FREQ	CUM FREQ	%	CUM %
	1	34	320	40.46	40.46
	2	320	714	49.81	90.27
	3	394	791	9.74	100.00
		77			

DEI3614	VALUE	FREQ	CUM FREQ	%	CUM %
	1	22	531	66.13	66.13
	2	531	732	25.03	91.16
	3	201	803	8.84	100.00
		71			

DEI3615	FILE PHIANE
27e. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?	
GERMAN MEASLES	
1. YES	
2. NO	
3. DON'T KNOW	

DEI3615	VALUE	FREQ	CUM FREQ	%	CUM %
	1	32	460	58.01	58.01
	2	460	687	86.63	86.63
	3	227	793	100.00	100.00
		106			

DEI3616	FILE PHIANE
27f. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?	
MUMPS	
1. YES	
2. NO	
3. DON'T KNOW	

DEI3616	VALUE	FREQ	CUM FREQ	%	CUM %
	1	28	458	57.47	57.47
	2	458	699	87.70	87.70
	3	241	797	100.00	100.00
		98			

DEI3617	FILE PHIANE
27g. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?	
OTHER, DON'T KNOW WHAT FOR	
1. YES	
2. NO	
3. DON'T KNOW	

DEI3617	VALUE	FREQ	CUM FREQ	%	CUM %
	1	194	91	14.42	14.42
	2	91	498	64.50	78.92
	3	407	631	81.08	81.08
		133			

+	-----	+
	SAFETY	
+	-----	+

DE13618	FILE PHIANE
28. HAS THIS CHILD EVER ACCIDENTALLY SWALLOWED ANY MEDICINES, PILLS, OR POISON?	
1. NEVER	
2. ONCE	
3. TWICE	
4. THREE OR MORE TIMES	
5. DON'T KNOW	

DE13618	VALUE	FREQ	CUM FREQ	%	CUM %
1	743	5	743	90.61	90.61
2	60	60	803	7.32	97.93
3	9	9	812	1.10	99.02
4	2	2	814	0.24	99.27
5	6	6	820	0.73	100.00

DE15397	FILE PHIANE
29. HOW MUCH OF THE TIME DOES THIS CHILD USE AN INFANT CARRIER SEAT OR HARNESS WHICH IS ATTACHED TO SEAT BELTS, OR SEAT BELTS ONLY, WHEN RIDING IN A CAR OR TRUCK?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	
6. NEVER RIDES IN CAR OR TRUCK	

DE15397	VALUE	FREQ	CUM FREQ	%	CUM %
1	5	5	5	19.39	19.39
2	159	159	159	14.15	33.54
3	116	116	275	11.83	45.37
4	97	97	372	9.76	55.12
5	80	80	452	43.17	98.29
6	354	354	806	1.71	100.00
	14	14	820		

DE15398

FILE PHIANE

30. HOW MANY HARMFUL THINGS, LIKE MEDICINES OR HOUSEHOLD CLEANERS, ARE KEPT OUT OF THIS CHILD'S REACH OR LOCKED UP?  
1. ALL OF THEM ARE KEPT OUT OF REACH OR LOCKED UP  
2. MOST OF THEM ARE  
3. SOME OF THEM ARE  
4. A FEW OF THEM ARE  
5. NONE OF THEM ARE

DE15398	VALUE	FREQ	CUM FREQ	%	CUM %
1	6	533	533	65.08	65.08
2	219	752	752	26.74	91.82
3	43	795	795	5.25	97.07
4	7	802	802	0.86	97.92
5	17	819	819	2.08	100.00

DE15399

FILE PHIANE

31. HOW MANY ELECTRICAL OUTLETS, NOT IN USE IN THE HOME, ARE COVERED WITH PLASTIC COVERS, TAPE, OR OTHER COVERING?  
1. ALL UNUSED OUTLETS ARE COVERED  
2. MOST ARE COVERED  
3. SOME ARE COVERED  
4. A FEW ARE COVERED  
5. NONE ARE COVERED

DE15399	VALUE	FREQ	CUM FREQ	%	CUM %
1	11	168	168	20.64	20.64
2	168	308	308	17.20	37.84
3	140	377	377	8.48	46.31
4	69	418	418	5.04	51.35
5	41	396	814	48.65	100.00

DE15400

FILE PHIANE

32. DO YOU FEEL THAT DOCTORS HAVE SPENT ENOUGH TIME TALKING WITH YOU ABOUT HOME AND CAR SAFETY FOR THIS CHILD?  
1. THEY SPEND TOO MUCH TIME TALKING ABOUT THIS  
2. YES, ENOUGH TIME  
3. NO, NOT ENOUGH TIME  
4. HAVE NOT TALKED WITH A DOCTOR ABOUT THIS

DE15400	VALUE	FREQ	CUM FREQ	%	CUM %
1	7	4	4	0.49	0.49
2	284	288	288	34.72	35.21
3	90	378	378	11.00	46.21
4	440	818	818	53.79	100.00

-----+  
| SYMPTOMS LIST |  
+-----+

DE15401	FILE PHIANE
33a.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?
	CHICKEN POX
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE15401	VALUE	FREQ	CUM FREQ	%	CUM %
1	14	796	796	98.15	98.15
2	11	807	807	1.36	99.51
3	4	811	811	0.49	100.00

DE15402	FILE PHIANE
33b.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?
	A STOMACH ACHE WITHOUT VOMITING FOR LESS THAN 24 HOURS
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE15402	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	701	701	86.01	86.01
2	109	810	810	13.37	99.39
3	5	815	815	0.61	100.00

DE15403	FILE	PHIANE
33c.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	
	A STOMACH "FLU" OR VIRUS, WITH VOMITING OR DIARRHEA LASTING AT LEAST 2 DAYS	
	1. NO, DID NOT HAVE THIS	
	2. HAD IT, BUT DID NOT SEE DOCTOR	
	3. HAD IT, AND SAW DOCTOR	

DE15403	VALUE	FREQ	CUM FREQ	%	CUM %
	1	9	9	88.48	88.48
	2	722	722	8.21	96.69
	3	67	789	3.31	100.00
		27	816		

DE15404	FILE	PHIANE
33d.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	
	AN EAR INFECTION OR EARACHE WITH FEVER	
	1. NO, DID NOT HAVE THIS	
	2. HAD IT, BUT DID NOT SEE DOCTOR	
	3. HAD IT, AND SAW DOCTOR	

DE15404	VALUE	FREQ	CUM FREQ	%	CUM %
	1	9	9	89.71	89.71
	2	732	732	2.70	92.40
	3	22	754	7.60	100.00
		62	816		

DEI5405	FILE	PHIANE
33e.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	
	AN INFECTION ON THE SKIN WITHOUT FEVER	
	1. NO, DID NOT HAVE THIS	
	2. HAD IT, BUT DID NOT SEE DOCTOR	
	3. HAD IT, AND SAW DOCTOR	

DEI5405	VALUE	FREQ	CUM FREQ	%	CUM %
1	8	762	762	93.27	93.27
2	27	789	789	3.31	96.57
3	28	817	817	3.43	100.00

DEI5406	FILE	PHIANE
33f.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	
	A SORE THROAT WITH HIGH FEVER OR TONSILLITIS	
	1. NO, DID NOT HAVE THIS	
	2. HAD IT, BUT DID NOT SEE DOCTOR	
	3. HAD IT, AND SAW DOCTOR	

DEI5406	VALUE	FREQ	CUM FREQ	%	CUM %
1	12	758	758	93.24	93.24
2	15	773	773	1.85	95.08
3	40	813	813	4.92	100.00

DEI5407	FILE	PHIANE
33g.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	
	A COUGH WITH A FEVER FOR AT LEAST 3 DAYS	
	1. NO, DID NOT HAVE THIS	
	2. HAD IT, BUT DID NOT SEE DOCTOR	
	3. HAD IT, AND SAW DOCTOR	

DEI5407	VALUE	FREQ	CUM FREQ	%	CUM %
1	13	693	693	85.35	85.35
2	60	753	753	7.39	92.73
3	59	812	812	7.27	100.00

DE15408

FILE PHIANE

33h. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?  
  
ALLERGIES (SUCH AS TO GRASS OR CERTAIN FOODS) WITHOUT ASTHMA  
  
1. NO, DID NOT HAVE THIS  
2. HAD IT, BUT DID NOT SEE DOCTOR  
3. HAD IT, AND SAW DOCTOR

DE15408					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	11	767	94.23	94.23	
2	767	795	3.44	97.67	
3	28	814	2.33	100.00	
	19				

DE15409

FILE PHIANE

33i. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?  
  
DIARRHEA (LOOSE BOWEL MOVEMENTS) LASTING FOR AT LEAST 3 DAYS  
  
1. NO, DID NOT HAVE THIS  
2. HAD IT, BUT DID NOT SEE DOCTOR  
3. HAD IT, AND SAW DOCTOR

DE15409					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	12	717	88.19	88.19	
2	717	791	9.10	97.29	
3	74	813	2.71	100.00	
	22				



DE15410	FILE PHIANE
33j.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?
	POOR EATING HABITS
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE15410	VALUE	FREQ	CUM FREQ	%	CUM %
	1	12	622	76.51	76.51
	2	622	791	20.79	97.29
	3	169	813	2.71	100.00
		22			

DE15411	FILE PHIANE
33k.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?
	ACCIDENTAL POISONING OR EATING SOMETHING HARMFUL
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DE15411	VALUE	FREQ	CUM FREQ	%	CUM %
	1	9	805	98.65	98.65
	2	805	811	0.74	99.39
	3	6	816	0.61	100.00
		5			

DE15412

FILE PHIANE

33l. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?

A CONVULSION OR FIT (SEIZURE)

1. NO, DID NOT HAVE THIS

2. HAD IT, BUT DID NOT SEE DOCTOR

3. HAD IT, AND SAW DOCTOR

DE15412	VALUE	FREQ	CUM FREQ	%	CUM %
1	9	812	812	99.51	99.51
2	1	813	813	0.12	99.63
3	3	816	816	0.37	100.00

DE15413

FILE PHIANE

33m. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?

NOSEBLEED

1. NO, DID NOT HAVE THIS

2. HAD IT, BUT DID NOT SEE DOCTOR

3. HAD IT, AND SAW DOCTOR

DE15413	VALUE	FREQ	CUM FREQ	%	CUM %
1	11	778	778	95.58	95.58
2	31	809	809	3.81	99.39
3	5	814	814	0.61	100.00

DE15414

FILE PHIANE

33n. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?

A COLD OR RUNNY NOSE WITHOUT FEVER

1. NO, DID NOT HAVE THIS

2. HAD IT, BUT DID NOT SEE DOCTOR

3. HAD IT, AND SAW DOCTOR

DE15414	VALUE	FREQ	CUM FREQ	%	CUM %
1	11	353	353	43.37	43.37
2	389	742	742	47.79	91.16
3	72	814	814	8.85	100.00

DEI5415	VALUE	FREQ	CUM FREQ	%	CUM %
	1	13	13	94.46	94.46
	2	767	767	4.80	99.26
	3	39	806	0.74	100.00
		6	812		

  

DEI5416	VALUE	FREQ	CUM FREQ	%	CUM %
	1	7	7	0.61	0.61
	2	5	12	1.71	2.32
	3	14	26	3.79	6.11
	4	31	57	43.03	49.14
	5	352	409	50.86	100.00
		416	818		

DEI5415

FILE PHIANE

33a. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?

HEAD INJURY WITHOUT LOSS OF CONSCIOUSNESS OR VOMITING

1. NO, DID NOT HAVE THIS

2. HAD IT, BUT DID NOT SEE DOCTOR

3. HAD IT, AND SAW DOCTOR

+-----+  
| HEALTH PERCEPTIONS |  
+-----+

DEI5416

FILE PHIANE

34a. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.

THIS CHILD'S HEALTH IS EXCELLENT.

5. DEFINITELY TRUE

4. MOSTLY TRUE

3. DON'T KNOW

2. MOSTLY FALSE

1. DEFINITELY FALSE

DE15417	FILE PHIANE
34b.	INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.
	THIS CHILD WAS SO SICK ONCE I THOUGHT HE OR SHE MIGHT DIE.
	5. DEFINITELY TRUE
	4. MOSTLY TRUE
	3. DON'T KNOW
	2. MOSTLY FALSE
	1. DEFINITELY FALSE

DE15417	VALUE	FREQ	CUM FREQ	%	CUM %
1	638	7	638	78.00	78.00
2	70	70	708	8.56	86.55
3	15	15	723	1.83	88.39
4	30	30	753	3.67	92.05
5	65	65	818	7.95	100.00

DE15418	FILE PHIANE
34c.	INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.
	THIS CHILD SEEMS TO RESIST ILLNESS VERY WELL.
	5. DEFINITELY TRUE
	4. MOSTLY TRUE
	3. DON'T KNOW
	2. MOSTLY FALSE
	1. DEFINITELY FALSE

DE15418	VALUE	FREQ	CUM FREQ	%	CUM %
1	8	8	8	3.79	3.79
2	31	31	31	10.77	14.57
3	88	88	119	10.77	25.34
4	411	411	207	50.31	75.64
5	199	199	817	24.36	100.00

DEI5419	FILE PHIANE
34d.	INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.
	THIS CHILD SEEMS TO BE LESS HEALTHY THAN OTHER CHILDREN I KNOW.
	5. DEFINITELY TRUE
	4. MOSTLY TRUE
	3. DON'T KNOW
	2. MOSTLY FALSE
	1. DEFINITELY FALSE

DEI5419	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	10	490	60.12	60.12
2	490	195	685	23.93	84.05
3	71	756	756	8.71	92.76
4	37	793	793	4.54	97.30
5	22	815	815	2.70	100.00

DEI5420	FILE PHIANE
34e.	INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.
	THIS CHILD HAS NEVER BEEN SERIOUSLY ILL.
	5. DEFINITELY TRUE
	4. MOSTLY TRUE
	3. DON'T KNOW
	2. MOSTLY FALSE
	1. DEFINITELY FALSE

DEI5420	VALUE	FREQ	CUM FREQ	%	CUM %
1	7	142	142	17.36	17.36
2	96	238	238	11.74	29.10
3	14	252	252	1.71	30.81
4	165	417	417	20.17	50.98
5	401	818	818	49.02	100.00

DE15421	FILE PHIANE
34f. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.	
WHEN THERE IS SOMETHING GOING AROUND, THIS CHILD USUALLY CATCHES IT.	
5. DEFINITELY TRUE 4. MOSTLY TRUE 3. DON'T KNOW 2. MOSTLY FALSE 1. DEFINITELY FALSE	

DE15421	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	6	198	24.18	24.18
2	2	198	545	42.37	66.55
3	3	347	661	14.16	80.71
4	4	116	789	15.63	96.34
5	5	128	819	3.66	100.00
		30			

DE15285	FILE PHIANE
38. DID THE PERSON WHO WAS ASKED TO FILL OUT THE QUESTIONNAIRE DO IT, OR DID SOMEONE ELSE FILL IT OUT?	
1. PERSON WHO WAS ASKED (Go to Q. 38a) 2. SOMEONE ELSE FILLED IT OUT (Go to Q. 38b)	

DE15285	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	148	624	92.17	92.17
2	2	624	677	7.83	100.00
		53			

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE15477	FILE PHIANE
38a.	DID THE PERSON WHO WAS ASKED TO FILL OUT THE QUESTIONNAIRE DO IT WITHOUT ANY HELP, WITH ONLY A LITTLE HELP, WITH SOME HELP, OR WITH A LOT OF HELP?
	1. WITHOUT ANY HELP
	2. WITH ONLY A LITTLE HELP
	3. WITH SOME HELP
	4. WITH A LOT OF HELP (HELP WITH MORE THAN HALF OF THE QUESTIONNAIRE)

NOTE: Asked in South Carolina 5-year and PEG enrollment only.

DE15477	VALUE	FREQ	CUM FREQ	%	CUM %
1	612	162	162	76.06	76.06
2	19	181	181	8.92	84.98
3	6	187	187	2.82	87.79
4	26	213	213	12.21	100.00

DE15286	FILE PHIANE
38b.	WHAT IS THE MAIN REASON THE PERSON WHO WAS ASKED DID NOT FILL IT OUT?
	1. CAN'T READ WELL ENOUGH
	2. HAS POOR EYESIGHT
	3. HAS TROUBLE WRITING
	4. TROUBLE UNDERSTANDING ENGLISH
	5. FORM IS TOO COMPLICATED
	6. IS AWAY FROM HOME
	7. SOME OTHER REASON

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE15286	VALUE	FREQ	CUM FREQ	%	CUM %
1	740	18	18	21.18	21.18
4	4	22	22	4.71	25.88
5	2	24	24	2.35	28.24
6	3	27	27	3.53	31.77
7	58	85	85	68.24	100.00

DE12514	FILE PHIANE
I.D. OF H1E PARTICIPANT WHO FILLED OUT THIS FORM	

DE19216	FILE PHIANE
COMPLETED BY:	
1. INFORMATION PROVIDED BY CORRECT RESPONDENT (14+=SUBJECT; 0-4 AND 5-13=ADULT IN FAMILY UNIT)	
2. FOR 14+ ONLY - INFORMATION PROVIDED BY SOMEONE ELSE IN FAMILY UNIT	
3. INFORMATION PROVIDED BY SOMEONE OUT OF FAMILY UNIT	

NOTE: Code 2 is invalid data for this file. Invalid data were not changed, and remain in the file.

DE19216	VALUE	FREQ	CUM FREQ	%	CUM %
	1	691	128	95.52	95.52
	2	128	134	4.48	100.00
		6			



VI. CODEBOOK FOR DAYTON INFANT EXIT  
FORM A

VARIABLE	FILENAME	FILE PHIAAX; HEADER
Name of file		
FILENAME	is a unique 6-character code that identifies this file as PHIAAX (Medical History Questionnaire, Form A, for infants, ages 0-4, from 3-year and 5-year exits for all sites).	

  

VARIABLE	PERSON	FILE PHIAAX; HEADER
Person identifier		
PERSON	is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.	

  

VARIABLE	SITE	FILE PHIAAX; HEADER
Site		
CODES		
1	Dayton, Ohio	
2	Seattle, Washington	
3	Fitchburg, Massachusetts	
4	Franklin County, Massachusetts	
5	Charleston, South Carolina	
6	Georgetown County, South Carolina	
SITE	identifies the participant's place of residence when HIE data were collected.	

  

FILENAME	VALUE	FREQ	CUM FREQ	%	CUM %
PHIAAX		688	688	100.00	100.00

  

SITE	VALUE	FREQ	CUM FREQ	%	CUM %
1		84	84	12.21	12.21
2		258	342	37.50	49.71
3		59	401	8.58	58.29
4		76	477	11.05	69.33
5		79	556	11.48	80.81
6		132	688	19.19	100.00

VARIABLE	INSTAT	FILE PHIAAX; HEADER
Insurance status		
CODES		
1 - Ever insured		
2 - Ever assigned to HMO control group		
3 - Never insured		
INSTAT describes the participant's insurance status in the Health Insurance Experiment.		

INSTAT	VALUE	FREQ	CUM FREQ	%	CUM %
1	657	30	657	95.49	95.49
2	30	1	687	4.36	99.86
3	1		688	0.15	100.00

VARIABLE	ENRTERM	FILE PHIAAX; HEADER
Enrollment term		
CODES		
0 - None--person never enrolled		
2 - None--participant in PEG period only		
3 - 3 years		
5 - 5 years		
ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.		

ENRTERM	VALUE	FREQ	CUM FREQ	%	CUM %
3	442	246	442	64.24	64.24
5	246		688	35.76	100.00

VARIABLE	DATE	FILE PHIAAX; HEADER
Date received		
DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19771013 to 19811206.		

FINLSTAT	VALUE	FREQ	CUM FREQ	%	CUM %
	4	4	4	0.58	0.58
	8	6	10	0.87	1.45
	11	617	627	89.68	91.13
	21	56	683	8.14	99.27
	31	4	687	0.58	99.86
	81	1	688	0.15	100.00

VARIABLE	FINLSTAT	FILE	PHIAAX
Final questionnaire status			
CODES			
3	- Not returned; participant deceased		
4	- Not returned; participant withdrawn		
5	- Not returned; participant moved out of country		
6	- Not returned; participant moved/unlocatable		
7	- Not returned; participant refused to complete questionnaire		
8	- Not returned; field period ended		
11	- Completed as received; no follow-up necessary		
21	- Completed after recontact		
31	- Recontact required, but not obtained (if questions were refused in writing on MHQ, recontact was not attempted)		
41	- Corrections made by editors		
51	- Completed with interviewer assistance, by phone or in person		
71	- Recontact required but not attempted due to end of field period		
80	- Questionnaire returned after field period; MHQ blank, no follow-up attempted		
81	- Questionnaire returned after field period; at least one question answered, no follow-up attempted		
FINLSTAT indicates whether a data collection instrument was completed or returned and whether any follow-up efforts were required. Code values with a "1" in the second column indicate documents that are complete or partially complete.			

NOTE: Code values 41-81 were not available for Dayton 3-year exit documents, but are used in all other exit documents, including Dayton 5-year exit.

HEIGHT AND WEIGHT

DEI3600	FILE PHIAAX
1a. HOW MUCH DID THIS CHILD WEIGH AT BIRTH?	
_____ POUNDS	

DEI3600 VALUE	FREQ	CUM FREQ	%	CUM %
1	19	1	0.15	0.15
2	1	6	0.75	0.90
3	5	10	0.60	1.50
4	4	22	1.79	3.29
5	50	72	7.47	10.76
6	155	227	23.17	33.93
7	238	465	35.58	69.51
8	146	611	21.82	91.33
9	47	658	7.03	98.36
10	6	664	0.90	99.25
11	1	665	0.15	99.40
13	1	666	0.15	99.55
26	1	667	0.15	99.70
28	1	668	0.15	99.85
33	1	669	0.15	100.00

DEI3601	FILE PHIAAX
1b. HOW MUCH DID THIS CHILD WEIGH AT BIRTH? (OUNCES OVER LAST WHOLE POUND)	
_____ OUNCES	

DEI3601 VALUE	FREQ	CUM FREQ	%	CUM %
0	20	54	8.08	8.08
1	54	83	4.34	12.43
2	29	83	5.39	17.81
3	36	119	5.69	23.50
4	38	157	7.64	31.14
5	51	208	6.29	37.43
6	42	250	7.04	44.46
7	47	297	6.59	51.05
8	44	341	7.04	58.08
9	47	388	5.84	63.92
10	39	427	5.84	69.76
11	39	466	6.14	76.35
12	44	510	6.59	82.49
13	41	551	6.59	89.07
14	44	595	4.94	94.01
15	33	628	5.99	100.00
	40	668		

DE13602	FILE PHIAAX								
	2. WAS THIS CHILD BORN PREMATURELY? (THAT IS, EARLY, OR NOT CARRIED AT LEAST 8-1/2 MONTHS.)								
	1. YES, BORN PREMATURELY	1	15	46	667	6.84	99.11	100.00	
	2. NO, NOT BORN PREMATURELY	2	621	673	673	92.27	99.11	100.00	
	3. DON'T KNOW	3	6			0.89			
DE13620	FILE PHIAAX								
	3a. HOW TALL IS THIS CHILD NOW, WITHOUT SHOES ON?								
	_____ FEET								
		0	148	1	42	0.19	7.78	100.00	
		1	41	264	531	0.19	7.59	100.00	
		2	222	531	539	41.11	48.89	100.00	
		3	267	539	540	49.44	98.33	100.00	
		4	8			1.48	99.82	100.00	
		9	1			0.19			
DE13621	FILE PHIAAX								
	3b. HOW TALL IS THIS CHILD NOW, WITHOUT SHOES ON? ( INCHES OVER LAST WHOLE FOOT)								
	_____ INCHES								
		0	148	68	105	12.59	19.44	30.37	
		1	37	164	219	6.85	10.93	40.56	
		2	59	259	311	7.41	47.96	57.59	
		3	55	311	373	9.63	69.07	75.37	
		4	40	52	407	11.48	75.37	82.96	
		5	52	62	448	7.59	88.15	99.82	
		6	34	41	476	5.19	93.70	99.82	
		7	41	30	506	6.11	99.82	100.00	
		8	28	33	539	0.19			
		9	33	1	540				
		10							
		11							
		32							

DEI3622	FILE PHIAAX
4. HOW MUCH DOES THIS CHILD WEIGH NOW, WITHOUT HEAVY CLOTHING?	
_____	POUNDS

DEI3622	VALUE	FREQ	CUM FREQ	%	CUM %
	6	82	1	0.17	0.17
	7	1	3	0.33	0.50
	8	2	5	0.33	0.83
	9	8	13	1.32	2.15
	10	5	18	0.83	2.97
	11	5	23	0.83	3.80
	12	10	33	1.65	5.45
	13	6	39	0.99	6.44
	14	6	45	0.99	7.43
	15	12	57	1.98	9.41
	16	10	67	1.65	11.06
	17	10	77	1.65	12.71
	18	11	88	1.82	14.52
	19	9	97	1.49	16.01
	20	17	114	2.81	18.81
	21	17	131	2.81	21.62
	22	14	145	2.31	23.93
	23	17	162	2.81	26.73
	24	20	182	3.30	30.03
	25	32	214	5.28	35.31
	26	22	236	3.63	38.94
	27	14	250	2.31	41.25
	28	23	273	3.80	45.05
	29	12	285	1.98	47.03
	30	46	331	7.59	54.62
	31	13	344	2.15	56.77
	32	34	378	5.61	62.38
	33	11	389	1.82	64.19
	34	11	400	1.82	66.01
	35	46	446	7.59	73.60
	36	20	466	3.30	76.90
	37	16	482	2.64	79.54
	38	14	496	2.31	81.85
	39	10	506	1.65	83.50
	40	41	547	6.77	90.26
	41	3	550	0.50	90.76
	42	11	561	1.82	92.57
	43	8	569	1.32	93.89
	44	6	575	0.99	94.88
	45	15	590	2.48	97.36
	46	2	592	0.33	97.69
			(cont.)		

VARIABLE DE13622 (cont.)

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+-----+
|         |
| DEVELOPMENT |
|         |
+-----+
  
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VALUE	FREQ	CUM FREQ	%	CUM %
47	2	594	0.33	98.02
48	2	596	0.33	98.35
49	4	600	0.66	99.01
50	2	602	0.33	99.34
52	1	603	0.17	99.51
55	1	604	0.17	99.67
60	1	605	0.17	99.84
61	1	606	0.17	100.00

DE15363

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DE15363      FILE PHIAAX
5. AT WHAT AGE DID THIS CHILD FIRST ROLL OVER?
  (IF DOESN'T ROLL OVER YET, CIRCLE "99".)

      MONTHS
99. DOESN'T ROLL OVER YET
  
```

VALUE	FREQ	CUM FREQ	%	CUM %
41	41	60	9.27	9.27
60	60	162	15.77	25.04
2	102	338	27.20	52.24
3	176	477	21.48	73.73
4	139	551	11.44	85.16
5	74	588	5.72	90.88
6	37	595	1.08	91.96
7	7	598	0.46	92.43
8	3	604	0.93	93.35
9	6	605	0.16	93.51
10	1	606	0.16	93.66
11	1	607	0.16	93.82
12	1	647	6.18	100.00
99	40			

DE13603

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DE13603      FILE PHIAAX
6. AT WHAT AGE DID THIS CHILD FIRST SIT UP WITHOUT HELP?
  (IF DOESN'T SIT UP YET, CIRCLE "99".)

      MONTHS
99. DOESN'T SIT UP YET
  
```

VALUE	FREQ	CUM FREQ	%	CUM %
41	41	2	0.31	0.31
2	2	32	4.64	4.95
3	30	78	7.11	12.06
4	46	198	18.55	30.60
5	120	440	37.40	68.01
6	242	517	11.90	79.91
7	77	554	5.72	85.63
8	37	571	2.63	88.25
9	17	578	0.93	89.18
10	6	579	0.16	89.34
11	1	647	0.16	89.49
12	1		10.51	100.00
99	68			



DEI3604	DEI3604 VALUE	FREQ	CUM FREQ	%	CUM %
7. AT WHAT AGE DID THIS CHILD FIRST WALK WITHOUT HELP? (IF DOESN'T WALK YET, CIRCLE "99".) MONTHS 99. DOESN'T WALK YET	4	14	3	0.45	0.45
	6	3	5	0.30	0.74
	7	2	16	1.63	2.37
	8	11	26	3.86	6.23
	9	56	98	8.31	14.54
	10	98	196	14.54	29.08
	11	113	309	16.77	45.85
	12	115	424	17.06	62.91
	13	51	475	7.57	70.48
	14	34	509	5.05	75.52
	15	13	522	1.93	77.45
	16	9	531	1.34	78.78
	17	3	534	0.45	79.23
	18	3	537	0.45	79.67
	19	1	538	0.15	79.82
	24	2	540	0.30	80.12
	99	134	674	19.88	100.00
DEI3605	DEI3605 VALUE	FREQ	CUM FREQ	%	CUM %
8. AT WHAT AGE DID THIS CHILD SPEAK A REAL WORD FOR THE FIRST TIME? (FOR EXAMPLE, "MAMA" OR "DADA".) (IF DOESN'T TALK YET, CIRCLE "99".) MONTHS 99. DOESN'T TALK YET	1	40	1	0.15	0.15
	2	1	2	0.15	0.31
	3	12	14	1.85	2.16
	4	15	29	2.32	4.48
	5	31	60	4.78	9.26
	6	71	131	10.96	20.22
	7	67	198	10.34	30.56
	8	60	258	9.26	39.82
	9	63	321	9.72	49.54
	10	70	391	10.80	60.34
	11	40	431	6.17	66.51
	12	53	484	8.18	74.69
	13	15	499	2.32	77.01
	14	10	509	1.54	78.55
	15	16	525	2.47	81.02
	16	3	528	0.46	81.48
	17	1	529	0.15	81.64
	18	9	538	1.39	83.03
	19	1	539	0.15	83.18
	20	1	540	0.15	83.33
	24	2	542	0.31	83.64
			(cont..)		

VARIABLE DE13605 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
25	1	543	0.15	83.80
30	1	544	0.15	83.95
35	1	545	0.15	84.11
36	1	546	0.15	84.26
99	102	648	15.74	100.00
DE13606				
VALUE	FREQ	CUM FREQ	%	CUM %
1	15	607	90.19	90.19
2	607	655	7.13	97.33
3	48	666	1.63	98.96
4	11	670	0.59	99.55
5	4	673	0.45	100.00
DE13607				
VALUE	FREQ	CUM FREQ	%	CUM %
1	11	413	61.00	61.00
2	413	575	23.93	84.93
3	162	638	9.31	94.24
4	63	672	5.02	99.26
5	34	677	0.74	100.00

DE13606	FILE PHIAAX
9. CONSIDERING THIS CHILD'S PROGRESS IN ROLLING OVER, SITTING UP, WALKING, AND TALKING, HOW DO YOU FEEL ABOUT THE WAY HE OR SHE IS GROWING UP OR DEVELOPING?	
1. VERY SATISFIED	
2. SOMEWHAT SATISFIED	
3. NEITHER SATISFIED NOR WORRIED	
4. SOMEWHAT WORRIED	
5. VERY WORRIED	

DE13607	FILE PHIAAX
10. HOW DO YOU FEEL ABOUT THIS CHILD'S EATING HABITS?	
1. VERY SATISFIED	
2. SOMEWHAT SATISFIED	
3. NEITHER SATISFIED NOR WORRIED	
4. SOMEWHAT WORRIED	
5. VERY WORRIED	

DEI3608	FILE PHIAAX
11. HOW DO YOU FEEL ABOUT THIS CHILD'S SLEEPING HABITS?	
1. VERY SATISFIED	
2. SOMEWHAT SATISFIED	
3. NEITHER SATISFIED NOR WORRIED	
4. SOMEWHAT WORRIED	
5. VERY WORRIED	

DEI3608	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	493	493	72.71	72.71
2	136	629	629	20.06	92.77
3	39	668	668	5.75	98.53
4	9	677	677	1.33	99.85
5	1	678	678	0.15	100.00

DEI3609	FILE PHIAAX
12. HOW DO YOU FEEL ABOUT THIS CHILD'S BOWEL HABITS?	
1. VERY SATISFIED	
2. SOMEWHAT SATISFIED	
3. NEITHER SATISFIED NOR WORRIED	
4. SOMEWHAT WORRIED	
5. VERY WORRIED	

DEI3609	VALUE	FREQ	CUM FREQ	%	CUM %
1	12	476	476	70.41	70.41
2	476	132	608	19.53	89.94
3	44	652	652	6.51	96.45
4	22	674	674	3.25	99.70
5	2	676	676	0.30	100.00

DEI5364	FILE PHIAAX
13. DO YOU FEEL THAT DOCTORS HAVE SPENT ENOUGH TIME TALKING TO YOU ABOUT THIS CHILD'S EATING, SLEEPING, AND BOWEL HABITS?	
1. THEY SPEND TOO MUCH TIME TALKING ABOUT THESE THINGS	
2. YES, ENOUGH TIME	
3. NO, NOT ENOUGH TIME	
4. HAVEN'T TALKED WITH A DOCTOR ABOUT THESE THINGS	

DEI5364	VALUE	FREQ	CUM FREQ	%	CUM %
1	12	8	8	1.18	1.18
2	489	497	497	72.34	73.52
3	68	565	565	10.06	83.58
4	111	676	676	16.42	100.00

GENERAL HEALTH
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DEI5365	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	11	11	59.82	59.82
2	2	405	405	37.37	97.19
3	3	253	658	2.66	99.85
4	4	18	676	0.15	100.00
		1	677		

DEI5366	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	11	11	1.92	1.92
2	2	13	13	17.58	19.50
3	3	119	132	35.60	55.10
4	4	241	373	44.90	100.00
		304	677		

DE15367

FILE PHIAAX

16. DURING THE PAST 3 MONTHS, HOW MUCH PAIN OR DISTRESS HAS THIS CHILD'S HEALTH CAUSED HIM OR HER?  
1. A GREAT DEAL  
2. SOME  
3. A LITTLE  
4. NONE AT ALL

DE15368

FILE PHIAAX

17. IS THIS CHILD UNABLE TO WALK, UNLESS ASSISTED BY AN ADULT OR BY CRUTCHES, ARTIFICIAL LIMB, OR BRACES?  
1. YES, UNABLE TO WALK UNLESS ASSISTED (Go to Q. 17a)  
2. NO, NO TROUBLE WALKING (Go to Q. 18)  
3. NOT WALKING YET BECAUSE OF AGE (Go to Q. 18)

DE15369

FILE PHIAAX

17a. HOW LONG HAS THE CHILD BEEN UNABLE TO WALK WITHOUT ASSISTANCE?  
1. LESS THAN 1 MONTH  
2. 1 - 3 MONTHS  
3. MORE THAN 3 MONTHS

DE15367	VALUE	FREQ	CUM FREQ	%	CUM %
	1	11	11	1.18	1.18
	2	8	19	8.86	10.04
	3	60	79	31.76	41.80
	4	215	294	58.20	100.00

DE15368	VALUE	FREQ	CUM FREQ	%	CUM %
	1	12	12	1.92	1.92
	2	13	25	79.29	81.21
	3	536	676	18.79	100.00

DE15369	VALUE	FREQ	CUM FREQ	%	CUM %
	1	675	675	15.39	15.39
	2	2	677	7.69	23.08
	3	1	678	76.92	100.00

DEI5370	FILE PHIAAX
18. BECAUSE OF HEALTH, DOES THIS CHILD NEED MORE HELP THAN USUAL FOR A CHILD THIS AGE IN EATING, DRESSING, BATHING, OR USING THE TOILET?	
1. YES (Go to Q. 18a)	
2. NO (Go to Q. 19)	

DEI5370	VALUE	FREQ	CUM FREQ	%	CUM %
1	11	11	9	1.33	1.33
2	668	668	677	98.67	100.00

DEI3230	FILE PHIAAX
18a. HOW LONG HAS THE CHILD NEEDED EXTRA HELP WITH EATING, DRESSING, BATHING OR USING THE TOILET?	
1. LESS THAN 1 MONTH	
2. 1 - 3 MONTHS	
3. MORE THAN 3 MONTHS	

DEI3230	VALUE	FREQ	CUM FREQ	%	CUM %
1	672	672	5	31.25	31.25
2	5	5	7	12.50	43.75
3	9	9	16	56.25	100.00

DEI5371	FILE PHIAAX
19. DOES THIS CHILD'S HEALTH KEEP HIM OR HER FROM TAKING PART IN ORDINARY PLAY?	
1. YES (Go to Q. 19a)	
2. NO (Go to Q. 20)	

DEI5371	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	10	4	0.59	0.59
2	674	674	678	99.41	100.00

DE12932	VALUE	FREQ	CUM FREQ	%	CUM %
	1	682	3	50.00	50.00
	3	3	6	50.00	100.00
DE12933	VALUE	FREQ	CUM FREQ	%	CUM %
	1	10	8	1.18	1.18
	2	8	678	98.82	100.00
DE13228	VALUE	FREQ	CUM FREQ	%	CUM %
	1	679	2	22.22	22.22
	3	2	9	77.78	100.00
		7			

DE12932

FILE PHIAAX

19a. HOW LONG HAS THE CHILD'S HEALTH KEPT HIM OR HER FROM  
TAKING PART IN ORDINARY PLAY?

1. LESS THAN 1 MONTH  
2. 1 - 3 MONTHS  
3. MORE THAN 3 MONTHS

DE12933

FILE PHIAAX

20. DOES THIS CHILD'S HEALTH LIMIT THE KIND OR AMOUNT OF  
ORDINARY PLAY HE OR SHE CAN DO?

1. YES, HEALTH LIMITS THIS (Go to Q. 20a)  
2. NO

DE13228

FILE PHIAAX

20a. HOW LONG HAS THE CHILD'S HEALTH LIMITED THE KIND OR  
AMOUNT OF PLAY HE OR SHE CAN DO?

1. LESS THAN 1 MONTH  
2. 1 - 3 MONTHS  
3. MORE THAN 3 MONTHS

DEI5372	VALUE	FREQ	CUM FREQ	%	CUM %
	1	10	7	1.03	1.03
	2	671	678	98.97	100.00

  

DEI5373	VALUE	FREQ	CUM FREQ	%	CUM %
	1	678	5	50.00	50.00
	2	5	6	10.00	60.00
	3	1	10	40.00	100.00

  

DEI5374	VALUE	FREQ	CUM FREQ	%	CUM %
	1	22	430	64.57	64.57
	2	430	664	35.14	99.70
	3	234	666	0.30	100.00

DEI5372	FILE PHIAAX
21. DOES HEALTH LIMIT THIS CHILD IN ANY WAY FROM DOING ANYTHING HE OR SHE WANTS TO DO?	
1. YES (Go to Q. 21a)	
2. NO (Go to Q. 22a)	

DEI5373	FILE PHIAAX
21a. HOW LONG HAS THE CHILD'S HEALTH LIMITED HIM OR HER IN DOING THINGS HE OR SHE WANTS TO DO?	
1. LESS THAN 1 MONTH	
2. 1 - 3 MONTHS	
3. MORE THAN 3 MONTHS	

FLUORIDES, DIET
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DEI5374	FILE PHIAAX
22a. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
FLUORIDATED TOOTHPASTE	
1. YES	
2. NO	
3. DON'T KNOW	



DEI5375	FILE PHIAAX
22b. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
FLUORIDE TABLETS ON A REGULAR BASIS	
1. YES	
2. NO	
3. DON'T KNOW	

DEI5375	VALUE	FREQ	CUM FREQ	%	CUM %
1	26	31	31	4.68	4.68
2	630	661	661	95.17	99.85
3	1	662	662	0.15	100.00

DEI5376	FILE PHIAAX
22c. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
FLUORIDE MOUTHWASH ON A REGULAR BASIS	
1. YES	
2. NO	
3. DON'T KNOW	

DEI5376	VALUE	FREQ	CUM FREQ	%	CUM %
1	32	27	27	4.12	4.12
2	628	655	655	95.73	99.85
3	1	656	656	0.15	100.00

DEI5377	FILE PHIAAX
22d. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
DID THE CHILD EVER HAVE HIS TEETH PAINTED WITH FLUORIDE BY A DENTIST OR DENTAL ASSISTANT	
1. YES	
2. NO	
3. DON'T KNOW	

DEI5377	VALUE	FREQ	CUM FREQ	%	CUM %
1	28	96	96	14.55	14.55
2	557	653	653	84.39	98.94
3	7	660	660	1.06	100.00

DE15378	FILE PHIAAX
22e. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
DOES THE CHILD USE ANY FLUORIDE-VITAMIN PREPARATION	
1. YES	
2. NO	
3. DON'T KNOW	

DE15378	VALUE	FREQ	CUM FREQ	%	CUM %
1	21	21	115	17.24	17.24
2	115	115	662	82.01	99.25
3	547	547	667	0.75	100.00

DE15379	FILE PHIAAX
22f. DOES THIS CHILD USE FLUORIDE IN THE FOLLOWING WAY?	
FLUORIDE DROPS ON A REGULAR BASIS	
1. YES	
2. NO	
3. DON'T KNOW	

DE15379	VALUE	FREQ	CUM FREQ	%	CUM %
1	29	29	46	6.98	6.98
2	46	46	658	92.87	99.85
3	612	612	659	0.15	100.00

DE15380	FILE PHIAAX
23. HOW OFTEN DOES THIS CHILD EAT SOMETHING IN BETWEEN REGULAR MEALS?	
1. 4 OR MORE TIMES A DAY	
2. 3 TIMES A DAY	
3. ABOUT TWICE A DAY	
4. MAYBE ONCE A DAY	
5. OCCASIONALLY, NOT EVERY DAY	
6. RARELY OR NEVER EATS BETWEEN MEALS	
7. CHILD IS AN INFANT, DOES NOT EAT REGULAR MEALS	

DE15380	VALUE	FREQ	CUM FREQ	%	CUM %
1	12	12	40	5.92	5.92
2	40	40	174	19.82	25.74
3	134	134	411	35.06	60.80
4	237	237	510	14.65	75.44
5	99	99	570	8.88	84.32
6	60	60	589	2.81	87.13
7	19	19	676	12.87	100.00

DE15381	VALUE	FREQ	CUM FREQ	%	CUM %	DE15381
DE15382	VALUE	FREQ	CUM FREQ	%	CUM %	DE15382
DE15383	VALUE	FREQ	CUM FREQ	%	CUM %	DE15383

DE15381

FILE PHIAAX

24a. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?

SUGAR-COATED CEREAL

1. YES

2. NO

DE15382

FILE PHIAAX

24b. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?

COOKIES, CAKE, PIE, DOUGHNUTS

1. YES

2. NO

DE15383

FILE PHIAAX

24c. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?

SODA POP, COLA DRINKS

1. YES

2. NO

DE15384

FILE PHIAAX

24d. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?

PEANUT BUTTER

1. YES

2. NO

DE15384	VALUE	FREQ	CUM FREQ	%	CUM %
1		11	239	35.30	35.30
2		438	677	64.70	100.00

DE15385

FILE PHIAAX

24e. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?

JELLY OR HONEY

1. YES

2. NO

DE15385	VALUE	FREQ	CUM FREQ	%	CUM %
1		12	188	27.81	27.81
2		488	676	72.19	100.00

DE15386

FILE PHIAAX

24f. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?

RAISINS, FIGS, PRUNES

1. YES

2. NO

DE15386	VALUE	FREQ	CUM FREQ	%	CUM %
1		17	121	18.03	18.03
2		550	671	81.97	100.00

<div>DEI5387</div> <div>FILE PHIAAX</div> <div>24g. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?</div> <div>CHEWING GUM</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI5387</div> <div>VALUE</div> <div>1</div> <div>2</div> <div>FREQ</div> <div>12</div> <div>177</div> <div>499</div> <div>CUM FREQ</div> <div>177</div> <div>676</div> <div>%</div> <div>26.18</div> <div>73.82</div> <div>CUM %</div> <div>26.18</div> <div>100.00</div>
<div>DEI5388</div> <div>FILE PHIAAX</div> <div>24h. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?</div> <div>CANDY</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI5388</div> <div>VALUE</div> <div>1</div> <div>2</div> <div>FREQ</div> <div>12</div> <div>192</div> <div>484</div> <div>CUM FREQ</div> <div>192</div> <div>676</div> <div>%</div> <div>28.40</div> <div>71.60</div> <div>CUM %</div> <div>28.40</div> <div>100.00</div>
<div>DEI5390</div> <div>FILE PHIAAX</div> <div>24i. DURING THE PAST 24 HOURS, DID THIS CHILD EAT THE FOOD LISTED BELOW?</div> <div>SUGAR ( TABLE SUGAR )</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI5390</div> <div>VALUE</div> <div>1</div> <div>2</div> <div>FREQ</div> <div>10</div> <div>134</div> <div>544</div> <div>CUM FREQ</div> <div>134</div> <div>678</div> <div>%</div> <div>19.76</div> <div>80.24</div> <div>CUM %</div> <div>19.76</div> <div>100.00</div>

Two versions of Q. 25, with differing response values, were asked in different questionnaires. Both versions are presented below.

DEI5391	VALUE	FREQ	CUM FREQ	%	CUM %
	1	653	3	8.57	8.57
	2	3	9	17.14	25.71
	3	6	31	62.86	88.57
	4	22	33	5.71	94.29
	5	2	35	5.71	100.00

NOTE: Asked in Dayton 3-year exit only.

DEI5391

FILE PHIAAX

25. IF THE CHILD ATE ANY OF THE ABOVE FOODS IN THE PAST 24 HOURS, DID HE OR SHE EAT THEM ONLY DURING REGULAR MEALS (BREAKFAST, LUNCH OR DINNER), OR ONLY BETWEEN REGULAR MEALS, OR BOTH DURING AND BETWEEN MEALS?

1. REGULAR MEALS ONLY  
 2. BETWEEN MEALS ONLY  
 3. BOTH DURING MEALS AND BETWEEN MEALS  
 4. CHILD IS AN INFANT, DOES NOT EAT REGULAR MEALS  
 5. CHILD DID NOT EAT ANY OF ABOVE FOODS IN PAST 24 HOURS

DEI5877	VALUE	FREQ	CUM FREQ	%	CUM %
	1	57	128	20.29	20.29
	2	128	257	20.44	40.73
	3	251	508	39.78	80.51
	4	38	546	6.02	86.53
	5	85	631	13.47	100.00

NOTE: Asked in Dayton 5-year exit, and Seattle, Massachusetts and South Carolina 3-year and 5-year exit only.

DEI5877

FILE PHIAAX

25. IF THE CHILD ATE ANY OF THE ABOVE FOODS IN THE PAST 24 HOURS, DID HE OR SHE EAT THEM ONLY DURING REGULAR MEALS (BREAKFAST, LUNCH OR DINNER), OR ONLY BETWEEN REGULAR MEALS, OR BOTH DURING AND BETWEEN MEALS?

1. REGULAR MEALS ONLY  
 2. BETWEEN MEALS ONLY  
 3. BOTH DURING MEALS AND BETWEEN MEALS  
 4. CHILD DID NOT EAT ANY OF ABOVE FOODS IN PAST 24 HOURS  
 5. CHILD IS AN INFANT, DOES NOT EAT REGULAR MEALS

DEI5392	FILE PHIAAX
26a. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?	
MILK (WHOLE MILK, SKIM MILK, OR LOW-FAT)	
0. NONE	
1. ONE TIME	
2. TWICE	
3. THREE TIMES	
4. FOUR OR MORE	
5. DON'T KNOW	

DEI5392	VALUE	FREQ	CUM FREQ	%	CUM %
0	14	14	14	14.10	14.10
1	95	95	95	10.53	24.63
2	71	166	166	18.25	42.88
3	123	289	289	26.26	69.14
4	177	466	466	30.12	99.26
5	203	669	669	0.74	100.00
	5	674	674		

DEI5393	FILE PHIAAX
26b. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?	
CUSTARD	
0. NONE	
1. ONE TIME	
2. TWICE	
3. THREE TIMES	
4. FOUR OR MORE	
5. DON'T KNOW	

DEI5393	VALUE	FREQ	CUM FREQ	%	CUM %
0	21	21	21	95.20	95.20
1	635	635	635	2.70	97.90
2	18	653	653	1.05	98.95
3	7	660	660	0.15	99.10
4	1	661	661	0.30	99.40
5	2	663	663	0.60	100.00
	4	667	667		

DEI5394	FILE PHIAAX
26c. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?	
CHEESE	
0. NONE	
1. ONE TIME	
2. TWICE	
3. THREE TIMES	
4. FOUR OR MORE	
5. DON'T KNOW	

DEI5394	VALUE	FREQ	CUM FREQ	%	CUM %
0	0	18	18	46.57	46.57
1	1	312	312	27.91	74.48
2	2	187	499	18.06	92.54
3	3	121	620	5.67	98.21
4	4	38	658	1.49	99.70
5	5	10	668	0.30	100.00
		2	670		

DEI5395	FILE PHIAAX
26d. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?	
A MILK-SHAKE (OR FRAPPE)	
0. NONE	
1. ONE TIME	
2. TWICE	
3. THREE TIMES	
4. FOUR OR MORE	
5. DON'T KNOW	

DEI5395	VALUE	FREQ	CUM FREQ	%	CUM %
0	0	15	15	94.21	94.21
1	1	634	634	4.90	99.11
2	2	33	667	0.30	99.41
3	3	2	669	0.15	99.55
4	4	1	670	0.30	99.85
5	5	2	672	0.15	100.00
		1	673		



DEI5396	VALUE	FREQ	CUM FREQ	%	CUM %
26e. DURING THE PAST 24 HOURS, HOW MANY TIMES DID THE CHILD EAT OR DRINK THE FOOD LISTED BELOW?					
A MALTED MILK					
0. NONE	0	17	17	97.91	97.91
1. ONE TIME	1	657	657	0.75	98.66
2. TWICE	2	5	662	0.60	99.26
3. THREE TIMES	4	4	666	0.45	99.70
4. FOUR OR MORE	5	3	669	0.30	100.00
5. DON'T KNOW		2	671		

  

DEI3611	VALUE	FREQ	CUM FREQ	%	CUM %
27a. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?					
DPT (DIPHTHERIA, WHOOPING COUGH, AND TETANUS)					
1. YES	1	10	10	93.66	93.66
2. NO	2	635	635	5.02	98.67
3. DON'T KNOW	3	34	669	1.33	100.00

DEI3612		FILE PHIAAX				
27b. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?						
POLIO						
	1. YES					
	2. NO					
	3. DON'T KNOW					
DEI3612	VALUE	FREQ	CUM FREQ	%	CUM %	
1		13				
2		614	614	90.96	90.96	
3		50	664	7.41	98.37	
		11	675	1.63	100.00	
DEI3613		FILE PHIAAX				
27c. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?						
SMALLPOX						
	1. YES					
	2. NO					
	3. DON'T KNOW					
DEI3613	VALUE	FREQ	CUM FREQ	%	CUM %	
1		32				
2		313	313	47.71	47.71	
3		277	590	42.23	89.94	
		66	656	10.06	100.00	
DEI3614		FILE PHIAAX				
27d. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?						
REGULAR MEASLES						
	1. YES					
	2. NO					
	3. DON'T KNOW					
DEI3614	VALUE	FREQ	CUM FREQ	%	CUM %	
1		28				
2		447	447	67.73	67.73	
3		156	603	23.64	91.36	
		57	660	8.64	100.00	

<div> <div>DEI3615</div> <div> <div>FILE PHIAAX</div> <div>27e. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?</div> <div>GERMAN MEASLES</div> <div> <div>1. YES</div> <div>2. NO</div> <div>3. DON'T KNOW</div> </div> </div> </div>	<div> <div>DEI3615</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>	<div> <div>FREQ</div> <div>32</div> <div>408</div> <div>175</div> <div>73</div> </div>	<div> <div>CUM FREQ</div> <div>32</div> <div>440</div> <div>615</div> <div>688</div> </div>	<div> <div>CUM %</div> <div>7.6</div> <div>99.3</div> <div>100.0</div> </div>	<div> <div>DEI3615</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>	<div> <div>CUM FREQ</div> <div>32</div> <div>440</div> <div>615</div> <div>688</div> </div>	<div> <div>CUM %</div> <div>7.6</div> <div>99.3</div> <div>100.0</div> </div>	<div> <div>DEI3615</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>
<div> <div>DEI3616</div> <div> <div>FILE PHIAAX</div> <div>27f. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?</div> <div>MUMPS</div> <div> <div>1. YES</div> <div>2. NO</div> <div>3. DON'T KNOW</div> </div> </div> </div>	<div> <div>DEI3616</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>	<div> <div>FREQ</div> <div>32</div> <div>421</div> <div>172</div> <div>63</div> </div>	<div> <div>CUM FREQ</div> <div>32</div> <div>453</div> <div>625</div> <div>688</div> </div>	<div> <div>CUM %</div> <div>7.6</div> <div>97.8</div> <div>100.0</div> </div>	<div> <div>DEI3616</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>	<div> <div>CUM FREQ</div> <div>32</div> <div>453</div> <div>625</div> <div>688</div> </div>	<div> <div>CUM %</div> <div>7.6</div> <div>97.8</div> <div>100.0</div> </div>	<div> <div>DEI3616</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>
<div> <div>DEI3617</div> <div> <div>FILE PHIAAX</div> <div>27g. HAS THIS CHILD HAD THE FOLLOWING SHOT OR IMMUNIZATION?</div> <div>OTHER, DON'T KNOW WHAT FOR</div> <div> <div>1. YES</div> <div>2. NO</div> <div>3. DON'T KNOW</div> </div> </div> </div>	<div> <div>DEI3617</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>	<div> <div>FREQ</div> <div>172</div> <div>74</div> <div>303</div> <div>139</div> </div>	<div> <div>CUM FREQ</div> <div>172</div> <div>246</div> <div>549</div> <div>688</div> </div>	<div> <div>CUM %</div> <div>26.4</div> <div>35.8</div> <div>79.2</div> <div>100.0</div> </div>	<div> <div>DEI3617</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>	<div> <div>CUM FREQ</div> <div>172</div> <div>246</div> <div>549</div> <div>688</div> </div>	<div> <div>CUM %</div> <div>26.4</div> <div>35.8</div> <div>79.2</div> <div>100.0</div> </div>	<div> <div>DEI3617</div> <div> <div>VALUE</div> <div>1</div> <div>2</div> <div>3</div> </div> </div>



DEI5398	FILE PHIAAX
30.	HOW MANY HARMFUL THINGS, LIKE MEDICINES OR HOUSEHOLD CLEANERS, ARE KEPT OUT OF THIS CHILD'S REACH OR LOCKED UP?
	1. ALL OF THEM ARE KEPT OUT OF REACH OR LOCKED UP
	2. MOST OF THEM ARE
	3. SOME OF THEM ARE
	4. A FEW OF THEM ARE
	5. NONE OF THEM ARE

DEI5398	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	435	435	64.16	64.16
2	184	619	619	27.14	91.30
3	19	638	638	2.80	94.10
4	15	653	653	2.21	96.31
5	25	678	678	3.69	100.00

DEI5399	FILE PHIAAX
31.	HOW MANY ELECTRICAL OUTLETS, NOT IN USE IN THE HOME, ARE COVERED WITH PLASTIC COVERS, TAPE, OR OTHER COVERING?
	1. ALL UNUSED OUTLETS ARE COVERED
	2. MOST ARE COVERED
	3. SOME ARE COVERED
	4. A FEW ARE COVERED
	5. NONE ARE COVERED

DEI5399	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	142	142	20.94	20.94
2	157	299	299	23.16	44.10
3	65	364	364	9.59	53.69
4	48	412	412	7.08	60.77
5	266	678	678	39.23	100.00

DEI5400	FILE PHIAAX
32.	DO YOU FEEL THAT DOCTORS HAVE SPENT ENOUGH TIME TALKING WITH YOU ABOUT HOME AND CAR SAFETY FOR THIS CHILD?
	1. THEY SPEND TOO MUCH TIME TALKING ABOUT THIS
	2. YES, ENOUGH TIME
	3. NO, NOT ENOUGH TIME
	4. HAVE NOT TALKED WITH A DOCTOR ABOUT THIS

DEI5400	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	8	8	1.18	1.18
2	297	305	305	43.81	44.99
3	80	385	385	11.80	56.79
4	293	678	678	43.22	100.00

-----+  
| SYMPTOMS LIST |  
+-----

DEI5401	FILE PHIAAX
33a.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?
	CHICKEN POX
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DEI5401	VALUE	FREQ	CUM FREQ	%	CUM %
1	13	13	665	98.52	98.52
2	665	665	672	1.04	99.56
3	7	3	675	0.44	100.00

DEI5402	FILE PHIAAX
33b.	DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?
	A STOMACH ACHE WITHOUT VOMITING FOR LESS THAN 24 HOURS
	1. NO, DID NOT HAVE THIS
	2. HAD IT, BUT DID NOT SEE DOCTOR
	3. HAD IT, AND SAW DOCTOR

DEI5402	VALUE	FREQ	CUM FREQ	%	CUM %
1	12	12	574	84.91	84.91
2	574	91	665	13.46	98.37
3	11	11	676	1.63	100.00

DE15403	FILE PHIAAX
33c. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?  A STOMACH "FLU" OR VIRUS, WITH VOMITING OR DIARRHEA LASTING AT LEAST 2 DAYS  1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DE15403	VALUE	FREQ	CUM FREQ	%	CUM %
1	13	13	590	87.41	87.41
2	590	590	641	7.56	94.96
3	51	34	675	5.04	100.00

DE15404	FILE PHIAAX
33d. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?  AN EAR INFECTION OR EARACHE WITH FEVER  1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DE15404	VALUE	FREQ	CUM FREQ	%	CUM %
1	11	11	595	87.89	87.89
2	595	9	604	1.33	89.22
3	73	73	677	10.78	100.00





DE15408	FILE PHIAAX
33h. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?  ALLERGIES (SUCH AS TO GRASS OR CERTAIN FOODS) WITHOUT ASTHMA  1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DE15408	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	11	647	95.57	95.57
2	2	19	666	2.81	98.38
3	3	11	677	1.63	100.00

DE15409	FILE PHIAAX
33i. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?  DIARRHEA (LOOSE BOWEL MOVEMENTS) LASTING FOR AT LEAST 3 DAYS  1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DE15409	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	11	602	88.92	88.92
2	2	49	651	7.24	96.16
3	3	26	677	3.84	100.00

DE15410	VALUE	FREQ	CUM FREQ	%	CUM %
33j. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	1	12	544	80.47	80.47
POOR EATING HABITS	2	544	664	17.75	98.23
	3	12	676	1.78	100.00

  

DE15411	VALUE	FREQ	CUM FREQ	%	CUM %
33k. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	1	11	673	99.41	99.41
ACCIDENTAL POISONING OR EATING SOMETHING HARMFUL	2	673	674	0.15	99.56
	3	3	677	0.44	100.00

  

DE15412	VALUE	FREQ	CUM FREQ	%	CUM %
33l. DURING THE PAST 30 DAYS, DID THIS CHILD HAVE THE FOLLOWING SYMPTOM? IF HE OR SHE DID, DID YOU SEE A DOCTOR ABOUT IT?	1	13	673	99.70	99.70
A CONVULSION OR FIT (SEIZURE)	2	673	674	0.15	99.85
	3	1	675	0.15	100.00



-----+  
| HEALTH PERCEPTIONS |  
+-----+

DEI5416	VALUE	FREQ	CUM FREQ	%	CUM %
34a. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.  THIS CHILD'S HEALTH IS EXCELLENT.  5. DEFINITELY TRUE 4. MOSTLY TRUE 3. DON'T KNOW 2. MOSTLY FALSE 1. DEFINITELY FALSE	1 2 3 4 5	10 10 26 307 335	10 20 36 343 678	1.48 1.48 3.84 45.28 49.41	1.48 2.96 6.80 50.59 100.00

  

DEI5417	VALUE	FREQ	CUM FREQ	%	CUM %
34b. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.  THIS CHILD WAS SO SICK ONCE I THOUGHT HE OR SHE MIGHT DIE.  5. DEFINITELY TRUE 4. MOSTLY TRUE 3. DON'T KNOW 2. MOSTLY FALSE 1. DEFINITELY FALSE	1 2 3 4 5	12 508 78 13 32 45	12 518 586 599 631 676	1.15 45.15 6.66 1.92 4.73 6.66	1.15 56.30 62.96 64.88 69.61 100.00

DEI5418

FILE PHIAAX

34c. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.

THIS CHILD SEEMS TO RESIST ILLNESS VERY WELL.

5. DEFINITELY TRUE

4. MOSTLY TRUE

3. DON'T KNOW

2. MOSTLY FALSE

1. DEFINITELY FALSE

DEI5418	VALUE	FREQ	CUM FREQ	%	CUM %
1	14	10	10	1.48	1.48
2	63	73	73	9.35	10.83
3	106	179	179	15.73	26.56
4	376	555	555	55.79	82.34
5	119	674	674	17.66	100.00

DEI5419

FILE PHIAAX

34d. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD.

THIS CHILD SEEMS TO BE LESS HEALTHY THAN OTHER CHILDREN I KNOW.

5. DEFINITELY TRUE

4. MOSTLY TRUE

3. DON'T KNOW

2. MOSTLY FALSE

1. DEFINITELY FALSE

DEI5419	VALUE	FREQ	CUM FREQ	%	CUM %
1	10	346	346	51.03	51.03
2	207	553	553	30.53	81.56
3	91	644	644	13.42	94.99
4	25	669	669	3.69	98.67
5	9	678	678	1.33	100.00

DEI5420	VALUE	FREQ	CUM FREQ	%	CUM %
34e. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD. THIS CHILD HAS NEVER BEEN SERIOUSLY ILL. 5. DEFINITELY TRUE 4. MOSTLY TRUE 3. DON'T KNOW 2. MOSTLY FALSE 1. DEFINITELY FALSE	1 2 3 4 5	11 81 75 6 155 360	1 81 156 162 317 677	11.97 11.08 0.89 22.90 53.18	11.97 23.04 23.93 46.82 100.00
DEI5421	VALUE	FREQ	CUM FREQ	%	CUM %
34f. INDICATE WHETHER THE STATEMENT IS TRUE OR FALSE FOR THIS CHILD. WHEN THERE IS SOMETHING GOING AROUND, THIS CHILD USUALLY CATCHES IT. 5. DEFINITELY TRUE 4. MOSTLY TRUE 3. DON'T KNOW 2. MOSTLY FALSE 1. DEFINITELY FALSE	1 2 3 4 5	11 127 305 140 97 8	1 127 432 572 669 677	18.76 45.05 20.68 14.33 1.18	18.76 63.81 84.49 98.82 100.00

DE12514	FILE PHIAAX
I.D. OF HIE PARTICIPANT WHO FILLED OUT THIS FORM	

DE19216	FILE PHIAAX
COMPLETED BY:	
1. INFORMATION PROVIDED BY CORRECT RESPONDENT (14+=SUBJECT; 0-4 AND 5-13=ADULT IN FAMILY UNIT) 2. FOR 14+ ONLY - INFORMATION PROVIDED BY SOMEONE ELSE IN FAMILY UNIT 3. INFORMATION PROVIDED BY SOMEONE OUT OF FAMILY UNIT 4. INFORMATION PROVIDED BY CHILD FOR HIMSELF (5-13 ONLY)	

NOTE: Codes 2 and 4 are invalid data for this file. Invalid data were not changed, and remain in the file.

DE19216 VALUE	FREQ	CUM FREQ	%	CUM %
1	12	670	99.11	99.11
2	670	673	0.44	99.56
3	3	674	0.15	99.70
4	2	676	0.30	100.00





VII. CODEBOOK FOR DAYTON INFANT ENROLLMENT  
FORM B

FILENAME	VALUE	FREQ	CUM FREQ	%	CUM %
PHIB1E		120	120	100.00	100.00

SITE	VALUE	FREQ	CUM FREQ	%	CUM %
	1	120	120	100.00	100.00

VARIABLE	FILENAME	FILE PHIB1E; HEADER
Name of file		
FILENAME is a unique 6-character code that identifies this file as PHIB1E (Medical History Questionnaire, Form B, for infants, ages 0-4, from Dayton enrollment).		

VARIABLE	PERSON	FILE PHIB1E; HEADER
Person identifier		
PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.		

VARIABLE	SITE	FILE PHIB1E; HEADER
Site		
CODES		
	1 - Dayton, Ohio	
	2 - Seattle, Washington	
	3 - Fitchburg, Massachusetts	
	4 - Franklin County, Massachusetts	
	5 - Charleston, South Carolina	
	6 - Georgetown County, South Carolina	
SITE identifies the participant's place of residence when HIE data were collected.		

VARIABLE	INSTAT	FILE PHIB1E; HEADER
Insurance status		
CODES		
1 - Ever insured		
2 - Ever assigned to HMO control group		
3 - Never insured		
INSTAT describes the participant's insurance status in the Health Insurance Experiment.		

INSTAT VALUE	FREQ	CUM FREQ	%	CUM %
1	78	78	65.00	65.00
3	42	120	35.00	100.00

VARIABLE	ENRTERM	FILE PHIB1E; HEADER
Enrollment term		
CODES		
0 - None--person never enrolled		
2 - None--participant in PEG period only		
3 - 3 years		
5 - 5 years		
ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.		

ENRTERM VALUE	FREQ	CUM FREQ	%	CUM %
3	28	28	23.33	23.33
5	92	120	76.67	100.00

VARIABLE	DATE	FILE PHIB1E; HEADER
Date received		
DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19741019 to 19751221.		

ANEMIA
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DE14056	FILE PHIBIE
1. DURING THE LAST 12 MONTHS HAS A DOCTOR TOLD YOU THAT THIS CHILD HAS ANEMIA (SOMETIMES CALLED LOW BLOOD), OR IS HE CURRENTLY UNDER TREATMENT FOR IT? 3. NO, HE/SHE DOES NOT HAVE IT (Go to Q. 9) 2. YES, HE/SHE HAS IT, OR IS UNDER TREATMENT FOR IT (Go to Q. 2a) 1. YES HE/SHE HAD IT, BUT IS NOW CURED (Go to Q. 2a)	

DE14057	FILE PHIBIE
2a. DURING THE LAST 12 MONTHS HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA? SPECIAL DIET 1. YES 2. NO	

DE14056					
VALUE	FREQ	CUM FREQ	%	CUM %	
2	1	1	0.83	0.83	
3	119	120	99.17	100.00	

DE14057					
VALUE	FREQ	CUM FREQ	%	CUM %	
2	119	1	100.00	100.00	

<div> DEI4058 FILE PHIBIE 2b. DURING THE LAST 12 MONTHS HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?  IRON PILLS OR SHOTS  1. YES  2. NO </div>	DEI4058 VALUE	FREQ	CUM FREQ	%	CUM %
		119 1	1	100.00	100.00
<div> DEI4059 FILE PHIBIE 2c. DURING THE LAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?  VITAMIN PILLS OR SHOTS  1. YES  2. NO </div>	DEI4059 VALUE	FREQ	CUM FREQ	%	CUM %
		119 1	1	100.00	100.00
<div> DEI4060 FILE PHIBIE 2d. DURING THE LAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?  BLOOD TRANSFUSIONS  1. YES  2. NO </div>	DEI4060 VALUE	FREQ	CUM FREQ	%	CUM %
		119 1	1	100.00	100.00

DEI4061	FILE PHIBIE
3a. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
SPECIAL DIET	
1. YES	
2. NO	

DEI4061					
VALUE	FREQ	CUM FREQ	%	CUM %	
2	119	1	100.00	100.00	

DEI4062	FILE PHIBIE
3b. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
IRON PILLS OR SHOTS	
1. YES	
2. NO	

DEI4062					
VALUE	FREQ	CUM FREQ	%	CUM %	
2	119	1	100.00	100.00	

DEI4063	FILE PHIBIE
3c. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	
VITAMIN PILLS OR SHOTS	
1. YES	
2. NO	

DEI4063					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	119	1	100.00	100.00	

DEI4064		FILE PHIB1E			
3d. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?		BLOOD TRANSFUSIONS			
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
2	119	1	100.00	100.00	
DEI4065		FILE PHIB1E			
4. IS THIS CHILD CURRENTLY UNDER A DOCTOR'S CARE OR SUPERVISION FOR ANEMIA?					
1. YES					
2. NO					
VALUE	FREQ	CUM FREQ	%	CUM %	
2	119	1	100.00	100.00	
DEI4066		FILE PHIB1E			
5. DURING THE PAST 3 MONTHS, HOW MUCH PAIN HAS THIS CHILD'S ANEMIA CAUSED HIM OR HER?					
1. A LOT					
2. SOME					
3. A LITTLE					
4. NONE AT ALL					
VALUE	FREQ	CUM FREQ	%	CUM %	
4	119	1	100.00	100.00	

DEI4067	FILE PHIBIE			
	6. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S ANEMIA WORRIED OR CONCERNED YOU?			
	1. A LOT			
	2. SOMEWHAT			
	3. A LITTLE			
	4. NOT AT ALL			
VALUE	4	FREQ	119	CUM %
			1	100.00
				100.00
DEI4068	FILE PHIBIE			
	7. DURING THE PAST 3 MONTHS, HOW OFTEN HAS ANEMIA KEPT THIS CHILD FROM DOING THE KINDS OF ACTIVITIES OTHER CHILDREN THE SAME AGE DO?			
	1. ALL OF THE TIME			
	2. MOST OF THE TIME			
	3. SOME OF THE TIME			
	4. A LITTLE OF THE TIME			
	5. NONE OF THE TIME			
VALUE	5	FREQ	119	CUM %
			1	100.00
				100.00
DEI4069	FILE PHIBIE			
	8. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS ANEMIA KEPT THIS CHILD IN BED, ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)			
	_____ DAYS IN BED			
VALUE	0	FREQ	119	CUM %
			1	100.00
				100.00



-----+  
 | FUTURE HEALTH EXPENSES |  
 |-----+-----+  
 +-----+

DE14070	FILE PHIBIE
9a.	HOW MUCH DO YOU THINK THIS CHILD'S HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS FOR THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICAID, MEDICARE, AND OTHER PEOPLE.
	NURSING HOME CARE
	\$ _____

DE14302	FILE PHIBIE
9b.	HOW MUCH DO YOU THINK THIS CHILD'S HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS FOR THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICAID, MEDICARE, AND OTHER PEOPLE.
	HOSPITAL IN-PATIENT
	\$ _____

DE14070				
VALUE	FREQ	CUM FREQ	%	CUM %
0	4	4	99.14	99.14
100	115	115	0.86	100.00
	1	116		

DE14302				
VALUE	FREQ	CUM FREQ	%	CUM %
0	7	7	90.27	90.27
3	102	102	0.89	91.15
25	1	103	0.89	92.04
50	2	104	1.77	93.81
100	2	106	1.77	95.58
200	2	108	1.77	97.35
250	2	110	1.77	99.12
500	1	111	0.89	99.12
1000	1	112	0.89	100.00
		113		

DEI4303	FILE PHIBIE
9c.	HOW MUCH DO YOU THINK THIS CHILD'S HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS FOR THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICAID, MEDICARE, AND OTHER PEOPLE.
	DOCTORS, CLINICS, AND HOSPITAL EMERGENCY ROOM AND OUT-PATIENT DEPARTMENT
	\$ _____

DEI4303	VALUE	FREQ	CUM FREQ	%	CUM %
	0	8	8	9.82	9.82
	10	11	19	2.68	12.50
	13	3	22	0.89	13.39
	20	1	23	5.36	18.75
	25	6	29	11.61	30.36
	30	13	42	5.36	35.71
	40	6	48	5.36	41.07
	50	19	67	16.96	58.04
	60	5	72	4.46	62.50
	75	2	74	1.79	64.29
	80	3	77	2.68	66.96
	90	1	78	0.89	67.86
	100	21	99	18.75	86.61
	150	8	107	7.14	93.75
	156	1	108	0.89	94.64
	200	2	110	1.79	96.43
	250	1	111	0.89	97.32
	300	1	112	0.89	98.21
	500	1	113	0.89	99.11
	700	1	114	0.89	100.00

DEI4304	FILE PHIBIE
9d.	HOW MUCH DO YOU THINK THIS CHILD'S HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS FOR THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICAID, MEDICARE, AND OTHER PEOPLE.
	PRESCRIPTION DRUGS
	\$ _____

DEI4304	VALUE	FREQ	CUM FREQ	%	CUM %
	0	6	6	9.65	9.65
	5	11	17	7.90	17.54
	7	9	26	0.88	18.42
	8	1	27	0.88	19.30
	10	11	38	9.65	28.95
	15	5	43	4.39	33.33
	20	13	56	11.40	44.74
	25	16	72	14.04	58.77
	30	5	77	4.39	63.16
	33	1	78	0.88	64.04
	40	3	81	2.63	66.67
	50	26	107	22.81	89.47
	60	1	108	0.88	90.35
	75	3	111	2.63	92.98
	100	6	117	5.26	98.25
	250	1	118	0.88	99.12
	500	1	119	0.88	100.00

DEI4305	VALUE	FREQ	CUM FREQ	%	CUM %
9e. HOW MUCH DO YOU THINK THIS CHILD'S HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS FOR THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICAID, MEDICARE, AND OTHER PEOPLE.  OTHER MEDICAL EXPENSES  \$ _____	0	11	11	69.73	69.73
	5	76	76	0.92	70.64
	10	2	77	1.84	72.48
	12	1	80	0.92	73.39
	15	1	81	0.92	74.31
	20	3	84	2.75	77.06
	25	4	88	3.67	80.73
	40	1	89	0.92	81.65
	50	12	101	11.01	92.66
	60	1	102	0.92	93.58
	90	1	103	0.92	94.50
	100	3	106	2.75	97.25
	150	2	108	1.84	99.08
	200	1	109	0.92	100.00
DEI5061					
9f. HOW MUCH DO YOU THINK THIS CHILD'S HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS FOR THE FOLLOWING HEALTH SERVICE? INCLUDE EXPENSES YOU WILL PAY AND EXPENSES WHICH WILL BE PAID BY INSURANCE, MEDICAID, MEDICARE, AND OTHER PEOPLE.  DENTAL EXPENSES  \$ _____	0	22	22	41.84	41.84
	8	41	41	3.06	44.90
	10	3	47	3.06	47.96
	12	2	49	2.04	50.00
	15	3	52	3.06	53.06
	16	1	53	1.02	54.08
	20	9	62	9.18	63.27
	25	8	70	8.16	71.43
	30	2	72	2.04	73.47
	34	1	73	1.02	74.49
	35	1	74	1.02	75.51
	50	11	85	11.22	86.74
	75	2	87	2.04	88.78
	80	1	88	1.02	89.80
100	6	94	6.12	95.92	
150	3	97	3.06	98.98	
200	1	98	1.02	100.00	

TONSILS, ADENOIDS
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DEI4071	FILE PHIBIE
10. HAS THIS CHILD EVER HAD TONSILS AND/OR ADENOIDS REMOVED?	
1. YES	
2. NO	

DEI4071					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	2	2	1.67	1.67	
2	118	120	98.33	100.00	

VIII. CODEBOOK FOR NONDAYTON INFANT ENROLLMENT  
FORM B

VARIABLE	FILENAME	FILE PHIBNE; HEADER
Name of file		
<p>FILENAME is a unique 6-character code that identifies this file as PHIBNE (Medical History Questionnaire, Form B, for infants, ages 0-4, from Seattle and Massachusetts enrollment, and South Carolina 3-year, 5-year and PEG enrollment).</p>		

VARIABLE	PERSON	FILE	PHIBNE;	HEADER
PERSON identifier	PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.			

VARIABLE	SITE	FILE PHIBNE; HEADER
	Site	
	CODS	
	1 - Dayton, Ohio	
	2 - Seattle, Washington	
	3 - Fitchburg, Massachusetts	
	4 - Franklin County, Massachusetts	
	5 - Charleston, South Carolina	
	6 - Georgetown County, South Carolina	
	SITE identifies the participant's place of residence when HIE data were collected.	

VARIABLE	INSTAT	FILE PHIBNE; HEADER
Insurance status		
CODES		
1 - Ever insured		
2 - Ever assigned to HMO control group		
3 - Never insured		
INSTAT describes the participant's insurance status in the Health Insurance Experiment.		

INSTAT VALUE	FREQ	CUM FREQ	%	CUM %
1	701	701	84.87	84.87
2	67	768	8.11	92.98
3	58	826	7.02	100.00

VARIABLE	ENRTERM	FILE PHIBNE; HEADER
Enrollment term		
CODES		
0 - None--person never enrolled		
2 - None--participant in PEG period only		
3 - 3 years		
5 - 5 years		
ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.		

ENRTERM VALUE	FREQ	CUM FREQ	%	CUM %
0	7	7	0.85	0.85
2	50	57	6.05	6.90
3	537	594	65.01	71.91
5	232	826	28.09	100.00

SORCIND	VALUE	FREQ	CUM FREQ	%	CUM %
	3	455	140	37.74	37.74
	5	140	371	62.26	100.00

VARIABLE	SORCIND	FILE	PHIBNE;	HEADER
Source indicator				
CODES				
3 - South Carolina 3-year enrollment				
5 - South Carolina 5-year and PEG enrollment				
SORCIND describes the source file for a participant's data records on this file. In the case of multiple records for a participant, this field can be used to determine the origin of a particular record.				

VARIABLE	DATE	FILE	PHIBNE;	HEADER
Date received				
DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19710109 to 19791102.				



VARIABLE	FINLSTAT	FILE	PHIBNE;	HEADER
Final questionnaire status				
CODES				
3 - Not returned; participant deceased				
4 - Not returned; participant withdrawn				
5 - Not returned; participant moved out of country				
6 - Not returned; participant moved/unlocatable				
7 - Not returned; participant refused to complete questionnaire				
8 - Not returned; field period ended				
11 - Completed as received; no follow-up necessary				
21 - Completed after recontact				
31 - Recontact required, but not obtained (if questions were refused in writing on MHQ, recontact was not attempted)				
41 - Corrections made by editors				
51 - Completed with interviewer assistance, by phone or in person				
71 - Recontact required but not attempted due to end of field period				
80 - Questionnaire returned after field period; MHQ blank, no follow-up attempted				
81 - Questionnaire returned after field period; at least one question answered, no follow-up attempted				
FINLSTAT indicates whether a data collection instrument was completed or returned and whether any follow-up efforts were required. Code values with a "1" in the second column indicate documents that are complete or partially complete.				

NOTE: Present for South Carolina 3-year enrollment only.

FINLSTAT	VALUE	FREQ	CUM FREQ	%	CUM %
	8	686	5	3.57	3.57
	11	5	130	89.29	92.86
	21	10	140	7.14	100.00

COLDS
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DEI5219

FILE PHIBNE

1. DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD A COLD?

1. YES (Go to Q. 2)

2. NO (Go to Q. 8)

DEI3628

FILE PHIBNE

2. ABOUT HOW MANY COLDS HAS THE CHILD HAD DURING THE PAST 12 MONTHS?

\_\_\_\_\_ COLDS IN PAST 12 MONTHS

DEI3630

FILE PHIBNE

3. IN GENERAL, WHEN THIS CHILD HAS HAD A COLD, ABOUT HOW MANY DAYS HAS IT LASTED?

\_\_\_\_\_ DAYS

DEI5219 VALUE	FREQ	CUM FREQ	%	CUM %
1	6	725	88.42	88.42
2	95	820	11.59	100.00

DEI3628 VALUE	FREQ	CUM FREQ	%	CUM %
0	93	7	0.96	0.96
1	128	135	17.46	18.42
2	239	374	32.61	51.02
3	168	542	22.92	73.94
4	81	623	11.05	84.99
5	38	661	5.18	90.18
6	39	700	5.32	95.50
7	8	708	1.09	96.59
8	8	716	1.09	97.68
9	3	719	0.41	98.09
10	7	726	0.96	99.05
12	6	732	0.82	99.86
20	1	733	0.14	100.00

DEI3630 VALUE	FREQ	CUM FREQ	%	CUM %
0	93	3	0.41	0.41
1	3	8	0.68	1.09
2	5	13	4.78	5.87
3	35	43	16.92	22.78
4	124	167	17.60	40.38
5	129	296	19.24	59.62
6	141	437	5.46	65.08
	40	477	(cont.)	

VARIABLE DE13630 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
7	126	603	17.19	82.27
8	27	630	3.68	85.95
9	7	637	0.96	86.90
10	44	681	6.00	92.91
11	1	682	0.14	93.04
12	3	685	0.41	93.45
13	3	688	0.41	93.86
14	34	722	4.64	98.50
15	3	725	0.41	98.91
16	1	726	0.14	99.05
20	3	729	0.41	99.45
21	2	731	0.27	99.73
30	2	733	0.27	100.00
DE13631				
VALUE	FREQ	CUM FREQ	%	CUM %
0	90	583	79.21	79.21
1	583	658	10.19	89.40
2	75	698	5.44	94.84
3	22	720	2.99	97.83
4	4	724	0.54	98.37
5	2	726	0.27	98.64
6	1	727	0.14	98.78
7	1	728	0.14	98.91
10	2	730	0.27	99.19
12	2	732	0.27	99.46
14	3	735	0.41	99.86
16	1	736	0.14	100.00
DE13629				
VALUE	FREQ	CUM FREQ	%	CUM %
1	88	61	8.27	8.27
2	61	200	18.84	27.10
3	139	548	47.15	74.26
4	348	738	25.75	100.00

DE13631

FILE PHIBNE

4. IN GENERAL, WHEN THIS CHILD HAS HAD A COLD, ABOUT HOW MANY DAYS HAS IT KEPT HIM OR HER IN BED FOR ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE "0".)

\_\_\_\_\_ DAYS IN BED

DE13629

FILE PHIBNE

5. DURING THE PAST 12 MONTHS, HOW MUCH HAVE THIS CHILD'S COLDS WORRIED OR CONCERNED YOU?

1. A GREAT DEAL
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL

DEI5220	FILE PHIBNE
6. DURING THE PAST 12 MONTHS, HOW MUCH PAIN OR DISTRESS HAVE THIS CHILD'S COLDS CAUSED HIM OR HER?	
1. A GREAT DEAL	
2. SOME	
3. A LITTLE	
4. NONE AT ALL	

DEI5220	VALUE	FREQ	CUM FREQ	%	CUM %
	1	88	88	3.12	3.12
	2	23	113	15.31	18.43
	3	113	226	60.57	79.00
	4	155	381	21.00	100.00

DEI3632	FILE PHIBNE
7. DURING THE PAST 12 MONTHS WHEN THIS CHILD HAS HAD A COLD, HOW MUCH OF THE TIME HAS IT KEPT HIM OR HER FROM DOING THE KINDS OF THINGS THAT OTHER CHILDREN OF THAT AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DEI3632	VALUE	FREQ	CUM FREQ	%	CUM %
	1	88	88	0.81	0.81
	2	6	94	2.98	3.79
	3	22	116	12.33	16.13
	4	91	207	39.30	55.42
	5	290	497	44.58	100.00

EAR INFECTIONS

FILE PHIBNE

1. YES (Go to Q. 9)
2. NO (Go to Q. 16)

FILE PHIBNE

TIMES IN PAST 12 MONTHS

FILE PHIBNE

DAYS

DE15221 VALUE	FREQ	CUM FREQ	%	CUM %
1	5	.	19.49	19.49
2	160	160	80.51	100.00
	661	821		

DE13623	VALUE	FREQ	CUM FREQ	%	CUM %
0	615	47	47	22.28	22.28
1	96	143	190	45.50	67.77
2	36	179	369	17.06	84.83
3	19	198	567	9.01	93.84
4	6	204	771	2.84	96.68
5	3	205	976	0.47	97.16
6	3	208	1284	1.42	98.58
7	1	209	1493	0.47	99.05
8	1	210	1703	0.47	99.53
10	1	211	1914	0.47	100.00

DE13625	VALUE	FREQ	CUM FREQ	%	CUM %
.	0	629	29	14.72	14.72
1	1	29	30	0.51	15.23
2	2	17	47	8.63	23.86
3	3	38	85	19.29	43.15
4	4	22	107	11.17	54.32
5	5	33	140	16.75	71.07
6	6	7	147	3.55	74.62
7	7	19	166	9.65	84.26
8	8	4	170	2.03	86.29
				(cont.)	

VARIABLE DE13625 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
9	3	173	1.52	87.82
10	11	184	5.58	93.40
11	1	185	0.51	93.91
12	3	188	1.52	95.43
13	1	189	0.51	95.94
14	1	190	0.51	96.45
20	1	191	0.51	96.95
21	1	192	0.51	97.46
30	2	194	1.02	98.48
45	1	195	0.51	98.99
60	1	196	0.51	99.49
70	1	197	0.51	100.00

DE13626

DE13626	FILE PHIBNE
<p>11. WHEN THE CHILD HAS HAD AN EAR INFECTION, ABOUT HOW MANY DAYS DO YOU FEEL IT KEPT THE CHILD IN BED FOR ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE "0".)</p> <p>_____ DAYS IN BED</p>	

VALUE	FREQ	CUM FREQ	%	CUM %
0	624	147	72.77	72.77
1	147	181	16.83	89.60
2	34	191	4.95	94.55
3	10	196	2.48	97.03
4	5	198	0.99	98.02
7	2	200	0.99	99.01
9	1	201	0.50	99.51
10	1	202	0.50	100.00

DE15222

DE15222	FILE PHIBNE
<p>12. HAS THIS CHILD EVER BEEN TREATED WITH TUBES IN HIS OR HER EARS?</p> <p>1. YES (Go to Q. 12a) 2. NO (Go to Q. 13)</p>	

VALUE	FREQ	CUM FREQ	%	CUM %
1	626	8	4.00	4.00
2	192	200	96.00	100.00

DEI5223	VALUE	FREQ	CUM FREQ	%	CUM %
	1	770	5	8.93	8.93
	2	51	56	91.07	100.00

  

DEI5224	VALUE	FREQ	CUM FREQ	%	CUM %
	1	624	15	7.43	7.43
	2	15	74	29.21	36.63
	3	59	151	38.12	74.75
	4	77	202	25.25	100.00

  

DEI3624	VALUE	FREQ	CUM FREQ	%	CUM %
	1	625	29	14.43	14.43
	2	29	82	26.37	40.80
	3	53	154	35.82	76.62
	4	72	201	23.38	100.00

DEI5223	FILE PHIBNE
12a. DOES THE CHILD CURRENTLY HAVE TUBES IN HIS OR HER EARS?	
1. YES	
2. NO	

DEI5224	FILE PHIBNE
13. DURING THE PAST 12 MONTHS, HOW MUCH PAIN OR DISTRESS HAVE THIS CHILD'S EAR INFECTIONS CAUSED HIM OR HER?	
1. A GREAT DEAL	
2. SOME	
3. A LITTLE	
4. NONE AT ALL	

DEI3624	FILE PHIBNE
14. DURING THE PAST 12 MONTHS, HOW MUCH HAVE THIS CHILD'S EAR INFECTIONS WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DEI3627	VALUE	FREQ	CUM FREQ	%	CUM %
	1	626	2	1.00	1.00
	2	2	11	4.50	5.50
	3	22	33	11.00	16.50
	4	79	112	39.50	56.00
	5	88	200	44.00	100.00

  

DEI5225	VALUE	FREQ	CUM FREQ	%	CUM %
	1	6	41	5.00	5.00
	2	41	820	95.00	100.00

DEI3627

FILE PHIBNE

15. DURING THE PAST 12 MONTHS, WHEN THIS CHILD HAS HAD AN EAR INFECTION, HOW MUCH OF THE TIME HAS IT KEPT HIM OR HER FROM DOING THE KINDS OF THINGS THAT OTHER CHILDREN OF THAT AGE DO?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

ECZEMA,

ALLERGIC SKIN RASH

DEI5225

FILE PHIBNE

16. IN THE PAST 12 MONTHS, HAS THIS CHILD HAD A RASH THAT LASTED AT LEAST 3 MONTHS?

1. YES (Go to Q. 17)

2. NO (Go to Q. 28)



DE15226	VALUE	FREQ	CUM FREQ	%	CUM %
17. HAS A DOCTOR EVER SAID THAT THIS CHILD HAS ECZEMA?					
1. YES	1	708	27	22.88	22.88
2. NO	2	91	118	77.12	100.00

DE15227	VALUE	FREQ	CUM FREQ	%	CUM %
18. HAS THIS RASH OR ECZEMA INVOLVED THE FACE, NECK, ELBOWS, HANDS OR KNEES?					
1. YES, 3 OR MORE OF THESE FIVE AREAS	1	724	14	13.73	13.73
2. YES, 2 OF THESE AREAS	2	6	20	5.88	19.61
3. YES, 1 OF THESE AREAS	3	17	37	16.67	36.28
4. NO, NONE OF THESE AREAS	4	65	102	63.73	100.00

DE15228	VALUE	FREQ	CUM FREQ	%	CUM %
19. DOES THIS CHILD CURRENTLY HAVE THIS RASH OR ECZEMA?					
1. YES	1	724	27	26.47	26.47
2. NO	2	75	102	73.53	100.00

<div>DEI5229</div> <div>FILE PHIBNE</div> <div>20. HAVE YOU OR THIS CHILD EVER SEEN A DOCTOR ABOUT THIS RASH OR ECZEMA?</div> <div>1. YES (Go to Q. 21)</div> <div>2. NO (Go to Q. 24)</div>	<div>DEI5229</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 728 . 45 . 45.92</div> <div>2 45 98 54.08 100.00</div>
<div>DEI5230</div> <div>FILE PHIBNE</div> <div>21. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR FOR SKIN RASH OR ECZEMA?</div> <div>1. WITHIN THE PAST 3 MONTHS</div> <div>2. 3 - 6 MONTHS AGO</div> <div>3. 7 - 12 MONTHS AGO</div> <div>4. MORE THAN 1 YEAR AGO</div>	<div>DEI5230</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 769 . 27 . 47.37</div> <div>2 12 39 21.05 68.42</div> <div>3 6 45 10.53 78.95</div> <div>4 12 57 21.05 100.00</div>
<div>DEI5231</div> <div>FILE PHIBNE</div> <div>22a. DID A DOCTOR EVER PRESCRIBE ANY OF THE FOLLOWING FOR THIS CHILD'S SKIN RASH OR ECZEMA?</div> <div>PILLS OR LIQUID TO TAKE BY MOUTH</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI5231</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 766 . 13 . 21.67</div> <div>2 47 60 78.33 100.00</div>



DE15235					DE15235				
VALUE					FREQ				
1					762				
2					10				
					54				

DEI5238	VALUE	FREQ	CUM FREQ	%	CUM %
	1	728	24	24.49	24.49
	2	24	98	75.51	100.00
		74			
DEI5239	VALUE	FREQ	CUM FREQ	%	CUM %
	1	727	30	30.30	30.30
	2	30	99	69.70	100.00
		69			
DEI5240	VALUE	FREQ	CUM FREQ	%	CUM %
	1	730	14	14.58	14.58
	2	14	96	85.42	100.00
		82			

DEI5238

FILE PHIBNE

24a. DOES THIS CHILD CURRENTLY USE ANY OF THE FOLLOWING,  
WHETHER OR NOT A DOCTOR HAS PRESCRIBED THEM?  
PILLS OR LIQUID TO TAKE BY MOUTH

1. YES  
2. NO

DEI5239

FILE PHIBNE

24b. DOES THIS CHILD CURRENTLY USE ANY OF THE FOLLOWING,  
WHETHER OR NOT A DOCTOR HAS PRESCRIBED THEM?  
CREAMS OR OINTMENTS TO PUT ON THE SKIN

1. YES  
2. NO

DEI5240

FILE PHIBNE

24c. DOES THIS CHILD CURRENTLY USE ANY OF THE FOLLOWING,  
WHETHER OR NOT A DOCTOR HAS PRESCRIBED THEM?  
SPECIAL SOAPS OR BATH OILS

1. YES  
2. NO

DEI5241	VALUE	FREQ	CUM FREQ	%	CUM %
25. DURING THE PAST 3 MONTHS, HOW MUCH PAIN OR DISCOMFORT HAS ECZEMA OR A SKIN RASH CAUSED THIS CHILD?		726	.	.	13.00
	1. A GREAT DEAL	13	13	13.00	13.00
	2. SOME	21	34	21.00	34.00
	3. A LITTLE	66	100	66.00	100.00
	4. NONE AT ALL				
DEI5242	VALUE	FREQ	CUM FREQ	%	CUM %
26. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S ECZEMA OR SKIN RASH WORRIED YOU?		726	.	.	7.00
	1. A GREAT DEAL	7	7	7.00	7.00
	2. SOMEWHAT	6	13	6.00	13.00
	3. A LITTLE	28	41	28.00	41.00
	4. NOT AT ALL	59	100	59.00	100.00
DEI5243	VALUE	FREQ	CUM FREQ	%	CUM %
27. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS ECZEMA OR A SKIN RASH KEPT THIS CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN THAT AGE DO?		702	.	.	0.81
	1. ALL OF THE TIME	1	1	0.81	0.81
	2. MOST OF THE TIME	7	8	5.65	6.45
	3. SOME OF THE TIME	116	124	93.55	100.00
	4. A LITTLE OF THE TIME				
	5. NONE OF THE TIME				

ANEMIA
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DE14056

FILE PHIBNE

28. DURING THE PAST 12 MONTHS, HAS A DOCTOR TOLD YOU THAT THIS CHILD HAS ANEMIA (SOMETIMES CALLED LOW BLOOD), OR IS HE OR SHE CURRENTLY UNDER TREATMENT FOR IT?

1. NO, CHILD DOES NOT HAVE IT (Go to Q. 35)

2. YES, CHILD HAD IT OR IS UNDER TREATMENT FOR IT (Go to Q. 29a)

3. YES, CHILD HAD IT, BUT IS NOW CURED (Go to Q. 29a)

DE14057

FILE PHIBNE

29a. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?

SPECIAL DIET

1. YES

2. NO

DE14056	VALUE	FREQ	CUM FREQ	%	CUM %
1	5	789	789	96.10	96.10
2	18	807	807	2.19	98.30
3	14	821	821	1.71	100.00

DE14057	VALUE	FREQ	CUM FREQ	%	CUM %
1	778	11	11	22.92	22.92
2	37	48	48	77.08	100.00





DEI4061	VALUE	FREQ	CUM FREQ	%	CUM %
30a. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	1	779	7	14.89	14.89
SPECIAL DIET	2	40	47	85.11	100.00

  

DEI4062	VALUE	FREQ	CUM FREQ	%	CUM %
30b. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	1	778	14	29.17	29.17
IRON PILLS OR SHOTS	2	34	48	70.83	100.00

  

DEI4063	VALUE	FREQ	CUM FREQ	%	CUM %
30c. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?	1	780	14	30.44	30.44
VITAMIN PILLS OR SHOTS	2	32	46	69.57	100.00

DE14064		FILE PHIBNE			
30d. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?		BLOOD TRANSFUSIONS			
1. YES					
2. NO					
DE14064	VALUE	FREQ	CUM FREQ	%	CUM %
	2	781	45	100.00	100.00
		45			
DE15244		FILE PHIBNE			
31. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR FOR ANEMIA?					
1. WITHIN THE PAST 3 MONTHS					
2. 3 - 6 MONTHS AGO					
3. 7 - 12 MONTHS AGO					
4. MORE THAN 1 YEAR AGO					
DE15244	VALUE	FREQ	CUM FREQ	%	CUM %
	1	780	21	45.65	45.65
	2	21	30	19.57	65.22
	3	9	40	21.74	86.96
	4	10	46	13.04	100.00
		6			
DE14067		FILE PHIBNE			
32. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S ANEMIA WORRIED OR CONCERNED YOU?					
1. A GREAT DEAL					
2. SOMEWHAT					
3. A LITTLE					
4. NOT AT ALL					
DE14067	VALUE	FREQ	CUM FREQ	%	CUM %
	1	778	6	12.50	12.50
	2	6	11	10.42	22.92
	3	5	26	31.25	54.17
	4	15	48	45.83	100.00
		22			

DE14068		FILE PHIBNE					
33. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS ANEMIA KEPT THIS CHILD FROM DOING THE KINDS OF THINGS THAT OTHER CHILDREN THE SAME AGE DO?							
1. ALL OF THE TIME							
2. MOST OF THE TIME							
3. SOME OF THE TIME							
4. A LITTLE OF THE TIME							
5. NONE OF THE TIME							
DE14068	VALUE	FREQ	CUM FREQ	%	CUM %		
	2	777	1	2.04	2.04		
	3	1	4	6.12	8.16		
	4	3	6	4.08	12.25		
	5	2	49	87.76	100.00		
		43					
34. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS ANEMIA KEPT THIS CHILD IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)							
_____ DAYS IN BED LAST MONTH							

DE17540	FILE PHIBNE	DE17540	VALUE	FREQ	CUM FREQ	%	CUM %
36. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY MEDICINES FOR THE LEAD POISONING?							
1. YES				788	38	100.00	100.00
2. NO				38			
DE17541	FILE PHIBNE	DE17541	VALUE	FREQ	CUM FREQ	%	CUM %
37. DOES THIS CHILD CURRENTLY TAKE ANY MEDICINES FOR LEAD POISONING?							
1. YES				794	32	100.00	100.00
2. NO				32			
DE15245	FILE PHIBNE	DE15245	VALUE	FREQ	CUM FREQ	%	CUM %
38. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR FOR LEAD POISONING?							
1. WITHIN THE PAST 3 MONTHS				801	1	16.00	16.00
2. 3 - 6 MONTHS AGO				4	4	12.00	28.00
3. 7 - 12 MONTHS AGO				3	7	36.00	64.00
4. MORE THAN 1 YEAR AGO				9	25	36.00	100.00

DE17543	FILE PHIBNE
39. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S LEAD POISONING WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE17543	VALUE	FREQ	CUM FREQ	%	CUM %
1	796	2	2	6.67	6.67
3	2	5	7	16.67	23.33
4	23	30	30	76.67	100.00

DE17544	FILE PHIBNE
40. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS LEAD POISONING KEPT THIS CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN THAT AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DE17544	VALUE	FREQ	CUM FREQ	%	CUM %
1	794	1	1	3.13	3.13
2	1	31	32	96.88	100.00

DE17545	FILE PHIBNE
41. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS LEAD POISONING KEPT THIS CHILD IN BED FOR ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)	
_____ DAYS IN BED LAST MONTH	

DE17545	VALUE	FREQ	CUM FREQ	%	CUM %
0	793	33	33	100.00	100.00

CANCER
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DE14102	FILE PHIBNE
42. HAS A DOCTOR EVER TOLD YOU THAT THIS CHILD HAD CANCER?	
1. YES (Go to Q. 43)	
2. NO (Go to Q. 52)	

DE15246	FILE PHIBNE
43. WHERE IS, OR WAS, THE CANCER LOCATED?	
1. EYE 2. CONNECTIVE TISSUE (SARCOMA) 3. BRAIN AND CENTRAL NERVOUS SYSTEM 4. BONE 5. ADRENAL GLAND (NEUROBLASTOMA) 6. KIDNEY (WILMS) OR URINARY TRACT 7. BLOOD (LEUKEMIA) 8. LYMPH GLANDS OR NODES (LYMPHOMA) 9. LUNG 10. LIVER 11. MIXED TISSUES (TERATOMA) 12. SOMEWHERE ELSE	

DE14102	VALUE	FREQ	CUM FREQ	%	CUM %
1	5	1	1	0.12	0.12
2	820	821	821	99.88	100.00

DE15246	VALUE	FREQ	CUM FREQ	%	CUM %
8	825	1	1	100.00	100.00

DE15247	FILE PHIBNE
44. WHEN WAS THE CANCER FIRST DIAGNOSED? (WHEN WERE YOU FIRST TOLD ABOUT IT?)	
1. WITHIN THE PAST 6 MONTHS	
2. 6 MONTHS TO 1 YEAR AGO	
3. 2 - 3 YEARS AGO	
4. MORE THAN 3 YEARS AGO	

DE15247	VALUE	FREQ	CUM FREQ	%	CUM %
	1	821	1		
	2	2	2	40.00	40.00
	4	3	5	60.00	100.00

DE15248	FILE PHIBNE
45. WHEN WAS THE LAST TIME THE CHILD HAD ANY PAIN OR DISCOMFORT FROM CANCER?	
1. WITHIN THE PAST 6 MONTHS (Go to Q. 45a)	
2. 6 MONTHS TO 1 YEAR AGO (Go to Q. 46)	
3. MORE THAN 1 YEAR AGO (Go to Q. 46)	
4. NEVER HAD PAIN OR DISCOMFORT (Go to Q. 46)	

DE15248	VALUE	FREQ	CUM FREQ	%	CUM %
	1	810	1		
	4	1	16	6.25	6.25
		15		93.75	100.00

DE15249	FILE PHIBNE
45a. DURING THE PAST 3 MONTHS, HOW MUCH PAIN OR DISCOMFORT HAS THE CANCER CAUSED THE CHILD?	
1. A GREAT DEAL	
2. SOME	
3. A LITTLE	
4. NONE AT ALL	

DE15249	VALUE	FREQ	CUM FREQ	%	CUM %
	1	808	1		
	2	1	18	5.56	5.56
	4	17		94.44	100.00

<div>DE15250</div> <div>FILE PHIBNE</div> <div>46. DURING THE PAST 3 MONTHS, HOW MUCH HAS THE CANCER WORRIED OR CONCERNED YOU?</div> <div>1. A GREAT DEAL</div> <div>2. SOMEWHAT</div> <div>3. A LITTLE</div> <div>4. NOT AT ALL</div>	<div>DE15250</div> <div>VALUE</div> <div>1</div> <div>4</div>	<div>FREQ</div> <div>808</div> <div>1</div> <div>17</div>	<div>CUM FREQ</div> <div>1</div> <div>18</div>	<div>%</div> <div>5.56</div> <div>94.44</div>	<div>CUM %</div> <div>5.56</div> <div>100.00</div>
<div>DE15251</div> <div>FILE PHIBNE</div> <div>47. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS THE CANCER KEPT THE CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN THAT AGE DO?</div> <div>1. ALL OF THE TIME</div> <div>2. MOST OF THE TIME</div> <div>3. SOME OF THE TIME</div> <div>4. A LITTLE OF THE TIME</div> <div>5. NONE OF THE TIME</div>	<div>DE15251</div> <div>VALUE</div> <div>3</div> <div>5</div>	<div>FREQ</div> <div>809</div> <div>1</div> <div>16</div>	<div>CUM FREQ</div> <div>1</div> <div>17</div>	<div>%</div> <div>5.88</div> <div>94.12</div>	<div>CUM %</div> <div>5.88</div> <div>100.00</div>
<div>DE15252</div> <div>FILE PHIBNE</div> <div>48. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS THE CANCER KEPT THE CHILD IN BED FOR ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)</div> <div>_____ DAYS IN BED LAST MONTH</div>	<div>DE15252</div> <div>VALUE</div> <div>0</div>	<div>FREQ</div> <div>807</div> <div>19</div>	<div>CUM FREQ</div> <div>19</div>	<div>%</div> <div>100.00</div>	<div>CUM %</div> <div>100.00</div>



DE15253	49. HOW RECENTLY HAS THE CHILD HAD AN OPERATION TO REMOVE THE CANCER?	FILE PHIBNE	DE15253	VALUE	FREQ	CUM FREQ	%	CUM %
	1. LESS THAN 6 MONTHS AGO			5	809	17	100.00	100.00
	2. 6 MONTHS TO 1 YEAR AGO				17			
	3. MORE THAN 1 YEAR TO 3 YEARS AGO							
	4. MORE THAN 3 YEARS AGO							
	5. NEVER HAD AN OPERATION							
DE15254	50. HOW RECENTLY HAS HE OR SHE HAD ANY RADIATION TO STOP THE CANCER?	FILE PHIBNE	DE15254	VALUE	FREQ	CUM FREQ	%	CUM %
	1. LESS THAN 6 MONTHS AGO			2	810	1	6.25	6.25
	2. 6 MONTHS TO 1 YEAR AGO			5	1	16	93.75	100.00
	3. MORE THAN 1 YEAR TO 3 YEARS AGO				15			
	4. MORE THAN 3 YEARS AGO							
	5. NEVER HAD RADIATION							
DE15255	51. HOW RECENTLY HAS HE OR SHE TAKEN ANY MEDICINE (PILLS, LIQUIDS, OR SHOTS) TO STOP THE CANCER?	FILE PHIBNE	DE15255	VALUE	FREQ	CUM FREQ	%	CUM %
	1. LESS THAN 6 MONTHS AGO			1	810	2	12.50	12.50
	2. 6 MONTHS TO 1 YEAR AGO			5	2	16	87.50	100.00
	3. MORE THAN 1 YEAR TO 3 YEARS AGO				14			
	4. MORE THAN 3 YEARS AGO							
	5. NEVER TOOK MEDICINE							

FEVER CONVULSIONS, EPILEPSY, CONVULSIONS
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DEI5256	FILE PHIBNE
52. HAS THIS CHILD EVER HAD A FEVER CONVULSION, THAT IS, A FIT OR SEIZURE WITH A HIGH FEVER?	
1. YES (Go to Q. 52a)	
2. NO (Go to Q. 53)	

DEI5257	FILE PHIBNE
52a. HAS THIS CHILD EVER HAD A CONVULSION, FIT, OR SEIZURE WITHOUT A HIGH FEVER?	
1. YES (Go to Q. 52b)	
2. NO (Go to Q. 54)	

DEI5258	FILE PHIBNE
52b. HAS A DOCTOR EVER SAID THAT THIS CHILD HAS EPILEPSY?	
1. YES (Go to Q. 54)	
2. NO (Go to Q. 54)	

DEI5256	VALUE	FREQ	CUM FREQ	%	CUM %
1	5	25	25	3.05	3.05
2	796		821	96.96	100.00

DEI5257	VALUE	FREQ	CUM FREQ	%	CUM %
1	755	3	3	4.23	4.23
2	68		71	95.78	100.00

DEI5258	VALUE	FREQ	CUM FREQ	%	CUM %
1	778	3	3	6.25	6.25
2	45		48	93.75	100.00

DEI5259	VALUE	FREQ	CUM FREQ	%	CUM %
	1	34	7	0.88	0.88
	2	785	792	99.12	100.00

  

DEI5260	VALUE	FREQ	CUM FREQ	%	CUM %
	1	790	36	100.00	100.00
	2	36			

  

DEI5261	VALUE	FREQ	CUM FREQ	%	CUM %
	1	777	22	44.90	44.90
	2	22	36	28.57	73.47
	3	14	48	24.49	97.96
	4	12	49	2.04	100.00
		1			

DEI5259

FILE PHIBNE

53. HAS THIS CHILD EVER HAD A CONVULSION, FIT, OR SEIZURE WITHOUT A HIGH FEVER?

1. YES (Go to Q. 53a)

2. NO (Go to 63)

DEI5260

FILE PHIBNE

53a. HAS A DOCTOR EVER SAID THAT THIS CHILD HAS EPILEPSY?

1. YES

2. NO

DEI5261

FILE PHIBNE

54. WHEN WAS THE LAST TIME THIS CHILD HAD A FEVER CONVULSION, FIT, SEIZURE, OR ATTACK OF EPILEPSY?

1. WITHIN THE PAST 12 MONTHS

2. 1 - 2 YEARS AGO

3. 3 OR MORE YEARS AGO

4. DOESN'T HAVE FEVER CONVULSIONS, FITS, SEIZURES, OR ATTACKS OF EPILEPSY

DEI3322	FILE PHIBNE
55. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY MEDICINE FOR THE FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS?	
1. YES	
2. NO	

DEI3323	FILE PHIBNE
56. DOES THIS CHILD CURRENTLY TAKE ANY MEDICINES FOR FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS, WHETHER OR NOT A DOCTOR PRESCRIBED THEM?	
1. YES	
2. NO	

DEI5262	FILE PHIBNE
57. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR ABOUT FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS?	
1. WITHIN THE PAST 3 MONTHS	
2. 3 - 6 MONTHS AGO	
3. 7 - 12 MONTHS AGO	
4. MORE THAN 1 YEAR AGO	
5. NEVER SAW A DOCTOR FOR THESE THINGS	

DEI3322	VALUE	FREQ	CUM FREQ	%	CUM %
	1	755	15	21.13	21.13
	2	15	71	78.87	100.00
		56			

DEI3323	VALUE	FREQ	CUM FREQ	%	CUM %
	1	757	11	15.94	15.94
	2	11	69	84.06	100.00
		58			

DEI5262	VALUE	FREQ	CUM FREQ	%	CUM %
	1	776	9	18.00	18.00
	2	9	13	8.00	26.00
	3	4	20	14.00	40.00
	4	7	49	58.00	98.00
	5	29	50	2.00	100.00
		1			



FILE PHIBNE

61. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS KEPT THIS CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN THAT AGE DO?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME
4. A LITTLE OF THE TIME
5. NONE OF THE TIME

DEI3327

VALUE

FREQ

COM  
FREQ

%

	%	CUM %
1	1.19	1.19
2	1.19	2.38
3	4.76	7.14
4	92.86	100.00

DEI3334

FILE PHIBNE

62. DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE FEVER  
CONVULSIONS, EPILEPSY, OR CONVULSIONS KEPT THIS CHILD  
IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

\_\_\_\_\_ DAYS IN BED LAST MONTH

DEI3334

VALUE

FREQ

CUM  
FREQ

%

	%	CUM %
94	74	94.74
1	32	96.05
1	32	97.37
1	32	98.68
1	32	100.00

TONSILS, ADENOIDS
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DEI5264	FILE PHIBNE
63. HAS THIS CHILD EVER HAD TONSILS OR ADENOIDS REMOVED?	
1. YES, TONSILS ONLY	
2. YES, ADENOIDS ONLY	
3. YES, BOTH TONSILS AND ADENOIDS	
4. NO	

DRUG ALLERGY
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DEI5265	FILE PHIBNE
64. IS THIS CHILD ALLERGIC TO PENICILLIN?	
1. YES	
2. NO	
3. DON'T KNOW	

DEI5264	VALUE	FREQ	CUM FREQ	%	CUM %
1	2	5	4	0.49	0.49
2	3	4	12	0.97	1.46
3	4	8	821	98.54	100.00
4		809			

DEI5265	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	8	17	2.08	2.08
2	2	17	498	58.80	60.88
3	3	481	818	39.12	100.00
		320			

DE15266	FILE PHIBNE
65. IS HE OR SHE ALLERGIC TO AMPICILLIN?	
1. YES	
2. NO	
3. DON'T KNOW	

+-----+  
| MISSING LIMBS |  
+-----+

DE15267	FILE PHIBNE
66. DOES THIS CHILD HAVE ANY MISSING LIMBS - THAT IS, ARMS, LEGS, OR FINGERS THAT ARE MISSING OR HAVE BEEN AMPUTATED?	
1. YES (Go to Q. 67)	
2. NO (Go to Q. 69)	

DE15268	FILE PHIBNE
67. IS AN UPPER LIMB MISSING?	
1. YES (Go to Q. 67a)	
2. NO (Go to Q. 68)	

DE15266	VALUE	FREQ	CUM FREQ	%	CUM %
1	8	10	10	1.22	1.22
2	417	427	437	50.98	52.20
3	391	818	818	47.80	100.00

DE15267	VALUE	FREQ	CUM FREQ	%	CUM %
1	5	5	5	100.00	100.00
2	821	821	821	100.00	100.00

DE15268	VALUE	FREQ	CUM FREQ	%	CUM %
1	788	788	788	100.00	100.00
2	38	38	38	100.00	100.00



DEI5269	FILE PHIBNE				
67a.	PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE RIGHT SIDE. IF NOT ON RIGHT SIDE, CIRCLE "5"; THEN ANSWER Q. 67b.				
	1. RIGHT ARM ABOVE ELBOW				
	2. RIGHT ARM BELOW ELBOW				
	3. RIGHT ARM AT THE WRIST				
	4. ONE OR MORE FINGERS ON RIGHT HAND				
	5. NOT ON RIGHT SIDE				
DEI5269	VALUE	FREQ	CUM FREQ	%	CUM %
	5	811	15	100.00	100.00
		15			
DEI5270	FILE PHIBNE				
67b.	PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "5".				
	1. LEFT ARM ABOVE ELBOW				
	2. LEFT ARM BELOW ELBOW				
	3. LEFT ARM AT THE WRIST				
	4. ONE OR MORE FINGERS ON LEFT HAND				
	5. NOT ON LEFT SIDE				
DEI5270	VALUE	FREQ	CUM FREQ	%	CUM %
	5	812	14	100.00	100.00
		14			
DEI5271	FILE PHIBNE				
68.	IS A LOWER LIMB MISSING?				
	1. YES (Go to Q. 68a-b)				
	2. NO (Go to Q. 69)				
DEI5271	VALUE	FREQ	CUM FREQ	%	CUM %
	2	782	44	100.00	100.00
		44			

DE15272	FILE PHIBNE
68a. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE RIGHT SIDE. IF NOT ON RIGHT SIDE, CIRCLE "4".	
1. RIGHT LEG ABOVE KNEE 2. RIGHT LEG BELOW KNEE 3. RIGHT LEG AT ANKLE 4. NOT ON RIGHT SIDE	

DE15272	VALUE	FREQ	CUM FREQ	%	CUM %
	4	812 14	14	100.00	100.00

DE15273	FILE PHIBNE
68b. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "4".	
1. LEFT LEG ABOVE KNEE 2. LEFT LEG BELOW KNEE 3. LEFT LEG AT ANKLE 4. NOT ON LEFT SIDE	

DE15273	VALUE	FREQ	CUM FREQ	%	CUM %
	4	812 14	14	100.00	100.00

-----+  
| OTHER ILLNESSES |  
+-----+

DE15274	FILE PHIBNE
69a. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?	
HEART TROUBLE OR CONGENITAL HEART TROUBLE	
1. NO, DID NOT HAVE THIS	
2. HAD IT, BUT DID NOT SEE DOCTOR	
3. HAD IT, AND SAW DOCTOR	

DE15274	VALUE	FREQ	CUM FREQ	%	CUM %
	1	7	814	99.39	99.39
	3	5	819	0.61	100.00

DE15275	FILE PHIBNE
69b. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?	
CEREBRAL PALSY	
1. NO, DID NOT HAVE THIS	
2. HAD IT, BUT DID NOT SEE DOCTOR	
3. HAD IT, AND SAW DOCTOR	

DE15275	VALUE	FREQ	CUM FREQ	%	CUM %
	1	7	818	99.88	99.88
	3	1	819	0.12	100.00

DEI5276	FILE PHIBNE								
69c.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?								
	KIDNEY OR BLADDER TROUBLE OR URINE TROUBLE								
	1. NO, DID NOT HAVE THIS								
	2. HAD IT, BUT DID NOT SEE DOCTOR								
	3. HAD IT, AND SAW DOCTOR								
DEI5277	FILE PHIBNE								
69d.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?								
	ASTHMA								
	1. NO, DID NOT HAVE THIS								
	2. HAD IT, BUT DID NOT SEE DOCTOR								
	3. HAD IT, AND SAW DOCTOR								
DEI5278	FILE PHIBNE								
69e.	AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?								
	MENTAL RETARDATION, OR DEVELOPMENT DELAY OR LAG								
	1. NO, DID NOT HAVE THIS								
	2. HAD IT, BUT DID NOT SEE DOCTOR								
	3. HAD IT, AND SAW DOCTOR								

DEI5276	VALUE	FREQ	CUM FREQ	%	CUM %
1	6	800	800	97.56	97.56
2	2	802	802	0.24	97.81
3	18	820	820	2.20	100.00
3	18	820	820	2.20	100.00
DEI5277	VALUE	FREQ	CUM FREQ	%	CUM %
1	8	795	795	97.19	97.19
2	3	798	798	0.37	97.56
3	20	818	818	2.45	100.00
DEI5278	VALUE	FREQ	CUM FREQ	%	CUM %
1	8	813	813	99.39	99.39
3	5	818	818	0.61	100.00



DEI3366	DEI3366	VALUE	FREQ	CUM FREQ	%	CUM %
		2	808 18	18	100.00	100.00
DEI5281	DEI5281	VALUE	FREQ	CUM FREQ	%	CUM %
		1	821	1	20.00	20.00
		2	1	2	20.00	40.00
		3	1	3	20.00	60.00
		5	2	5	40.00	100.00
DEI3382	DEI3382	VALUE	FREQ	CUM FREQ	%	CUM %
		2	10 816	816	100.00	100.00

DEI3366	FILE PHIBNE
70b. DID HE OR SHE OWN EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME?	
1. YES (Go to Q. 70c)	
2. NO (Go to Q. 71)	

DEI5281	FILE PHIBNE
70c. WHEN WAS THE LAST TIME THE CHILD GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME? - JUST YOUR BEST GUESS.	
1. LESS THAN 6 MONTHS BEFORE THAT	
2. 6 TO 11 MONTHS BEFORE THAT	
3. 1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS	
4. 2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS	
5. 3 OR MORE YEARS BEFORE THAT	

DEI3382	FILE PHIBNE
71. DOES THIS CHILD OWN A HEARING AID?	
1. YES (Go to Q. 71a-b)	
2. NO (Go to Q. 72)	

DE15282	VALUE	FREQ	CUM FREQ	%	CUM %
1	819	2	2	28.57	28.57
3	1	2	4	14.29	42.86
5	4	3	7	57.14	100.00

DE13385

FILE PHIBNE

71b. DID HE OR SHE OWN A HEARING AID BEFORE THAT TIME?

1. YES (Go to Q. 71c)  
2. NO (Go to Q. 72)

VALUE	FREQ	CUM FREQ	%	CUM %
2	801	25	100.0	100.0

DE15283

FILE PHIBNE

71c. WHEN WAS THE LAST TIME THE CHILD GOT A NEW HEARING AID BEFORE THAT TIME? - JUST YOUR BEST GUESS.

1. LESS THAN 6 MONTHS BEFORE THAT
2. 6 TO 11 MONTHS BEFORE THAT
3. 1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS
4. 2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS
5. 3 OR MORE YEARS BEFORE THAT

DE15283	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	818	2	25.00	25.00
3	3	1	3	12.50	37.50
5	5	5	8	62.50	100.00

+-----+  
 | FUTURE HEALTH EXPENSES |  
 +-----+

DEI5284	VALUE	FREQ	CUM FREQ	%	CUM %
1	.	17	.	44.50	44.50
2	360	360	360	26.58	71.08
3	215	215	575	10.75	81.83
4	87	87	662	6.55	88.38
5	53	53	715	3.34	91.72
6	27	27	742	2.60	94.31
7	21	21	763	0.99	95.30
8	8	8	771	0.74	96.04
9	6	6	777	0.62	96.66
10	5	5	782	1.11	97.78
11	18	18	800	2.23	100.00

DEI5284

72. OF COURSE, NOBODY KNOWS WHAT WILL HAPPEN, BUT WE WOULD JUST LIKE YOUR BEST GUESS ON HOW MUCH THIS CHILD'S OWN PERSONAL HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS. (DO NOT COUNT OTHER CHILDREN OR OTHER MEMBERS OF THE FAMILY.) INCLUDE DOCTORS, DENTISTS, CLINICS, MEDICAL TESTS OR X-RAYS, PRESCRIPTION DRUGS - THE TOTAL OF ALL EXPENSES FOR THIS CHILD'S PERSONAL HEALTH DURING THE NEXT 12 MONTHS. INCLUDE BOTH WHAT YOU ARE LIKELY TO PAY, AND ALSO WHAT WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, OR OTHERS.

1. \$100 OR LESS
2. \$101 - \$200
3. \$201 - \$300
4. \$301 - \$400
5. \$401 - \$500
6. \$501 - \$600
7. \$601 - \$700
8. \$701 - \$800
9. \$801 - \$900
10. \$901 - \$1000
11. MORE THAN \$1,000



-----+  
 | TRANSPORTATION |  
 +-----+

DE15475	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	468	262	73.18	73.18
2	2	17	279	4.75	77.93
3	3	17	296	4.75	82.68
4	4	33	329	9.22	91.90
5	5	26	355	7.26	99.16
6	6	3	358	0.84	100.00

DE15475

73. WHAT IS THIS CHILD'S USUAL METHOD OF TRANSPORTATION  
 WHEN HE OR SHE GOES FOR MEDICAL CARE - TO DOCTORS,  
 DENTISTS, CLINICS, AND SO ON?

1. DRIVEN BY A FAMILY MEMBER  
 2. DRIVEN BY SOMEONE OUTSIDE THE FAMILY  
 3. WALK, BICYCLE  
 4. TAXI  
 5. BUS OR OTHER FORM OF PUBLIC TRANSPORTATION  
 6. OTHER METHOD

FILE PHIBNE

NOTE: Asked in South Carolina 3-year, 5-year and PEG enrollment only.

FLUORIDE TREATMENT	
1	2

The entire battery of FLUORIDE TREATMENT questions (DE19841 and DE19842) was asked in South Carolina 3-year enrollment only.

DE19841	FILE PHIBNE
74. DID THIS CHILD TAKE FLUORIDE TABLETS WHEN HE OR SHE WAS 4 YEARS OF AGE? (IF THE CHILD IS NOW LESS THAN 4 YEARS OLD, CIRCLE "9".)	
1. YES	
2. NO	
9. CHILD IS LESS THAN 4	

DE19842	FILE PHIBNE
75. DID THIS CHILD HAVE HIS OR HER TEETH PAINTED WITH FLUORIDE BY A DENTIST OR DENTAL ASSISTANT, WHEN HE OR SHE WAS 4 YEARS OF AGE? (IF THE CHILD IS NOW LESS THAN 4 YEARS OLD, CIRCLE "9".)	
1. YES	
2. NO	
9. CHILD IS LESS THAN 4	

DE19841	VALUE	FREQ	CUM FREQ	%	CUM %
1	692	2	2	1.49	1.49
2	47	49	49	35.08	36.57
9	85	134	134	63.43	100.00

DE19842	VALUE	FREQ	CUM FREQ	%	CUM %
1	693	2	2	1.50	1.50
2	48	50	50	36.09	37.59
9	83	133	133	62.41	100.00

DEI5285

FILE PHIBNE

76. DID THE PERSON WHO WAS ASKED TO FILL OUT THE QUESTIONNAIRE DO IT, OR DID SOMEONE ELSE FILL IT OUT?

1. PERSON WHO WAS ASKED (Go to Q. 76a)

2. SOMEONE ELSE FILLED IT OUT (Go to Q. 76b)

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DEI5477

FILE PHIBNE

76a. DID THE PERSON WHO WAS ASKED TO FILL OUT THE QUESTIONNAIRE DO IT WITHOUT ANY HELP, WITH ONLY A LITTLE HELP, WITH SOME HELP, OR WITH A LOT OF HELP?

1. WITHOUT ANY HELP

2. WITH ONLY A LITTLE HELP

3. WITH SOME HELP

4. WITH A LOT OF HELP (HELP WITH MORE THAN HALF OF THE QUESTIONNAIRE)

NOTE: Asked in South Carolina 5-year and PEG enrollment only.

DEI5285	VALUE	FREQ	CUM FREQ	%	CUM %
	1	150	623	92.16	92.16
	2	53	676	7.84	100.00

DEI5477	VALUE	FREQ	CUM FREQ	%	CUM %
	1	607	161	73.52	73.52
	2	161	175	6.39	79.91
	3	14	179	1.83	81.74
	4	40	219	18.27	100.00

DE15286	FILE PHIBNE
76b. WHAT IS THE MAIN REASON THE PERSON WHO WAS ASKED DID NOT FILL IT OUT?	
1. CAN'T READ WELL ENOUGH 2. HAS POOR EYESIGHT 3. HAS TROUBLE WRITING 4. TROUBLE UNDERSTANDING ENGLISH 5. FORM IS TOO COMPLICATED 6. IS AWAY FROM HOME 7. SOME OTHER REASON	

NOTE: Asked in Seattle and Massachusetts enrollment, and South Carolina 5-year and PEG enrollment only.

DE12514	FILE PHIBNE
I.D. OF HIE PARTICIPANT WHO FILLED OUT THIS FORM	

DE19216	FILE PHIBNE
COMPLETED BY:	
1. INFORMATION PROVIDED BY CORRECT RESPONDENT (14+=SUBJECT; 0-4 AND 5-13=ADULT IN FAMILY UNIT) 2. FOR 14+ ONLY - INFORMATION PROVIDED BY SOMEONE ELSE IN FAMILY UNIT 3. INFORMATION PROVIDED BY SOMEONE OUT OF FAMILY UNIT	

NOTE: Present for South Carolina 3-year enrollment only. Code 2 is invalid data for this file. Invalid data were not changed, and remain in the file.

DE15286	VALUE	FREQ	CUM FREQ	%	CUM %
1	753	16	16	21.92	21.92
2	16	1	17	1.37	23.29
3	1	1	18	1.37	24.66
4	1	1	19	1.37	26.03
5	5	5	23	6.85	31.51
6	1	1	24	1.37	32.88
7	49	49	73	67.12	100.00

DE19216	VALUE	FREQ	CUM FREQ	%	CUM %
1	691	133	133	98.52	98.52
2	2	2	135	1.48	100.00

IX. CODEBOOK FOR INFANT EXIT  
FORM B

FILENAME			
VALUE	FREQ	CUM FREQ	CUM %
PHIBAX	688	688	100.00
			100.00

SITE			
VALUE	FREQ	CUM FREQ	CUM %
1	84	84	12.21
2	258	342	37.50
3	59	401	8.58
4	76	477	11.05
5	79	556	11.48
6	132	688	19.19
			100.00

VARIABLE	FILENAME	FILE PHIBAX; HEADER
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Name of file

FILENAME is a unique 6-character code that identifies this file as PHIBAX (Medical History Questionnaire, Form B, for infants, ages 0-4, from 3-year and 5-year exits for all sites).

VARIABLE	PERSON	FILE PHIBAX; HEADER
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Person identifier

PERSON is an 8-character alphanumeric code that uniquely identifies the participant in the HIE to whom the following data refer. The 2nd character of PERSON designates in which site a participant resided during enrollment in the HIE: A=Dayton; B=Seattle; E=Fitchburg; F=Franklin County; G=Charleston; H=Georgetown County.

VARIABLE	SITE	FILE PHIBAX; HEADER
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Site

CODES

- 1 - Dayton, Ohio
- 2 - Seattle, Washington
- 3 - Fitchburg, Massachusetts
- 4 - Franklin County, Massachusetts
- 5 - Charleston, South Carolina
- 6 - Georgetown County, South Carolina

SITE identifies the participant's place of residence when HIE data were collected.

VARIABLE	INSTAT	FILE PHIBAX; HEADER	INSTAT VALUE	FREQ	CUM FREQ	%	CUM %
Insurance status			1	657	657	95.49	95.49
CODES			2	30	687	4.36	99.86
			3	1	688	0.15	100.00
1 - Ever insured							
2 - Ever assigned to HMO control group							
3 - Never insured							
INSTAT describes the participant's insurance status in the Health Insurance Experiment.							
VARIABLE	ENRTERM	FILE PHIBAX; HEADER	ENRTERM VALUE	FREQ	CUM FREQ	%	CUM %
Enrollment term			3	442	442	64.24	64.24
CODES			5	246	688	35.76	100.00
0 - None--person never enrolled							
2 - None--participant in PEG period only							
3 - 3 years							
5 - 5 years							
ENRTERM distinguishes the participants who accepted 3-year and 5-year terms of enrollment.							
VARIABLE	DATE	FILE PHIBAX; HEADER					
Date received							
DATE is the date (YYYYMMDD) a document was received by mail at NORC, received at the examination center, or completed with assistance by telephone or in person (includes retrieval problems). DATE range for this file is 19690705 to 19811206.							

VARIABLE	FINLSTAT	FILE	PHIBAX	FINLSTAT VALUE	FREQ	CUM FREQ	%	CUM %
Final questionnaire status								
CODES								
3 - Not returned; participant deceased				47	47		6.83	6.83
4 - Not returned; participant withdrawn				4	51		0.58	7.41
5 - Not returned; participant moved out of country				6	57		0.87	8.29
6 - Not returned; participant moved/unlocatable				569	626		82.70	90.99
7 - Not returned; participant refused to complete questionnaire				59	685		8.58	99.56
8 - Not returned; field period ended				2	687		0.29	99.86
11 - Completed as received; no follow-up necessary				1	688		0.15	100.00
21 - Completed after recontact								
31 - Recontact required, but not obtained (if questions were refused in writing on MHQ, recontact was not attempted)								
41 - Corrections made by editors								
51 - Completed with interviewer assistance, by phone or in person								
71 - Recontact required but not attempted due to end of field period								
80 - Questionnaire returned after field period; MHQ blank, no follow-up attempted								
81 - Questionnaire returned after field period; at least one question answered, no follow-up attempted								
FINLSTAT indicates whether a data collection instrument was completed or returned and whether any follow-up efforts were required. Code values with a "1" in the second column indicate documents that are complete or partially complete.								

NOTE: Code values 41-81 were not available for Dayton 3-year exit documents, but are used in all other exit documents, including Dayton 5-year exit.



+-----+  
| COLDS |  
+-----+

DE15219	FILE PHIBAX
1. DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD A COLD?	
1. YES (Go to Q. 2)	
2. NO (Go to Q. 8)	

DE13628	FILE PHIBAX
2. ABOUT HOW MANY COLDS HAS THE CHILD HAD DURING THE PAST 12 MONTHS?	
_____ COLDS IN PAST 12 MONTHS	

DE13630	FILE PHIBAX
3. IN GENERAL, WHEN THIS CHILD HAS HAD A COLD, ABOUT HOW MANY DAYS HAS IT LASTED?	
_____ DAYS	

DE15219	VALUE	FREQ	CUM FREQ	%	CUM %
1	59	59	59	83.15	83.15
2	106	106	165	16.85	100.00

DE13628	VALUE	FREQ	CUM FREQ	%	CUM %
0	160	160	160	0.95	0.95
1	5	5	165	17.42	18.37
2	92	92	257	29.74	48.11
3	157	157	414	21.40	69.51
4	113	113	527	10.42	79.92
5	55	55	582	6.06	85.99
6	32	32	614	7.01	92.99
7	37	37	651	1.71	94.70
8	9	9	660	2.46	97.16
9	13	13	673	0.76	97.92
10	4	4	677	0.95	98.86
12	5	5	682	0.57	99.43
15	3	3	685	0.19	99.62
20	1	1	686	0.19	99.81
21	1	1	687	0.19	100.00

DE13630	VALUE	FREQ	CUM FREQ	%	CUM %
0	162	162	162	0.95	0.95
1	5	5	167	0.38	1.33
2	2	2	169	2.66	3.99
3	14	14	183	14.45	18.44
4	76	76	259	15.78	34.22
5	83	83	342	20.34	54.56
6	107	107	449	7.03	61.60
	37	37		(cont.)	

VARIABLE DE13630 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
7	109	433	20.72	82.32
8	19	452	3.61	85.93
9	5	457	0.95	86.88
10	37	494	7.03	93.92
11	2	496	0.38	94.30
12	4	500	0.76	95.06
14	17	517	3.23	98.29
15	2	519	0.38	98.67
21	4	523	0.76	99.43
28	1	524	0.19	99.62
30	1	525	0.19	99.81
50	1	526	0.19	100.00
DE13631				
VALUE	FREQ	CUM FREQ	%	CUM %
0	160	439	83.14	83.14
1	439	486	8.90	92.05
2	47	513	5.11	97.16
3	27	520	1.33	98.49
4	2	522	0.38	98.86
6	1	523	0.19	99.05
7	2	525	0.38	99.43
10	2	527	0.38	99.81
25	1	528	0.19	100.00
DE13629				
VALUE	FREQ	CUM FREQ	%	CUM %
1	158	27	5.09	5.09
2	27	113	16.23	21.32
3	86	394	53.02	74.34
4	281	530	25.66	100.00

DE13631

FILE PHIBAX

4. IN GENERAL, WHEN THIS CHILD HAS HAD A COLD, ABOUT HOW  
MANY DAYS HAS IT KEPT HIM OR HER IN BED FOR ALL OR MOST  
OF THE DAY? (IF NO DAYS IN BED, WRITE IN "0".)

\_\_\_\_\_ DAYS IN BED

DE13629

FILE PHIBAX

5. DURING THE PAST 12 MONTHS, HOW MUCH HAVE THIS CHILD'S  
COLDS WORRIED OR CONCERNED YOU?

1. A GREAT DEAL
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL

DEI5220	FILE PHIBAX
6. DURING THE PAST 12 MONTHS, HOW MUCH PAIN OR DISTRESS HAVE THIS CHILD'S COLDS CAUSED HIM OR HER?	
1. A GREAT DEAL	
2. SOME	
3. A LITTLE	
4. NONE AT ALL	

DEI5220	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	155	1	3.57	3.57
2	2	19	19	14.63	18.20
3	3	78	97	60.98	79.17
4	4	325	422	20.83	100.00
		111	533		

DEI3632	FILE PHIBAX
7. DURING THE PAST 12 MONTHS WHEN THIS CHILD HAS HAD A COLD, HOW MUCH OF THE TIME HAS IT KEPT HIM OR HER FROM DOING THE KINDS OF THINGS THAT OTHER CHILDREN OF THAT AGE DO?	
1. ALL OF THE TIME	
2. MOST OF THE TIME	
3. SOME OF THE TIME	
4. A LITTLE OF THE TIME	
5. NONE OF THE TIME	

DEI3632	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	156	1	0.19	0.19
2	2	1	11	1.88	2.07
3	3	10	72	11.47	13.53
4	4	61	285	40.04	53.57
5	5	213	532	46.43	100.00
		247			



VARIABLE DE13625 (cont.)

VALUE	FREQ	CUM FREQ	%	CUM %
8	4	155	2.05	79.49
9	4	159	2.05	81.54
10	20	179	10.26	91.80
12	3	182	1.54	93.33
14	9	191	4.62	97.95
20	1	192	0.51	98.46
21	1	193	0.51	98.97
30	1	194	0.51	99.49
40	1	195	0.51	100.00

DE13626

DE13626	FILE PHIBAX
11. WHEN THE CHILD HAS HAD AN EAR INFECTION, ABOUT HOW MANY DAYS DO YOU FEEL IT KEPT THE CHILD IN BED FOR ALL OR MOST OF THE DAY? (IF NO DAYS IN BED, WRITE "0".)	
_____ DAYS IN BED	

VALUE	FREQ	CUM FREQ	%	CUM %
0	493	141	72.31	72.31
1	31	172	15.90	88.21
2	14	186	7.18	95.39
3	5	191	2.56	97.95
4	1	192	0.51	98.46
6	1	193	0.51	98.97
11	1	194	0.51	99.49
25	1	195	0.51	100.00

DE15222

DE15222	FILE PHIBAX
12. HAS THIS CHILD EVER BEEN TREATED WITH TUBES IN HIS OR HER EARS?	
1. YES (Go to Q. 12a)	
2. NO (Go to Q. 13)	

VALUE	FREQ	CUM FREQ	%	CUM %
1	491	12	6.09	6.09
2	12	197	93.91	100.00

DE15223

DE15223	FILE PHIBAX
12a. DOES THE CHILD CURRENTLY HAVE TUBES IN HIS OR HER EARS?	
1. YES	
2. NO	

VALUE	FREQ	CUM FREQ	%	CUM %
1	660	10	35.71	35.71
2	10	28	64.29	100.00

DE15224	FILE PHIBAX	13. DURING THE PAST 12 MONTHS, HOW MUCH PAIN OR DISTRESS HAVE THIS CHILD'S EAR INFECTIONS CAUSED HIM OR HER?	1. A GREAT DEAL 2. SOME 3. A LITTLE 4. NONE AT ALL	
DE15224	VALUE	FREQ	CUM FREQ	CUM %
	1	493	12	6.15
	2	12	70	35.90
	3	58	179	91.80
	4	109	195	100.00
		16		8.21

DE13624	FILE PHIBAX	14. DURING THE PAST 12 MONTHS, HOW MUCH HAVE THIS CHILD'S EAR INFECTIONS WORRIED OR CONCERNED YOU?	1. A GREAT DEAL 2. SOMEWHAT 3. A LITTLE 4. NOT AT ALL	
DE13624	VALUE	FREQ	CUM FREQ	CUM %
	1	494	21	10.83
	2	21	64	32.99
	3	43	171	88.14
	4	107	194	100.00
		23		11.86

DE13627	FILE PHIBAX	15. DURING THE PAST 12 MONTHS, WHEN THIS CHILD HAS HAD AN EAR INFECTION, HOW MUCH OF THE TIME HAS IT KEPT HIM OR HER FROM DOING THE KINDS OF THINGS THAT OTHER CHILDREN OF THAT AGE DO?	1. ALL OF THE TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. A LITTLE OF THE TIME 5. NONE OF THE TIME	
DE13627	VALUE	FREQ	CUM FREQ	CUM %
	1	494	1	0.52
	2	1	7	3.09
	3	6	37	15.46
	4	30	118	41.75
	5	81	194	39.18
		76		60.83
				100.00

ECZEMA, ALLERGIC SKIN RASH
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DE15225	FILE PHIBAX
16. IN THE PAST 12 MONTHS, HAS THIS CHILD HAD A RASH THAT LASTED AT LEAST 3 MONTHS?	
1. YES (Go to Q. 17)	
2. NO (Go to Q. 28)	

DE15226	FILE PHIBAX
17. HAS A DOCTOR EVER SAID THAT THIS CHILD HAS ECZEMA?	
1. YES	
2. NO	

DE15227	FILE PHIBAX
18. HAS THIS RASH OR ECZEMA INVOLVED THE FACE, NECK, ELBOWS, HANDS OR KNEES?	
1. YES, 3 OR MORE OF THESE FIVE AREAS	
2. YES, 2 OF THESE AREAS	
3. YES, 1 OF THESE AREAS	
4. NO, NONE OF THESE AREAS	

DE15225	VALUE	FREQ	CUM FREQ	%	CUM %
	1	57	57	4.60	4.60
	2	29	29	95.40	100.00
		602	631		

DE15226	VALUE	FREQ	CUM FREQ	%	CUM %
	1	633	633	25.46	25.46
	2	14	14	74.55	100.00
		41	55		

DE15227	VALUE	FREQ	CUM FREQ	%	CUM %
	1	642	642	13.04	13.04
	2	6	6	8.70	21.74
	3	4	10	17.39	39.13
	4	8	18	60.87	100.00
		28	46		

<div>DEI5228</div> <div>19. DOES THIS CHILD CURRENTLY HAVE THIS RASH OR ECZEMA?</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI5228</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 643 16 35.56</div> <div>2 29 45 64.44</div> <div>100.00</div>
<div>DEI5229</div> <div>20. HAVE YOU OR THIS CHILD EVER SEEN A DOCTOR ABOUT THIS RASH OR ECZEMA?</div> <div>1. YES (Go to Q. 21)</div> <div>2. NO (Go to Q. 24)</div>	<div>DEI5229</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 646 27 64.29</div> <div>2 15 42 35.71</div> <div>100.00</div>
<div>DEI5230</div> <div>21. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR FOR SKIN RASH OR ECZEMA?</div> <div>1. WITHIN THE PAST 3 MONTHS</div> <div>2. 3 - 6 MONTHS AGO</div> <div>3. 7 - 12 MONTHS AGO</div> <div>4. MORE THAN 1 YEAR AGO</div>	<div>DEI5230</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 660 8 28.57</div> <div>2 8 17 32.14</div> <div>3 9 24 25.00</div> <div>4 7 28 14.29</div> <div>100.00</div>



DE15231	FILE PHIBAX
22a. DID A DOCTOR EVER PRESCRIBE ANY OF THE FOLLOWING FOR THIS CHILD'S SKIN RASH OR ECZEMA?	
PILLS OR LIQUID TO TAKE BY MOUTH	
1. YES	
2. NO	

DE15231	VALUE	FREQ	CUM FREQ	%	CUM %
	1	665	2	8.70	8.70
	2	21	23	91.30	100.00

DE15232	FILE PHIBAX
22b. DID A DOCTOR EVER PRESCRIBE ANY OF THE FOLLOWING FOR THIS CHILD'S SKIN RASH OR ECZEMA?	
CREAMS OR OINTMENTS TO PUT ON THE SKIN	
1. YES	
2. NO	

DE15232	VALUE	FREQ	CUM FREQ	%	CUM %
	1	659	27	93.10	93.10
	2	2	29	6.90	100.00

DE15233	FILE PHIBAX
22c. DID A DOCTOR EVER PRESCRIBE ANY OF THE FOLLOWING FOR THIS CHILD'S SKIN RASH OR ECZEMA?	
SPECIAL SOAPS OR BATH OILS	
1. YES	
2. NO	

DE15233	VALUE	FREQ	CUM FREQ	%	CUM %
	1	665	3	13.04	13.04
	2	20	23	86.96	100.00

DEI5234

FILE PHIBAX

23a. DID A DOCTOR EVER ADVISE YOU TO DO THE FOLLOWING THING FOR THIS CHILD TO AVOID ECZEMA OR TO CURE THE RASH?

AVOID CERTAIN FOODS

1. YES

2. NO

DEI5235

FILE PHIBAX

23b. DID A DOCTOR EVER ADVISE YOU TO DO THE FOLLOWING THING FOR THIS CHILD TO AVOID ECZEMA OR TO CURE THE RASH?

AVOID CERTAIN TYPES OF CLOTHING OR FABRIC

1. YES

2. NO

DEI5236

FILE PHIBAX

23c. DID A DOCTOR EVER ADVISE YOU TO DO THE FOLLOWING THING FOR THIS CHILD TO AVOID ECZEMA OR TO CURE THE RASH?

AVOID DAILY BATHS

1. YES

2. NO

DEI5234	VALUE	FREQ	CUM FREQ	%	CUM %
	1	660	1		
	2	10	10	35.71	35.71
		18	28	64.29	100.00

DEI5235	VALUE	FREQ	CUM FREQ	%	CUM %
	1	659	1		
	2	3	3	10.35	10.35
		26	29	89.66	100.00

DEI5236	VALUE	FREQ	CUM FREQ	%	CUM %
	1	659	1		
	2	5	5	17.24	17.24
		24	29	82.76	100.00

DEI5237	FILE PHIBAX	DEI5237	VALUE	FREQ	CUM FREQ	%	CUM %
23d.	DID A DOCTOR EVER ADVISE YOU TO DO THE FOLLOWING THING FOR THIS CHILD TO AVOID ECZEMA OR TO CURE THE RASH?						
	AVOID SOMETHING ELSE (PETS, FOR EXAMPLE)						
	1. YES	1	660	1	1	3.57	3.57
	2. NO	2	27	27	28	96.43	100.00
DEI5238	FILE PHIBAX	DEI5238	VALUE	FREQ	CUM FREQ	%	CUM %
24a.	DOES THIS CHILD CURRENTLY USE ANY OF THE FOLLOWING, WHETHER OR NOT A DOCTOR HAS PRESCRIBED IT?						
	PILLS OR LIQUID TO TAKE BY MOUTH						
	1. YES	1	649	9	9	23.08	23.08
	2. NO	2	30	30	39	76.92	100.00
DEI5239	FILE PHIBAX	DEI5239	VALUE	FREQ	CUM FREQ	%	CUM %
24b.	DOES THIS CHILD CURRENTLY USE ANY OF THE FOLLOWING, WHETHER OR NOT A DOCTOR HAS PRESCRIBED IT?						
	CREAMS OR OINTMENTS TO PUT ON THE SKIN						
	1. YES	1	648	20	20	50.00	50.00
	2. NO	2	20	20	40	50.00	100.00

DE15240

FILE PHIBAX

24c. DOES THIS CHILD CURRENTLY USE ANY OF THE FOLLOWING, WHETHER OR NOT A DOCTOR HAS PRESCRIBED IT?

SPECIAL SOAPS OR BATH OILS

1. YES

2. NO

DE15240	VALUE	FREQ	CUM FREQ	%	CUM %
	1	650	5	13.16	13.16
	2	33	38	86.84	100.00

DE15241

FILE PHIBAX

25. DURING THE PAST 3 MONTHS, HOW MUCH PAIN OR DISCOMFORT HAS ECZEMA OR A SKIN RASH CAUSED THIS CHILD?

1. A GREAT DEAL

2. SOME

3. A LITTLE

4. NONE AT ALL

DE15241	VALUE	FREQ	CUM FREQ	%	CUM %
	1	647	1	2.44	2.44
	2	1	6	12.20	14.63
	3	10	16	24.39	39.02
	4	25	41	60.98	100.00

DE15242

FILE PHIBAX

26. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S ECZEMA OR SKIN RASH WORRIED YOU?

1. A GREAT DEAL

2. SOMEWHAT

3. A LITTLE

4. NOT AT ALL

DE15242	VALUE	FREQ	CUM FREQ	%	CUM %
	1	647	1	2.44	2.44
	2	1	6	12.20	14.63
	3	13	19	31.71	46.34
	4	22	41	53.66	100.00

DE15243	VALUE	FREQ	CUM FREQ	%	CUM %
27. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS ECZEMA OR A SKIN RASH KEPT THIS CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN THAT AGE DO?					
1. ALL OF THE TIME	3	631	1	1.75	1.75
2. MOST OF THE TIME	4	1	5	7.02	8.77
3. SOME OF THE TIME	5	4	57	91.23	100.00
4. A LITTLE OF THE TIME		52			
5. NONE OF THE TIME					

+-----+

ANEMIA
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+-----+

DE14056	VALUE	FREQ	CUM FREQ	%	CUM %
28. DURING THE PAST 12 MONTHS, HAS A DOCTOR TOLD YOU THAT THIS CHILD HAS ANEMIA (SOMETIMES CALLED LOW BLOOD), OR IS HE OR SHE CURRENTLY UNDER TREATMENT FOR IT?					
1. NO, CHILD DOES NOT HAVE IT (Go to Q. 35)	1	57	1	96.51	96.51
2. YES, CHILD HAD IT OR IS UNDER TREATMENT FOR IT (Go to Q. 29a)	2	609	620	1.74	98.25
3. YES, CHILD HAD IT, BUT IS NOW CURED (Go to Q. 29a)	3	11	631	1.74	100.00

<div>DEI4057</div> <div>FILE PHIBAX</div> <div>29a. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?</div> <div>SPECIAL DIET</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4057</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 667 6 28.57 28.57</div> <div>2 15 21 71.43 100.00</div>
<div>DEI4058</div> <div>FILE PHIBAX</div> <div>29b. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?</div> <div>IRON PILLS OR SHOTS</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4058</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 665 12 52.17 52.17</div> <div>2 11 23 47.83 100.00</div>
<div>DEI4059</div> <div>FILE PHIBAX</div> <div>29c. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?</div> <div>VITAMIN PILLS OR SHOTS</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4059</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 665 11 47.83 47.83</div> <div>2 12 23 52.17 100.00</div>

<div>DEI4060</div> <div>FILE PHIBAX</div> <div>29d. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED THE FOLLOWING TREATMENT FOR THIS CHILD'S ANEMIA?</div> <div>BLOOD TRANSFUSIONS</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4060</div> <div>VALUE</div> <div>2</div> <div>FREQ</div> <div>667</div> <div>CUM FREQ</div> <div>21</div> <div>%</div> <div>100.00</div> <div>CUM %</div> <div>100.00</div>
<div>DEI4061</div> <div>FILE PHIBAX</div> <div>30a. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?</div> <div>SPECIAL DIET</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4061</div> <div>VALUE</div> <div>1</div> <div>2</div> <div>FREQ</div> <div>668</div> <div>4</div> <div>16</div> <div>CUM FREQ</div> <div>4</div> <div>20</div> <div>%</div> <div>20.00</div> <div>80.00</div> <div>CUM %</div> <div>20.00</div> <div>100.00</div>
<div>DEI4062</div> <div>FILE PHIBAX</div> <div>30b. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?</div> <div>IRON PILLS OR SHOTS</div> <div>1. YES</div> <div>2. NO</div>	<div>DEI4062</div> <div>VALUE</div> <div>1</div> <div>2</div> <div>FREQ</div> <div>665</div> <div>10</div> <div>13</div> <div>CUM FREQ</div> <div>10</div> <div>23</div> <div>%</div> <div>43.48</div> <div>56.52</div> <div>CUM %</div> <div>43.48</div> <div>100.00</div>

DEI4063					DEI4063				
VALUE					FREQ	CUM FREQ	%	CUM %	
1					666	13	59.09	59.09	
2					9	22	40.91	100.00	
DEI4064					DEI4064				
VALUE					FREQ	CUM FREQ	%	CUM %	
2					668	20	100.00	100.00	
DEI5244					DEI5244				
VALUE					FREQ	CUM FREQ	%	CUM %	
1					664	13	54.17	54.17	
2					13	17	16.67	70.83	
3					4	21	16.67	87.50	
4					3	24	12.50	100.00	

DEI4063		FILE PHIBAX	
30c. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?			
VITAMIN PILLS OR SHOTS			
1. YES			
2. NO			

DEI4064		FILE PHIBAX	
30d. DOES THIS CHILD CURRENTLY TAKE THE FOLLOWING TREATMENT, WHETHER OR NOT A DOCTOR PRESCRIBED IT?			
BLOOD TRANSFUSIONS			
1. YES			
2. NO			

DEI5244		FILE PHIBAX	
31. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR FOR ANEMIA?			
1. WITHIN THE PAST 3 MONTHS			
2. 3 - 6 MONTHS AGO			
3. 7 - 12 MONTHS AGO			
4. MORE THAN 1 YEAR AGO			



<div data-bbox="305 947 553 1850"> <div>DE14067</div> <div>FILE PHIBAX</div> <div>32. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S ANEMIA WORRIED OR CONCERNED YOU?</div> <div> 1. A GREAT DEAL  2. SOMEWHAT  3. A LITTLE  4. NOT AT ALL </div> </div>	
<div data-bbox="592 947 911 1850"> <div>DE14068</div> <div>FILE PHIBAX</div> <div>33. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS ANEMIA KEPT THIS CHILD FROM DOING THE KINDS OF THINGS THAT OTHER CHILDREN THE SAME AGE DO?</div> <div> 1. ALL OF THE TIME  2. MOST OF THE TIME  3. SOME OF THE TIME  4. A LITTLE OF THE TIME  5. NONE OF THE TIME </div> </div>	
<div data-bbox="950 947 1179 1850"> <div>DE14069</div> <div>FILE PHIBAX</div> <div>34. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS ANEMIA KEPT THIS CHILD IN BED FOR ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)</div> <div> _____ DAYS IN BED LAST MONTH </div> </div>	

DE14067	VALUE	FREQ	CUM FREQ	%	CUM %
	1	663	1	4.00	4.00
	2	1	6	20.00	24.00
	3	5	13	28.00	52.00
	4	7	25	48.00	100.00
		12			

DE14068	VALUE	FREQ	CUM FREQ	%	CUM %
	4	663	1	4.00	4.00
	5	1	25	96.00	100.00
		24			

DE14069	VALUE	FREQ	CUM FREQ	%	CUM %
	0	663	25	100.00	100.00
		25			

LEAD POISONING
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DE17539	FILE PHIBAX
35. HAS A DOCTOR EVER SAID THAT THIS CHILD HAD LEAD POISONING?	
1. YES (Go to Q. 36)	
2. NO (Go to Q. 42)	

DE17540	FILE PHIBAX
36. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY MEDICINES FOR THE LEAD POISONING?	
1. YES	
2. NO	

DE17541	FILE PHIBAX
37. DOES THIS CHILD CURRENTLY TAKE ANY MEDICINES FOR LEAD POISONING?	
1. YES	
2. NO	

DE17539	VALUE	FREQ	CUM FREQ	%	CUM %
	1	57	5	0.79	0.79
	2	626	631	99.21	100.00

DE17540	VALUE	FREQ	CUM FREQ	%	CUM %
	2	682	6	100.00	100.00

DE17541	VALUE	FREQ	CUM FREQ	%	CUM %
	2	682	6	100.00	100.00

DE15245	VALUE	FREQ	CUM FREQ	%	CUM %
38. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR FOR LEAD POISONING?					
1. WITHIN THE PAST 3 MONTHS	1	683	3	60.00	60.00
2. 3 - 6 MONTHS AGO	2	3	5	40.00	100.00
3. 7 - 12 MONTHS AGO					
4. MORE THAN 1 YEAR AGO					

  

DE17543	VALUE	FREQ	CUM FREQ	%	CUM %
39. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S LEAD POISONING WORRIED OR CONCERNED YOU?					
1. A GREAT DEAL	1	682	2	33.33	33.33
2. SOMEWHAT	2	1	3	16.67	50.00
3. A LITTLE	3	2	5	33.33	83.33
4. NOT AT ALL	4	1	6	16.67	100.00

  

DE17544	VALUE	FREQ	CUM FREQ	%	CUM %
40. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS LEAD POISONING KEPT THIS CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN THAT AGE DO?					
1. ALL OF THE TIME	1	682	1	16.67	16.67
2. MOST OF THE TIME	4	1	6	83.33	100.00
3. SOME OF THE TIME					
4. A LITTLE OF THE TIME					
5. NONE OF THE TIME	5	5			

DEI7545

FILE PHIBAX

41. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS LEAD POISONING KEPT THIS CHILD IN BED FOR ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".)

DAYS IN BED LAST MONTH

CANCER

DEI4102

FILE PHIBAX

42. HAS A DOCTOR EVER TOLD YOU THAT THIS CHILD HAD CANCER?

1. YES (Go to Q. 43)

2. NO (Go to Q. 52)

DEI7545	VALUE	FREQ	CUM FREQ	%	CUM %
	0	681	7	100.00	100.00

DEI4102	VALUE	FREQ	CUM FREQ	%	CUM %
	2	57	631	100.00	100.00

DE15246	FILE PHIBAX
43. WHERE IS, OR WAS, THE CANCER LOCATED?	
1. EYE 2. CONNECTIVE TISSUE (SARCOMA) 3. BRAIN AND CENTRAL NERVOUS SYSTEM 4. BONE 5. ADRENAL GLAND (NEUROBLASTOMA) 6. KIDNEY (WILMS) OR URINARY TRACT 7. BLOOD (LEUKEMIA) 8. LYMPH GLANDS OR NODES (LYMPHOMA) 9. LUNG 10. LIVER 11. MIXED TISSUES (TERATOMA) 12. SOMEWHERE ELSE	

DE15246	VALUE	FREQ	CUM FREQ	%	CUM %
.		688	.	.	.

DE15247	FILE PHIBAX
44. WHEN WAS THE CANCER FIRST DIAGNOSED? (WHEN WERE YOU FIRST TOLD ABOUT IT?)	
1. WITHIN THE PAST 6 MONTHS 2. 6 MONTHS TO 1 YEAR AGO 3. 2 - 3 YEARS AGO 4. MORE THAN 3 YEARS AGO	

DE15247	VALUE	FREQ	CUM FREQ	%	CUM %
.		688	.	.	.

DE15248	45. WHEN WAS THE LAST TIME THE CHILD HAD ANY PAIN OR DISCOMFORT FROM CANCER?	FILE PHIBAX	DE15248	VALUE	FREQ	CUM FREQ	%	CUM %
	1. WITHIN THE PAST 6 MONTHS (Go to Q. 45a)			4	687	1	100.00	100.00
	2. 6 MONTHS TO 1 YEAR AGO (Go to Q. 46)							
	3. MORE THAN 1 YEAR AGO (Go to Q. 46)							
	4. NEVER HAD PAIN OR DISCOMFORT (Go to Q. 46)							
DE15249	45a. DURING THE PAST 3 MONTHS, HOW MUCH PAIN OR DISCOMFORT HAS THE CANCER CAUSED THE CHILD?	FILE PHIBAX	DE15249	VALUE	FREQ	CUM FREQ	%	CUM %
	1. A GREAT DEAL			4	687	1	100.00	100.00
	2. SOME							
	3. A LITTLE							
	4. NONE AT ALL							
DE15250	46. DURING THE PAST 3 MONTHS, HOW MUCH HAS THE CANCER WORRIED OR CONCERNED YOU?	FILE PHIBAX	DE15250	VALUE	FREQ	CUM FREQ	%	CUM %
	1. A GREAT DEAL			4	687	1	100.00	100.00
	2. SOMEWHAT							
	3. A LITTLE							
	4. NOT AT ALL							

DEI5251		FILE PHIBAX			
47. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAS THE CNACER KEPT THE CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN THAT AGE DO?		1. ALL OF THE TIME 2. MOST OF THE TIME 3. SOME OF THE TIME 4. A LITTLE OF THE TIME 5. NONE OF THE TIME			
VALUE	FREQ	CUM FREQ	%	CUM %	
5	687 1	1	100.00	100.00	
DEI5252		FILE PHIBAX			
48. DURING THE PAST 30 DAYS, HOW MANY DAYS HAS THE CANCER KEPT THE CHILD IN BED FOR ALL OR MOST OF THE DAY? (IF NONE, WRITE IN "0".) _____ DAYS IN BED LAST MONTH					
VALUE	FREQ	CUM FREQ	%	CUM %	
0	687 1	1	100.00	100.00	
DEI5253		FILE PHIBAX			
49. HOW RECENTLY HAS THE CHILD HAD AN OPERATION TO REMOVE THE CANCER?		1. LESS THAN 6 MONTHS AGO 2. 6 MONTHS TO 1 YEAR AGO 3. MORE THAN 1 YEAR TO 3 YEARS AGO 4. MORE THAN 3 YEARS AGO 5. NEVER HAD AN OPERATION			
VALUE	FREQ	CUM FREQ	%	CUM %	
5	687 1	1	100.00	100.00	

DE15254	FILE PHIBAX
50. HOW RECENTLY HAS HE OR SHE HAD ANY RADIATION TO STOP THE CANCER?	
1. LESS THAN 6 MONTHS AGO 2. 6 MONTHS TO 1 YEAR AGO 3. MORE THAN 1 YEAR TO 3 YEARS AGO 4. MORE THAN 3 YEARS AGO 5. NEVER HAD RADIATION	

DE15254				
VALUE	FREQ	CUM FREQ	%	CUM %
5	687	1	100.00	100.00

DE15255	FILE PHIBAX
51. HOW RECENTLY HAS HE OR SHE TAKEN ANY MEDICINE (PILLS, LIQUIDS, OR SHOTS) TO STOP THE CANCER?	
1. LESS THAN 6 MONTHS AGO 2. 6 MONTHS TO 1 YEAR AGO 3. MORE THAN 1 YEAR TO 3 YEARS AGO 4. MORE THAN 3 YEARS AGO 5. NEVER TOOK MEDICINE	

DE15255				
VALUE	FREQ	CUM FREQ	%	CUM %
5	687	1	100.00	100.00



FEVER CONVULSIONS, EPILEPSY, CONVULSIONS
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DEI5256	FILE PHIBAX
52. HAS THIS CHILD EVER HAD A FEVER CONVULSION, THAT IS, A FIT OR SEIZURE WITH A HIGH FEVER?	
1. YES (Go to Q. 52a)	
2. NO (Go to Q. 53)	

DEI5257	FILE PHIBAX
52a. HAS THIS CHILD EVER HAD A CONVULSION, FIT, OR SEIZURE WITHOUT A HIGH FEVER?	
1. YES (Go to Q. 52b)	
2. NO (Go to Q. 54)	

DEI5258	FILE PHIBAX
52b. HAS A DOCTOR EVER SAID THAT THIS CHILD HAS EPILEPSY?	
1. YES (Go to Q. 54)	
2. NO (Go to Q. 54)	

DEI5256	VALUE	FREQ	CUM FREQ	%	CUM %
1		59	12	1.91	1.91
2		12	629	98.09	100.00
		617			

DEI5257	VALUE	FREQ	CUM FREQ	%	CUM %
1		668	1	5.00	5.00
2		1	20	95.00	100.00
		19			

DEI5258	VALUE	FREQ	CUM FREQ	%	CUM %
1		683	1	20.00	20.00
2		1	5	80.00	100.00
		4			

DE15259				
FILE PHIBAX				
53. HAS THIS CHILD EVER HAD A CONVULSION, FIT, OR SEIZURE WITHOUT A HIGH FEVER?				
1. YES (Go to Q. 53a)				
2. NO (Go to Q. 63)				
DE15259	VALUE	FREQ	CUM FREQ	CUM %
	1	74	6	0.98
	2	608	614	100.00

DE15260				
FILE PHIBAX				
53a. HAS A DOCTOR EVER SAID THAT THIS CHILD HAS EPILEPSY?				
1. YES				
2. NO				
DE15260	VALUE	FREQ	CUM FREQ	CUM %
	1	679	9	100.00
	2	9	9	100.00

DE15261				
FILE PHIBAX				
54. WHEN WAS THE LAST TIME THIS CHILD HAD A FEVER CONVULSION, FIT, SEIZURE, OR ATTACK OF EPILEPSY?				
1. WITHIN THE PAST 12 MONTHS				
2. 1 - 2 YEARS AGO				
3. 3 OR MORE YEARS AGO				
DE15261	VALUE	FREQ	CUM FREQ	CUM %
	1	667	9	42.86
	2	9	14	23.81
	3	5	21	66.67
		7	21	100.00

<div>DE13322</div> <div>FILE PHIBAX</div> <div>55. DURING THE PAST 12 MONTHS, HAS A DOCTOR PRESCRIBED ANY MEDICINE FOR THE FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS?</div> <div>1. YES</div> <div>2. NO</div>	<div>DE13322</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 665 6 26.09</div> <div>2 17 23 73.91</div> <div>26.09</div> <div>100.00</div>
<div>DE13323</div> <div>FILE PHIBAX</div> <div>56. DOES THIS CHILD CURRENTLY TAKE ANY MEDICINES FOR FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS, WHETHER OR NOT A DOCTOR PRESCRIBED THEM?</div> <div>1. YES</div> <div>2. NO</div>	<div>DE13323</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 665 4 17.39</div> <div>2 19 23 82.61</div> <div>17.39</div> <div>100.00</div>
<div>DE15262</div> <div>FILE PHIBAX</div> <div>57. WHEN WAS THE LAST TIME THIS CHILD SAW A DOCTOR ABOUT FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS?</div> <div>1. WITHIN THE PAST 3 MONTHS</div> <div>2. 3 - 6 MONTHS AGO</div> <div>3. 7 - 12 MONTHS AGO</div> <div>4. MORE THAN 1 YEAR AGO</div>	<div>DE15262</div> <div>VALUE</div> <div>FREQ</div> <div>CUM FREQ</div> <div>%</div> <div>CUM %</div> <div>1 667 5 23.81</div> <div>2 5 7 9.52</div> <div>3 2 9 9.52</div> <div>4 12 21 57.14</div> <div>23.81</div> <div>33.33</div> <div>42.86</div> <div>100.00</div>

DE15263	FILE PHIBAX
58. DURING THE PAST 3 MONTHS, HOW MUCH PAIN OR DISTRESS HAVE FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS CAUSED THIS CHILD?	
1. A GREAT DEAL	
2. SOME	
3. A LITTLE	
4. NONE	

DE15263	VALUE	FREQ	CUM FREQ	%	CUM %
	1	665	1	8.70	8.70
	2	2	2	8.70	17.39
	3	2	4	8.70	26.09
	4	19	23	82.61	100.00

DE13325	FILE PHIBAX
59. DURING THE PAST 3 MONTHS, HOW MUCH HAS THIS CHILD'S FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS WORRIED OR CONCERNED YOU?	
1. A GREAT DEAL	
2. SOMEWHAT	
3. A LITTLE	
4. NOT AT ALL	

DE13325	VALUE	FREQ	CUM FREQ	%	CUM %
	1	665	1	8.70	8.70
	2	2	2	8.70	17.39
	3	2	4	8.70	26.09
	4	17	23	73.91	100.00

DE13326	FILE PHIBAX
60. DURING THE PAST 3 MONTHS, HOW MANY ATTACKS OF FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS HAS THIS CHILD HAD? (IF NONE, WRITE IN "0".)	
_____ ATTACKS IN THE PAST 3 MONTHS	

DE13326	VALUE	FREQ	CUM FREQ	%	CUM %
	0	665	1	78.26	78.26
	1	18	18	4.35	82.61
	2	1	19	13.04	95.65
	3	3	22	4.35	100.00
	14	1	23		

DEI3327

FILE PHIBAX

61. DURING THE PAST 3 MONTHS, HOW MUCH OF THE TIME HAVE  
FEVER CONVULSIONS, EPILEPSY, OR CONVULSIONS KEPT THIS  
CHILD FROM DOING THE KINDS OF THINGS OTHER CHILDREN  
THAT AGE DO?

1. ALL OF THE TIME

2. MOST OF THE TIME

3. SOME OF THE TIME

4. A LITTLE OF THE TIME

5. NONE OF THE TIME

DEI3327	VALUE	FREQ	CUM FREQ	%	CUM %
	3	664	1	4.17	4.17
	4	1	2	4.17	8.33
	5	22	24	91.67	100.00

DEI3334

FILE PHIBAX

62. DURING THE PAST 30 DAYS, HOW MANY DAYS HAVE FEVER  
CONVULSIONS, EPILEPSY, OR CONVULSIONS KEPT THIS CHILD  
IN BED ALL OR MOST OF THE DAY? (IF NONE, WRITE "0".)

\_\_\_\_\_ DAYS IN BED LAST MONTH

DEI3334	VALUE	FREQ	CUM FREQ	%	CUM %
	0	664	23	95.83	95.83
	2	1	24	4.17	100.00

TONSILS, ADENOIDS
-------------------

DE15264	FILE PHIBAX
63. HAS THIS CHILD EVER HAD TONSILS OR ADENOIDS REMOVED?	
1. YES, TONSILS ONLY	
2. YES, ADENOIDS ONLY	
3. YES, BOTH TONSILS AND ADENOIDS	
4. NO	

DRUG ALLERGY
--------------

DE15265	FILE PHIBAX
64. IS THIS CHILD ALLERGIC TO PENICILLIN?	
1. YES	
2. NO	
3. DON'T KNOW	

DE15264	VALUE	FREQ	CUM FREQ	%	CUM %
1	2	59	8	1.27	1.27
2	3	8	14	0.95	2.23
3	4	6	629	97.77	100.00
4		615			

DE15265	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	58	8	1.27	1.27
2	2	8	370	57.46	58.73
3	3	362	630	41.27	100.00
		260			

DEI5266	FILE PHIBAX
65. IS HE OR SHE ALLERGIC TO AMPICILLIN?	
1. YES	
2. NO	
3. DON'T KNOW	

-----+  
 | MISSING LIMBS |  
 +-----+

DEI5267	FILE PHIBAX
66. DOES THIS CHILD HAVE ANY MISSING LIMBS - THAT IS, ARMS, LEGS, OR FINGERS THAT ARE MISSING OR HAVE BEEN AMPUTATED?	
1. YES (Go to Q. 67)	
2. NO (Go to Q. 69)	

DEI5268	FILE PHIBAX
67. IS AN UPPER LIMB MISSING?	
1. YES (Go to Q. 67a)	
2. NO (Go to Q. 68)	

DEI5266	VALUE	FREQ	CUM FREQ	%	CUM %
1	58	6	6	0.95	0.95
2	367	257	373	58.25	59.21
3	257		630	40.79	100.00

DEI5267	VALUE	FREQ	CUM FREQ	%	CUM %
1	57	631	631	100.00	100.00

DEI5268	VALUE	FREQ	CUM FREQ	%	CUM %
1	679	9	9	100.00	100.00

DE15269		FILE PHIBAX		DE15269			
67a. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE RIGHT SIDE. IF NOT ON RIGHT SIDE, CIRCLE "5"; THEN ANSWER Q. 67b.				VALUE	FREQ	CUM FREQ	CUM %
1. RIGHT ARM ABOVE ELBOW					688	.	.
2. RIGHT ARM BELOW ELBOW							
3. RIGHT ARM AT THE WRIST							
4. ONE OR MORE FINGERS ON RIGHT HAND							
5. NOT ON RIGHT SIDE							
DE15270		FILE PHIBAX		DE15270			
67b. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "5".				VALUE	FREQ	CUM FREQ	CUM %
1. LEFT ARM ABOVE ELBOW					688	.	.
2. LEFT ARM BELOW ELBOW							
3. LEFT ARM AT THE WRIST							
4. ONE OR MORE FINGERS ON LEFT HAND							
5. NOT ON LEFT SIDE							
DE15271		FILE PHIBAX		DE15271			
68. IS A LOWER LIMB MISSING?				VALUE	FREQ	CUM FREQ	CUM %
1. YES (Go to Q. 68a-b)				2	678	10	100.00
2. NO (Go to Q. 69)					10	10	100.00



DE15272	FILE PHIBAX
68a. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE RIGHT SIDE. IF NOT ON RIGHT SIDE, CIRCLE "4".	
1. RIGHT LEG ABOVE KNEE	
2. RIGHT LEG BELOW KNEE	
3. RIGHT LEG AT ANKLE	
4. NOT ON RIGHT SIDE	

DE15272	VALUE	FREQ	CUM FREQ	%	CUM %
		688	.	.	.

DE15273	FILE PHIBAX
68b. PLEASE CIRCLE ONE NUMBER TO INDICATE ANY MISSING PART ON THE LEFT SIDE. IF NOT ON LEFT SIDE, CIRCLE "4".	
1. LEFT LEG ABOVE KNEE	
2. LEFT LEG BELOW KNEE	
3. LEFT LEG AT ANKLE	
4. NOT ON LEFT SIDE	

DE15273	VALUE	FREQ	CUM FREQ	%	CUM %
		688	.	.	.

+-----+  
| OTHER ILLNESSES |  
+-----+

DE15274	VALUE	FREQ	CUM FREQ	%	CUM %
	1	57	57	99.05	99.05
	2	625	625	0.16	99.21
	3	5	631	0.79	100.00

DE15275	VALUE	FREQ	CUM FREQ	%	CUM %
	1	57	57	99.68	99.68
	3	629	629	0.32	100.00

DE15274

69a. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

HEART TROUBLE OR CONGENITAL HEART TROUBLE

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT, AND SAW DOCTOR

FILE PHIBAX

DE15275

69b. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?

CEREBRAL PALSY

1. NO, DID NOT HAVE THIS
2. HAD IT, BUT DID NOT SEE DOCTOR
3. HAD IT, AND SAW DOCTOR

FILE PHIBAX

DEI5276	FILE PHIBAX
69c. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?  KIDNEY OR BLADDER TROUBLE OR URINE TROUBLE 1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DEI5276					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	58	58	97.46	97.46	
3	614	614	2.54	100.00	
	16	630			

DEI5277	FILE PHIBAX
69d. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?  ASTHMA 1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DEI5277					
VALUE	FREQ	CUM FREQ	%	CUM %	
1	58	58	97.78	97.78	
2	616	616	0.16	97.94	
3	1	617	2.06	100.00	
	13	630			

DE15278	FILE PHIBAX
69e. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?  MENTAL RETARDATION, OR DEVELOPMENT DELAY OR LAG  1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DE15278	VALUE	FREQ	CUM FREQ	%	CUM %
1	57	57	57	98.89	98.89
2	624	624	624	0.32	99.21
3	5	631	631	0.79	100.00

DE15279	FILE PHIBAX
69f. AS FAR AS YOU KNOW, DURING THE PAST 12 MONTHS, HAS THIS CHILD HAD THE FOLLOWING CONDITION? IF YES, DID YOU OR THE CHILD SEE A DOCTOR ABOUT IT DURING THE PAST 12 MONTHS?  HERNIA, OTHER THAN UMBILICAL HERNIA  1. NO, DID NOT HAVE THIS 2. HAD IT, BUT DID NOT SEE DOCTOR 3. HAD IT, AND SAW DOCTOR	

DE15279	VALUE	FREQ	CUM FREQ	%	CUM %
1	57	57	57	99.21	99.21
2	626	626	626	0.16	99.37
3	4	631	631	0.63	100.00

MEDICAL APPLIANCES

FILE PHIBAX

1. YES (Go to Q. 70a-b)
2. NO (Go to Q. 71)

FILE PHIBAX

1. LESS THAN 6 MONTHS AGO
2. 6 TO 11 MONTHS AGO
3. 1 YEAR AGO, BUT LESS THAN 2 YEARS
4. 2 YEARS AGO, BUT LESS THAN 3 YEARS
5. 3 OR MORE YEARS AGO

FILE PHIBAX

1. YES (Go to Q. 70c)  
2. NO (Go to Q. 71)

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DEI5281

FILE PHIBAX

70c. WHEN WAS THE LAST TIME THE CHILD GOT A NEW PAIR OF EYEGLASSES OR CONTACT LENSES BEFORE THAT TIME? - JUST YOUR BEST GUESS.

1. LESS THAN 6 MONTHS BEFORE THAT

2. 6 TO 11 MONTHS BEFORE THAT

3. 1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS

4. 2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS

5. 3 OR MORE YEARS BEFORE THAT

DEI3382

FILE PHIBAX

71. DOES THIS CHILD OWN A HEARING AID?

1. YES (Go to Q. 71a-b)

2. NO (Go to Q. 72)

DEI5282

FILE PHIBAX

71a. WHEN WAS THE LAST TIME THE CHILD GOT A NEW HEARING AID?

1. LESS THAN 6 MONTHS AGO

2. 6 TO 11 MONTHS AGO

3. 1 YEAR AGO, BUT LESS THAN 2 YEARS

4. 2 YEARS AGO, BUT LESS THAN 3 YEARS

5. 3 OR MORE YEARS AGO

DEI5281	VALUE	FREQ	CUM FREQ	%	CUM %
	2	687	1	100.00	100.00

DEI3382	VALUE	FREQ	CUM FREQ	%	CUM %
	1	57	3	0.48	0.48
	2	628	631	99.53	100.00

DEI5282	VALUE	FREQ	CUM FREQ	%	CUM %
	3	685	2	66.67	66.67
	5	2	3	33.33	100.00
		1			

DE13385	FILE PHIBAX
71b. DID HE OR SHE OWN A HEARING AID BEFORE THAT TIME?	
1. YES (Go to Q. 71c)	
2. NO (Go to Q. 72)	

DE13385					
VALUE		FREQ	CUM FREQ	%	CUM %
1	685	3	3	100.00	100.00

DE15283	FILE PHIBAX
71c. WHEN WAS THE LAST TIME THE CHILD GOT A NEW HEARING AID BEFORE THAT TIME? - JUST YOUR BEST GUESS.	
1. LESS THAN 6 MONTHS BEFORE THAT	
2. 6 TO 11 MONTHS BEFORE THAT	
3. 1 YEAR BEFORE THAT, BUT LESS THAN 2 YEARS	
4. 2 YEARS BEFORE THAT, BUT LESS THAN 3 YEARS	
5. 3 OR MORE YEARS BEFORE THAT	

DE15283					
VALUE		FREQ	CUM FREQ	%	CUM %
1	685	1	1	33.33	33.33
4	1	1	2	33.33	66.67
5	1	1	3	33.33	100.00

-----+  
 | FUTURE HEALTH EXPENSES |  
 -----+

DE15284	VALUE	FREQ	CUM FREQ	%	CUM %
1	1	65	188	30.18	30.18
2	2	188	354	26.65	56.82
3	3	166	445	14.61	71.43
4	4	60	505	9.63	81.06
5	5	35	540	5.62	86.68
6	6	32	572	5.14	91.81
7	7	12	584	1.93	93.74
8	8	7	591	1.12	94.86
9	9	5	596	0.80	95.67
10	10	9	605	1.45	97.11
11	11	18	623	2.89	100.00

DE15284

FILE PHIBAX

72. OF COURSE, NOBODY KNOWS WHAT WILL HAPPEN, BUT WE WOULD JUST LIKE YOUR BEST GUESS ON HOW MUCH THIS CHILD'S OWN PERSONAL HEALTH CARE WILL COST DURING THE NEXT 12 MONTHS. (DO NOT COUNT OTHER CHILDREN OR OTHER MEMBERS OF THE FAMILY.) INCLUDE DOCTORS, DENTISTS, CLINICS, MEDICAL TESTS OR X-RAYS, PRESCRIPTION DRUGS - THE TOTAL OF ALL EXPENSES FOR THIS CHILD'S PERSONAL HEALTH DURING THE NEXT 12 MONTHS. INCLUDE BOTH WHAT YOU ARE LIKELY TO PAY, AND ALSO WHAT WILL BE PAID BY INSURANCE, MEDICARE, MEDICAID, OR OTHERS.

1. \$100 OR LESS
2. \$101 - \$200
3. \$201 - \$300
4. \$301 - \$400
5. \$401 - \$500
6. \$501 - \$600
7. \$601 - \$700
8. \$701 - \$800
9. \$801 - \$900
10. \$901 - \$1000
11. MORE THAN \$1,000



-----+  
| TRANSPORTATION |  
+-----+

DE15475	FILE PHIBAX
73.	WHAT IS THIS CHILD'S USUAL METHOD OF TRANSPORTATION WHEN HE OR SHE GOES FOR MEDICAL CARE - TO DOCTORS, DENTISTS, CLINICS, AND SO ON?
	1. DRIVEN BY A FAMILY MEMBER
	2. DRIVEN BY SOMEONE OUTSIDE THE FAMILY
	3. WALK, BICYCLE
	4. TAXI
	5. BUS OR OTHER FORM OF PUBLIC TRANSPORTATION
	6. OTHER METHOD

-----+  
| SOURCE OF CARE |  
+-----+

DE1877	FILE PHIBAX
74.	ARE THERE ANY PARTICULAR DOCTORS OR CLINICS THIS CHILD USUALLY GOES TO WHEN HE OR SHE IS SICK, OR NEEDS MEDICAL ADVICE?
	1. YES (Go to Q. 74a)
	2. NO (Go to Q. 75)

DE15475	VALUE	FREQ	CUM FREQ	%	CUM %
1	59	573	573	91.10	91.10
2	10	583	583	1.59	92.69
3	13	596	596	2.07	94.75
4	9	605	605	1.43	96.18
5	24	629	629	3.82	100.00

DE1877	VALUE	FREQ	CUM FREQ	%	CUM %
1	73	566	566	92.03	92.03
2	49	615	615	7.97	100.00

DE19881 - DE19883	FILE PHIBAX
74a. WHAT ARE THE NAMES OF THE DOCTORS OR CLINICS?	
1ST DOCTOR/CLINIC PROVIDER ID	
(DE19881)	
2ND DOCTOR/CLINIC PROVIDER ID	
(DE19882)	
3RD DOCTOR/CLINIC PROVIDER ID	
(DE19883)	

NOTE: DE19881-DE19883 are identifiers which refer to the physician or clinic which the participant named. For further information concerning the provider, this number can be linked to the Providers Cited in HIE Data File.

DE19829	VALUE	FREQ	CUM FREQ	%	CUM %
	1	79	136	22.33	22.33
	2	473	609	77.67	100.00

DE19829	FILE PHIBAX
75. HAVE YOU CHANGED THE DOCTOR OR CLINIC THIS CHILD USUALLY GOES TO SINCE ENROLLING IN THE FHPP?	
1. YES (Go to Q. 75a)	
2. NO (Go to Q. 76)	

DE1983C - DE19840	FILE PHIBAX
75a. WHY DID YOU CHANGE THIS CHILD'S USUAL DOCTOR OR CLINIC? (Circle a number for each answer that applies.)	
(DE19830) 1. OLD DOCTOR REFUSED TO FILL OUT FHPP FORMS	
(DE19831) 2. OLD DOCTOR CHARGED EXTRA TO FILL OUT FHPP FORMS	
(DE19832) 3. OLD DOCTOR WOULD NOT ACCEPT FHPP INSURANCE	
(DE19833) 4. NEW DOCTOR'S OFFICE OR CLINIC IS CLOSER TO MY HOME	
(DE19834) 5. NEW DOCTOR IS A SPECIALIST AND OLD DOCTOR WAS NOT	
(DE19835) 6. NEW DOCTOR IS BETTER QUALIFIED THAN OLD DOCTOR	
(DE19836) 7. NEW DOCTOR IS MORE AVAILABLE ON NIGHTS AND WEEKENDS THAN OLD DOCTOR	
(DE19837) 8. FOUND NEW DOCTOR WHO WAS MORE CONCERNED ABOUT CHILD'S HEALTH THAN OLD DOCTOR	
(DE19838) 9. OLD DOCTOR RETIRED OR MOVED AWAY	
(DE19839) 10. I MOVED AND HAD TO FIND A NEW DOCTOR	
(DE19840) 11. OTHER	

DE19830	VALUE	FREQ	CUM FREQ	%	CUM %
1		686	2	100.00	100.00
DE19831	VALUE	FREQ	CUM FREQ	%	CUM %
2		687	1	100.00	100.00
DE19832	VALUE	FREQ	CUM FREQ	%	CUM %
3		687	1	100.00	100.00
DE19833	VALUE	FREQ	CUM FREQ	%	CUM %
4		661	27	100.00	100.00
DE19834	VALUE	FREQ	CUM FREQ	%	CUM %
5		683	5	100.00	100.00
DE19835	VALUE	FREQ	CUM FREQ	%	CUM %
6		678	10	100.00	100.00
DE19836	VALUE	FREQ	CUM FREQ	%	CUM %
7		678	10	100.00	100.00
				(cont.)	



DE19842	FILE PHIBAX	DE19842							
	77. DID THIS CHILD HAVE HIS OR HER TEETH PAINTED WITH FLUORIDE BY A DENTIST OR DENTAL ASSISTANT, WHEN HE OR SHE WAS 4 YEARS OF AGE? (IF THE CHILD IN NOW LESS THAN 4 YEARS OLD, CIRCLE "9".)	VALUE	FREQ	CUM FREQ	%	CUM %			
	1. YES	1	654	5	14.71	14.71			
	2. NO	2	11	16	32.35	47.06			
	9. CHILD IS LESS THAN 4	9	18	34	52.94	100.00			
DE12514	FILE PHIBAX	DE19216							
	I.D. OF HIE PARTICIPANT WHO FILLED OUT THIS FORM	VALUE	FREQ	CUM FREQ	%	CUM %			
	COMPLETED BY:	1	58	624	99.05	99.05			
	1. INFORMATION PROVIDED BY CORRECT RRESPONDENT (14+=SUBJECT; 0-4 AND 5-13=ADULT IN FAMILY UNIT)	2	3	627	0.48	99.52			
	2. FOR 14+ ONLY - INFORMATION PROVIDED BY SOMEONE ELSE IN FAMILY UNIT	3	1	628	0.16	99.68			
	3. INFORMATION PROVIDED BY SOMEONE OUT OF FAMILY UNIT	4	2	630	0.32	100.00			
	4. INFORMATION PROVIDED BY CHILD FOR HIMSELF (5-13 ONLY)								

NOTE: Codes 2 and 4 are invalid data for this file. Invalid data were not changed, and remain in the file.



## Appendix A

### PARTICIPATION INCENTIVE PAYMENTS

HIE-insured families were paid a participation incentive (PI) if their HIE plans could conceivably impose a greater financial burden than their existing health insurance policies.<sup>1</sup> Calculated yearly, the PI consisted of (1) an amount calculated to be the *maximum* difference between what the family would have to pay for health care under its HIE insurance plan and what it would have paid under its existing insurance plan, unless (2) the premium a family paid to maintain its existing insurance exceeded the maximum difference. In that case, the family was paid an amount equal to the premium payment.

The calculation of item 1 ignored the family's actual medical expenses. To illustrate, consider family X whose HIE plan specified 95 percent coinsurance up to a maximum out-of-pocket expenditure of \$450, above which care was free.<sup>2</sup> Family X's existing insurance specified a \$100 deductible, above which the family had to pay 20 percent coinsurance. Under its HIE policy, the family had to spend \$473.68 for medical services (with the 5 percent reimbursement) to reach the \$450 out-of-pocket maximum. For the same charge under its existing insurance, the family would have paid \$100 (the deductible) plus 20 percent of the amount between \$100 and \$473.68. The maximum difference was thus  $473.68 - 100 - 0.2 (473.68 - 100) = 298.94$ . Family X was entitled to \$298.94 per year for that portion of its participation incentive.

The total PI could not exceed the MDE specified in the family's HIE plan unless the family's share of its insurance premium exceeded the MDE. For example, if family X paid an insurance premium of \$300, its

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<sup>1</sup>Participation incentive payments were not offered to families receiving free care (plan A, described on p. 3) who had no premium to pay, families who had no health insurance before the experiment, and families whose other policies had equal or less generous terms, under all circumstances, than their HIE plan.

<sup>2</sup>In HIE terminology, maximum out-of-pocket expenditure is called "maximum dollar expenditure," or MDE.

total PI entitlement was \$450, not \$598.94 (300 + 298.94). If the family paid a premium of \$600, its PI was \$600 because the premium exceeded the MDE of \$450. On the other hand, a family who had a high MDE in its HIE plan and an existing insurance policy with 0 percent coinsurance, no deductible, and an employer-paid premium was entitled to the full MDE amount. The purpose of PI payments was to ensure that a family was no worse off financially by participating in the experiment--whether because of the cost of its insurance premium or the "worse" terms of its HIE insurance plan compared with its existing policy.<sup>3</sup>

As encouragement for families to complete their assigned enrollment terms, a portion of the family's annual PI was withheld until the last year of the term.<sup>4</sup> The family received its full annual PI that last year, and the amount previously withheld was paid as part of a completion bonus when the family completed the physical screening examination and medical health questionnaire at exit.<sup>5</sup>

To measure enrollees' responsiveness to PI payments, a subset of families received their full annual PI in the next-to-last, as well as the last, year of their term. That "super PI bonus" was offered to 44.4 percent of the families assigned to insurance plans requiring 95 percent coinsurance, the highest rate (plans K-N, described on pp. 3-4). Super PI

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<sup>3</sup>Calculation of PI is further described in Clasquin and Brown, op. cit. The formula on p. 20 of that report should read  $PI = \max[K \times PG, PR]$ .

<sup>4</sup>The percentage of PI withheld depended on the site and assigned enrollment term, as follows:

	<i>3-yr Term</i>	<i>5-yr Term</i>
Dayton	25	15
Seattle	25	15
Fitchburg	33.3	25
Franklin Co.	33.3	25
Charleston	33.3	20
Georgetown Co.	33.3	20

If the discounted PI was not enough to reimburse the cost of the family's insurance premium, however, the family received the full amount of its premium. The difference between the premium and the discounted PI was then subtracted from the withheld amount.

<sup>5</sup>The rest of the completion bonus was the largest annual PI to which the family had been entitled during its enrollment (minus the withheld amount) or \$120, whichever was greater.



recipients represented all sites and both terms of enrollment except Dayton enrollees assigned to three-year terms, who had already begun their next-to-last year when super PI was instituted. Within the 95 percent coinsurance plans, super PI recipients were chosen using the "finite selection model." That model was developed by RAND to assign enrollees to experimental insurance plans so that, across plans, families resembled each other in 24 health and socioeconomic characteristics.<sup>6</sup>

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<sup>6</sup>The finite selection model is described in Carl N. Morris, "A Finite Selection Model for Experimental Design of the Health Insurance Study," *Journal of Econometrics*, Vol. 11, 1979, pp. 43-61.

## **Appendix B**

### **HIE DATA FILES**

This appendix identifies the data files that the HIE has either issued or expects to issue, grouped in topical series. As a tape of each file is issued, a companion codebook is published as a RAND Note. One Note may contain the codebooks for several files. In addition to issuing files and codebooks, HIE staff will prepare a user's guide to provide assistance in understanding and using the HIE database for analysis.

The list below cites codebooks for the files that have been issued, and file names for those not yet issued. At this time it is impossible to predict exact issue dates for future files and codebooks. This preliminary list is to alert prospective users to the variety of subject matter covered by the HIE database and to the existence of related files that should be used together.

Before ordering a file or codebook, be sure to verify its availability with the RAND Publications Department, using the reference numbers cited below (e.g., MS3).

#### **ISSUED TO DATE**

##### **Master Sample Series**

MS1. *Vol. 1: Codebook for Eligibility-Family Changes File*, by S. M. Polich and C. d'Arc Taylor, The RAND Corporation, N-2264/1-HHS, May 1986.

MS2. *Vol. 2: Codebook for Full Sample Demographic File*, by S. M. Polich, N. F. Campbell, C. d'Arc Taylor, D. L. Wesley, J. W. Keesey, and E. S. Bloomfield, The RAND Corporation, N-2264/2-HHS, May 1986.

##### **Aggregated Claims Series**

AC1. *Vol. 1: Codebook for Fee-for-Service Annual Expenditures and Visit Counts*, by C. E. Peterson, M. Nelsen, and E. S. Bloomfield, The RAND Corporation, N-2360/1-HHS, May 1986.

## ISSUED TO DATE (cont.)

AC2-AC4. *Vol. 2: Codebooks for Fee-for-Service Visits--Outpatient, Inpatient, and Dental*, by C. E. Peterson, M. Nelsen, D. L. Wesley, and E. S. Bloomfield, The RAND Corporation, N-2360/2-HHS, June 1986.

- AC2. FFS outpatient visits
- AC3. FFS inpatient visits
- AC4. FFS dental visits

AC5-AC6. *Vol. 3: Codebooks for Fee-for-Service Treatment Episodes and Annual Episode Counts*, by C. E. Peterson, C. d'Arc Taylor, and E. S. Bloomfield, The RAND Corporation, N-2360/3-HHS, June 1986.

- AC5. FFS treatment episodes
- AC6. FFS annual episode counts

## Claims Line-Item Series

LI1-LI14. *Vol. 1: Codebooks for Fee-for-Service Claims*, by C. E. Peterson, M. Nelsen, D. L. Wesley, E. S. Bloomfield, and S. M. Polich, The RAND Corporation, N-2347/1-HHS, June 1986.

- LI1. FFS data: hospital inpatient services
- LI2. FFS data: inpatient physician procedures billed by institutions
- LI3. FFS data: drugs prescribed by physicians
- LI4. FFS data: supplies prescribed by physicians
- LI5. FFS data: services rendered by physicians
- LI6. FFS data: drugs sold by physicians
- LI7. FFS data: supplies sold by physicians
- LI8. FFS data: injections administered by physicians
- LI9. FFS data: outpatient services billed by institutions
- LI10. FFS data: services rendered by dentists
- LI11. FFS data: drugs prescribed by dentists
- LI12. FFS data: drugs purchased
- LI13. FFS data: supplies purchased from pharmacies
- LI14. FFS data: supplies purchased from nonpharmacy suppliers

LI15-LI25. *Vol. 2: Codebooks for Health Maintenance Organization Claims*, by C. E. Peterson, M. Nelsen, E. S. Bloomfield, D. L. Wesley, and A. M. Bell, The RAND Corporation, N-2347/2-HHS, August 1986.

- LI15. Seattle HMO data: hospital inpatient services
- LI16. Seattle HMO data: inpatient physician services
- LI17. Seattle HMO data: drugs prescribed by physicians
- LI18. Seattle HMO data: supplies prescribed by physicians
- LI19. Seattle HMO data: services rendered by physicians
- LI20. Seattle HMO data: drugs dispensed by physicians

#### ISSUED TO DATE (cont.)

- LI21. Seattle HMO data: supplies dispensed by physicians
- LI22. Seattle HMO data: injections administered by physicians
- LI23. Seattle HMO data: outpatient services provided by institutions
- LI24. Seattle HMO data: drugs dispensed
- LI25. Seattle HMO data: supplies dispensed

LI26-LI29. *Vol. 3: Codebooks for Seattle Fee-for-Service Claims for Comparison with Health Maintenance Organization Claims*, by C. E. Peterson, M. Nelsen, and D. L. Wesley, The RAND Corporation, N-2347/3-HHS, October 1986.

- LI26. Seattle FFS data for HMO comparison: hospital inpatient services
- LI27. Seattle FFS data for HMO comparison: inpatient physician procedures billed by institutions
- LI28. Seattle FFS data for HMO comparison: outpatient services rendered by physicians
- LI29. Seattle FFS data for HMO comparison: injections administered by physicians

#### HIE Reference Series

RF1. *Vol. 1: Codes Used in HIE Claims--Diagnoses, Symptoms, Procedures, Drugs, and Supplies*, by M. Nelsen and C. A. Edwards, The RAND Corporation, N-2349/1-HHS, May 1986.

#### Health Status and Attitude Series

HS1-HS2. *Vol. 1: Codebooks for Adults and Children at Enrollment and Exit*, by E. M. Sloss, L. L. Colbert, D. L. Wesley, A. M. Bell, and A. B. Holland, The RAND Corporation, N-2447/1-HHS, November 1986.

- HS1. Adults at enrollment and exit
- HS2. Children at enrollment and exit

#### Medical History Questionnaire Series

MH1A-MH3A. *Vol. 1: Codebooks for Adults at Enrollment and Exit, Form A*, by C. A. Edwards, A. B. Holland, L. Y. Weissler, and M. Nelsen, The RAND Corporation, N-2485/1-HHS, August 1986.

- MH1A. Dayton adults at enrollment, Form A
- MH2A. NonDayton adults at enrollment, Form A
- MH3A. Adults at exit, Form A

## ISSUED TO DATE (cont.)

MH1B-MH3B. *Vol. 2: Codebooks for Adults at Enrollment and Exit, Form B*, by C. A. Edwards, A. B. Holland, L. Y. Weissler, and M. Nelsen, The RAND Corporation, N-2485/2-HHS, October 1986.

- MH1B. Dayton adults at enrollment, Form B
- MH2B. NonDayton adults at enrollment, Form B
- MH3B. Adults at exit, Form B

MH4A-MH6B. *Vol. 3: Codebooks for Children at Enrollment and Exit*, by C. A. Edwards, A. M. Bell, D. L. Wesley, L. Y. Weissler, and M. Nelsen, The RAND Corporation, N-2485/3-HHS, November 1986.

- MH4A. Dayton children at enrollment, Form A
- MH4B. Dayton children at enrollment, Form B
- MH5A. NonDayton children at enrollment, Form A
- MH5B. NonDayton children at enrollment, Form B
- MH6A. Children at exit, Form A
- MH6B. Children at exit, Form B

MH7A-MH9B. *Vol. 4: Codebooks for Infants at Enrollment and Exit*, by C. A. Edwards, A. B. Holland, D. L. Wesley, A. M. Bell, L. Y. Weissler, and M. Nelsen, The RAND Corporation, N-2485/4-HHS, November 1986.

- MH7A. Dayton infants at enrollment, Form A
- MH7B. Dayton infants at enrollment, Form B
- MH8A. NonDayton infants at enrollment, Form A
- MH8B. NonDayton infants at enrollment, Form B
- MH9A. Infants at exit, Form A
- MH9B. Infants at exit, Form B

## Insurance Preference

IP1. *Codebooks for Insurance Preference Files: Relation between Expense Limit and Premium*, by E. S. Bloomfield, L. Y. Weissler, and A. B. Holland, The RAND Corporation, N-2508-HHS, October 1986.

## TO BE ISSUED

### Master Sample Series

- MS3. Supplemental data file

### Aggregated Claims Series

- AC7. HMO and Seattle FFS annual expenditures and visit counts
- AC8. HMO and Seattle FFS outpatient visits
- AC9. HMO and Seattle FFS inpatient visits

**TO BE ISSUED (cont.)**

**HIE Reference Series**

RF2. Providers cited in HIE data

RF3. User's guide to HIE data

**Medical Disorder Series**

MD1. Adult medical disorders at enrollment and exit

MD2. Infant and child medical disorders at enrollment and exit

**Dental Examinations**

DE1. Adults and children at enrollment and exit

Appendix C  
INFANT ENROLLMENT AND EXIT  
MEDICAL HISTORY QUESTIONNAIRES  
FORMS A AND B

SUMMARY OF QUESTIONNAIRE BATTERIES

QUESTIONNAIRE BATTERIES	Form A			Form B		
	Enrollment		Exit	Enrollment		Exit
	Dayton	NonDayton		Dayton	NonDayton	
Anemia				x	x	x
Cancer					x	x
Colds	x				x	x
Drug Allergy	x				x	x
Ear Infections	x				x	x
Eczema, Allergic Skin Rash					x	x
Development	x	x	x			
Fever Convulsions, Epilepsy, Convulsions					x	x
Fluorides, Diet		x	x			
Fluoride Treatment					x	x
Future Health Expenses	x			x	x	x
General Health	x	x	x			
Health Perceptions		x	x			
Height and Weight	x	x	x			
Immunizations	x	x	x			
Lead Poisoning					x	x
Medical Appliances	x				x	x

QUESTIONNAIRE BATTERIES	Form A			Form B		
	Enrollment			Enrollment		
	Dayton	NonDayton	Exit	Dayton	NonDayton	Exit
Missing Limbs					x	x
Other Illnesses					x	x
Source of Care						x
Symptoms List		x	x			
Tonsils, Adenoids				x	x	x
Transportation					x	x
Weight	x					



## Appendix D

### FILE DICTIONARIES

This appendix describes the character versions of the medical history questionnaire files for infants at enrollment and exit in technical terms. Each dictionary has three parts: basic identifying data, a list of variables by alphabetic order, and a listing by location.

Table D.1

#### DAYTON INFANT ENROLLMENT FORM A: BASIC IDENTIFYING DATA

---

Data file name .....	PHIA1E01.PUF.DATA
Creation Date .....	April 28, 1986
Variable format .....	Character
Total number of data elements .....	76
Header length (bytes) .....	30
Primary data length (bytes) .....	552
Record length (bytes) .....	582

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Table D.2

DAYTON INFANT ENROLLMENT FORM A: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	18	8	A	DEI3618	175	8	I
DEI2864	431	8	I	DEI3619	183	8	I
DEI2898	439	8	I	DEI3620	191	8	I
DEI2917	447	8	I	DEI3621	199	8	I
DEI2918	455	8	I	DEI3622	207	8	I
DEI2919	463	8	I	DEI3623	215	8	I
DEI2931	471	8	I	DEI3624	223	8	I
DEI2932	479	8	I	DEI3625	231	8	I
DEI2933	487	8	I	DEI3626	239	8	I
DEI3228	495	8	I	DEI3627	247	8	I
DEI3229	503	8	I	DEI3628	255	8	I
DEI3230	511	8	I	DEI3629	263	8	I
DEI3238	519	8	I	DEI3630	271	8	I
DEI3239	527	8	I	DEI3631	279	8	I
DEI3240	535	8	I	DEI3632	287	8	I
DEI3241	543	8	I	DEI3633	295	8	I
DEI3242	551	8	I	DEI3634	303	8	I
DEI3243	559	8	I	DEI3637	327	8	I
DEI3283	567	8	A	DEI3638	335	8	I
DEI3284	575	8	I	DEI3639	343	8	I
DEI3600	31	8	I	DEI3640	351	8	I
DEI3601	39	8	I	DEI3641	359	8	I
DEI3602	47	8	I	DEI3642	367	8	I
DEI3603	55	8	I	DEI3643	375	8	I
DEI3604	63	8	I	DEI3644	383	8	I
DEI3605	71	8	I	DEI3645	391	8	I
DEI3606	79	8	I	DEI3646	399	8	I
DEI3607	87	8	I	DEI3647	407	8	I
DEI3608	95	8	I	DEI3648	415	8	I
DEI3609	103	8	I	DEI3649	423	8	I
DEI3610	111	8	I	DEI6201	311	8	I
DEI3611	119	8	I	DEI6202	319	8	I
DEI3612	127	8	I	ENRTERM	17	1	A
DEI3613	135	8	I	FILENAME	1	6	A
DEI3614	143	8	I	FILLER	26	5	A
DEI3615	151	8	I	INSTAT	16	1	A
DEI3616	159	8	I	PERSON	7	8	A
DEI3617	167	8	I	SITE	15	1	A

See Note on last page of Appendix.

Table D.3

DAYTON INFANT ENROLLMENT FORM A: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI3631	279	8	I
PERSON	7	8	A	DEI3632	287	8	I
SITE	15	1	A	DEI3633	295	8	I
INSTAT	16	1	A	DEI3634	303	8	I
ENRTERM	17	1	A	DEI6201	311	8	I
DATE	18	8	A	DEI6202	319	8	I
FILLER	26	5	A	DEI3637	327	8	I
DEI3600	31	8	I	DEI3638	335	8	I
DEI3601	39	8	I	DEI3639	343	8	I
DEI3602	47	8	I	DEI3640	351	8	I
DEI3603	55	8	I	DEI3641	359	8	I
DEI3604	63	8	I	DEI3642	367	8	I
DEI3605	71	8	I	DEI3643	375	8	I
DEI3606	79	8	I	DEI3644	383	8	I
DEI3607	87	8	I	DEI3645	391	8	I
DEI3608	95	8	I	DEI3646	399	8	I
DEI3609	103	8	I	DEI3647	407	8	I
DEI3610	111	8	I	DEI3648	415	8	I
DEI3611	119	8	I	DEI3649	423	8	I
DEI3612	127	8	I	DEI2864	431	8	I
DEI3613	135	8	I	DEI2898	439	8	I
DEI3614	143	8	I	DEI2917	447	8	I
DEI3615	151	8	I	DEI2918	455	8	I
DEI3616	159	8	I	DEI2919	463	8	I
DEI3617	167	8	I	DEI2931	471	8	I
DEI3618	175	8	I	DEI2932	479	8	I
DEI3619	183	8	I	DEI2933	487	8	I
DEI3620	191	8	I	DEI3228	495	8	I
DEI3621	199	8	I	DEI3229	503	8	I
DEI3622	207	8	I	DEI3230	511	8	I
DEI3623	215	8	I	DEI3238	519	8	I
DEI3624	223	8	I	DEI3239	527	8	I
DEI3625	231	8	I	DEI3240	535	8	I
DEI3626	239	8	I	DEI3241	543	8	I
DEI3627	247	8	I	DEI3242	551	8	I
DEI3628	255	8	I	DEI3243	559	8	I
DEI3629	263	8	I	DEI3283	567	8	A
DEI3630	271	8	I	DEI3284	575	8	I

See Note on last page of Appendix.

Table D.4

NONDAYTON INFANT ENROLLMENT FORM A: BASIC IDENTIFYING DATA

---

Data file name .....	PHIANE01.PUF.DATA
Creation Date .....	September 19, 1986
Variable format .....	Character
Total number of data elements .....	98
Header length (bytes) .....	30
Primary data length (bytes) .....	712
Record length (bytes) .....	742

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Table D.5

NONDAYTON INFANT ENROLLMENT FORM A: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	19	8	A	DEI5379	295	8	I
DEI2514	727	8	A	DEI5380	303	8	I
DEI2932	215	8	I	DEI5381	311	8	I
DEI2933	223	8	I	DEI5382	319	8	I
DEI3228	231	8	I	DEI5383	327	8	I
DEI3230	199	8	I	DEI5384	335	8	I
DEI3600	31	8	I	DEI5385	343	8	I
DEI3601	39	8	I	DEI5386	351	8	I
DEI3602	47	8	I	DEI5387	359	8	I
DEI3603	87	8	I	DEI5388	367	8	I
DEI3604	95	8	I	DEI5390	375	8	I
DEI3605	103	8	I	DEI5391	383	8	I
DEI3606	111	8	I	DEI5392	399	8	I
DEI3607	119	8	I	DEI5393	407	8	I
DEI3608	127	8	I	DEI5394	415	8	I
DEI3609	135	8	I	DEI5395	423	8	I
DEI3611	439	8	I	DEI5396	431	8	I
DEI3612	447	8	I	DEI5397	503	8	I
DEI3613	455	8	I	DEI5398	511	8	I
DEI3614	463	8	I	DEI5399	519	8	I
DEI3615	471	8	I	DEI5400	527	8	I
DEI3616	479	8	I	DEI5401	535	8	I
DEI3617	487	8	I	DEI5402	543	8	I
DEI3618	495	8	I	DEI5403	551	8	I
DEI3620	55	8	I	DEI5404	559	8	I
DEI3621	63	8	I	DEI5405	567	8	I
DEI3622	71	8	I	DEI5406	575	8	I
DEI5285	703	8	I	DEI5407	583	8	I
DEI5286	719	8	I	DEI5408	591	8	I
DEI5363	79	8	I	DEI5409	599	8	I
DEI5364	143	8	I	DEI5410	607	8	I
DEI5365	151	8	I	DEI5411	615	8	I
DEI5366	159	8	I	DEI5412	623	8	I
DEI5367	167	8	I	DEI5413	631	8	I
DEI5368	175	8	I	DEI5414	639	8	I
DEI5369	183	8	I	DEI5415	647	8	I
DEI5370	191	8	I	DEI5416	655	8	I
DEI5371	207	8	I	DEI5417	663	8	I
DEI5372	239	8	I	DEI5418	671	8	I
DEI5373	247	8	I	DEI5419	679	8	I
DEI5374	255	8	I	DEI5420	687	8	I
DEI5375	263	8	I	DEI5421	695	8	I
DEI5376	271	8	I	DEI5477	711	8	I
DEI5377	279	8	I	DEI5877	391	8	I
DEI5378	287	8	I	DEI9216	735	8	I

See Note on last page of Appendix.

Table D.5 (cont.)

NONDAYTON INFANT ENROLLMENT FORM A: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
ENRTERM	17	1	A	INSTAT	16	1	A
FILENAME	1	6	A	PERSON	7	8	A
FILLER	29	2	A	SITE	15	1	A
FINLSTAT	27	2	A	SORCIND	18	1	A

See Note on last page of Appendix.

Table D.6

NONDAYTON INFANT ENROLLMENT FORM A: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI5382	319	8	I
PERSON	7	8	A	DEI5383	327	8	I
SITE	15	1	A	DEI5384	335	8	I
INSTAT	16	1	A	DEI5385	343	8	I
ENRTERM	17	1	A	DEI5386	351	8	I
SORCIND	18	1	A	DEI5387	359	8	I
DATE	19	8	A	DEI5388	367	8	I
FINLSTAT	27	2	A	DEI5390	375	8	I
FILLER	29	2	A	DEI5391	383	8	I
DEI3600	31	8	I	DEI5877	391	8	I
DEI3601	39	8	I	DEI5392	399	8	I
DEI3602	47	8	I	DEI5393	407	8	I
DEI3620	55	8	I	DEI5394	415	8	I
DEI3621	63	8	I	DEI5395	423	8	I
DEI3622	71	8	I	DEI5396	431	8	I
DEI5363	79	8	I	DEI3611	439	8	I
DEI3603	87	8	I	DEI3612	447	8	I
DEI3604	95	8	I	DEI3613	455	8	I
DEI3605	103	8	I	DEI3614	463	8	I
DEI3606	111	8	I	DEI3615	471	8	I
DEI3607	119	8	I	DEI3616	479	8	I
DEI3608	127	8	I	DEI3617	487	8	I
DEI3609	135	8	I	DEI3618	495	8	I
DEI5364	143	8	I	DEI5397	503	8	I
DEI5365	151	8	I	DEI5398	511	8	I
DEI5366	159	8	I	DEI5399	519	8	I
DEI5367	167	8	I	DEI5400	527	8	I
DEI5368	175	8	I	DEI5401	535	8	I
DEI5369	183	8	I	DEI5402	543	8	I
DEI5370	191	8	I	DEI5403	551	8	I
DEI3230	199	8	I	DEI5404	559	8	I
DEI5371	207	8	I	DEI5405	567	8	I
DEI2932	215	8	I	DEI5406	575	8	I
DEI2933	223	8	I	DEI5407	583	8	I
DEI3228	231	8	I	DEI5408	591	8	I
DEI5372	239	8	I	DEI5409	599	8	I
DEI5373	247	8	I	DEI5410	607	8	I
DEI5374	255	8	I	DEI5411	615	8	I
DEI5375	263	8	I	DEI5412	623	8	I
DEI5376	271	8	I	DEI5413	631	8	I
DEI5377	279	8	I	DEI5414	639	8	I
DEI5378	287	8	I	DEI5415	647	8	I
DEI5379	295	8	I	DEI5416	655	8	I
DEI5380	303	8	I	DEI5417	663	8	I
DEI5381	311	8	I	DEI5418	671	8	I

See Note on last page of Appendix.

Table D.6 (cont.)

NONDAYTON INFANT ENROLLMENT FORM A: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI5419	679	8	I	DEI5477	711	8	I
DEI5420	687	8	I	DEI5286	719	8	I
DEI5421	695	8	I	DEI2514	727	8	A
DEI5285	703	8	I	DEI9216	735	8	I

See Note on last page of Appendix.



Table D.7

INFANT EXIT FORM A: BASIC IDENTIFYING DATA

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Data file name .....	PHIAAX01.PUF.DATA
Creation Date .....	January 9, 1986
Variable format .....	Character
Total number of data elements .....	94
Header length (bytes) .....	30
Primary data length (bytes) .....	688
Record length (bytes) .....	718

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Table D.8

INFANT EXIT FORM A: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	18	8	A	DEI5381	311	8	I
DEI2514	703	8	A	DEI5382	319	8	I
DEI2932	215	8	I	DEI5383	327	8	I
DEI2933	223	8	I	DEI5384	335	8	I
DEI3228	231	8	I	DEI5385	343	8	I
DEI3230	199	8	I	DEI5386	351	8	I
DEI3600	31	8	I	DEI5387	359	8	I
DEI3601	39	8	I	DEI5388	367	8	I
DEI3602	47	8	I	DEI5390	375	8	I
DEI3603	87	8	I	DEI5391	383	8	I
DEI3604	95	8	I	DEI5392	399	8	I
DEI3605	103	8	I	DEI5393	407	8	I
DEI3606	111	8	I	DEI5394	415	8	I
DEI3607	119	8	I	DEI5395	423	8	I
DEI3608	127	8	I	DEI5396	431	8	I
DEI3609	135	8	I	DEI5397	503	8	I
DEI3611	439	8	I	DEI5398	511	8	I
DEI3612	447	8	I	DEI5399	519	8	I
DEI3613	455	8	I	DEI5400	527	8	I
DEI3614	463	8	I	DEI5401	535	8	I
DEI3615	471	8	I	DEI5402	543	8	I
DEI3616	479	8	I	DEI5403	551	8	I
DEI3617	487	8	I	DEI5404	559	8	I
DEI3618	495	8	I	DEI5405	567	8	I
DEI3620	55	8	I	DEI5406	575	8	I
DEI3621	63	8	I	DEI5407	583	8	I
DEI3622	71	8	I	DEI5408	591	8	I
DEI5363	79	8	I	DEI5409	599	8	I
DEI5364	143	8	I	DEI5410	607	8	I
DEI5365	151	8	I	DEI5411	615	8	I
DEI5366	159	8	I	DEI5412	623	8	I
DEI5367	167	8	I	DEI5413	631	8	I
DEI5368	175	8	I	DEI5414	639	8	I
DEI5369	183	8	I	DEI5415	647	8	I
DEI5370	191	8	I	DEI5416	655	8	I
DEI5371	207	8	I	DEI5417	663	8	I
DEI5372	239	8	I	DEI5418	671	8	I
DEI5373	247	8	I	DEI5419	679	8	I
DEI5374	255	8	I	DEI5420	687	8	I
DEI5375	263	8	I	DEI5421	695	8	I
DEI5376	271	8	I	DEI5877	391	8	I
DEI5377	279	8	I	DEI9216	711	8	I
DEI5378	287	8	I	ENRTERM	17	1	A
DEI5379	295	8	I	FILENAME	1	6	A
DEI5380	303	8	I	FILLER	28	3	A

See Note on last page of Appendix.

Table D.8 (cont.)

INFANT EXIT FORM A: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
FINLSTAT	26	2	A	PERSON	7	8	A
INSTAT	16	1	A	SITE	15	1	A

See Note on last page of Appendix.

Table D.9

INFANT EXIT FORM A: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI5383	327	8	I
PERSON	7	8	A	DEI5384	335	8	I
SITE	15	1	A	DEI5385	343	8	I
INSTAT	16	1	A	DEI5386	351	8	I
ENRTERM	17	1	A	DEI5387	359	8	I
DATE	18	8	A	DEI5388	367	8	I
FINLSTAT	26	2	A	DEI5390	375	8	I
FILLER	28	3	A	DEI5391	383	8	I
DEI3600	31	8	I	DEI5877	391	8	I
DEI3601	39	8	I	DEI5392	399	8	I
DEI3602	47	8	I	DEI5393	407	8	I
DEI3620	55	8	I	DEI5394	415	8	I
DEI3621	63	8	I	DEI5395	423	8	I
DEI3622	71	8	I	DEI5396	431	8	I
DEI5363	79	8	I	DEI3611	439	8	I
DEI3603	87	8	I	DEI3612	447	8	I
DEI3604	95	8	I	DEI3613	455	8	I
DEI3605	103	8	I	DEI3614	463	8	I
DEI3606	111	8	I	DEI3615	471	8	I
DEI3607	119	8	I	DEI3616	479	8	I
DEI3608	127	8	I	DEI3617	487	8	I
DEI3609	135	8	I	DEI3618	495	8	I
DEI5364	143	8	I	DEI5397	503	8	I
DEI5365	151	8	I	DEI5398	511	8	I
DEI5366	159	8	I	DEI5399	519	8	I
DEI5367	167	8	I	DEI5400	527	8	I
DEI5368	175	8	I	DEI5401	535	8	I
DEI5369	183	8	I	DEI5402	543	8	I
DEI5370	191	8	I	DEI5403	551	8	I
DEI3230	199	8	I	DEI5404	559	8	I
DEI5371	207	8	I	DEI5405	567	8	I
DEI2932	215	8	I	DEI5406	575	8	I
DEI2933	223	8	I	DEI5407	583	8	I
DEI3228	231	8	I	DEI5408	591	8	I
DEI5372	239	8	I	DEI5409	599	8	I
DEI5373	247	8	I	DEI5410	607	8	I
DEI5374	255	8	I	DEI5411	615	8	I
DEI5375	263	8	I	DEI5412	623	8	I
DEI5376	271	8	I	DEI5413	631	8	I
DEI5377	279	8	I	DEI5414	639	8	I
DEI5378	287	8	I	DEI5415	647	8	I
DEI5379	295	8	I	DEI5416	655	8	I
DEI5380	303	8	I	DEI5417	663	8	I
DEI5381	311	8	I	DEI5418	671	8	I
DEI5382	319	8	I	DEI5419	679	8	I

See Note on last page of Appendix.

Table D.9 (cont.)

INFANT EXIT FORM A: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI5420	687	8	I	DEI2514	703	8	A
DEI5421	695	8	I	DEI9216	711	8	I

See Note on last page of Appendix.

Table D.10

DAYTON INFANT ENROLLMENT ENROLLMENT FORM B: BASIC IDENTIFYING DATA

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Data file name	PHIB1E01.PUF.DATA
Creation Date	March 10, 1986
Variable format	Character
Total number of data elements	28
Header length (bytes)	30
Primary data length (bytes)	168
Record length (bytes)	198

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Table D.11

DAYTON INFANT ENROLLMENT FORM B:  
LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type
DATE	18	8	A
DEI4056	31	8	I
DEI4057	39	8	I
DEI4058	47	8	I
DEI4059	55	8	I
DEI4060	63	8	I
DEI4061	71	8	I
DEI4062	79	8	I
DEI4063	87	8	I
DEI4064	95	8	I
DEI4065	103	8	I
DEI4066	111	8	I
DEI4067	119	8	I
DEI4068	127	8	I
DEI4069	135	8	I
DEI4070	143	8	I
DEI4071	191	8	I
DEI4302	151	8	I
DEI4303	159	8	I
DEI4304	167	8	I
DEI4305	175	8	I
DEI5061	183	8	I
ENRTERM	17	1	A
FILENAME	1	6	A
FILLER	26	5	A
INSTAT	16	1	A
PERSON	7	8	A
SITE	15	1	A

Table D.12

DAYTON INFANT ENROLLMENT FORM B:  
LISTING BY LOCATION

Name	Location	Length	Type
FILENAME	1	6	A
PERSON	7	8	A
SITE	15	1	A
INSTAT	16	1	A
ENRTERM	17	1	A
DATE	18	8	A
FILLER	26	5	A
DEI4056	31	8	I
DEI4057	39	8	I
DEI4058	47	8	I
DEI4059	55	8	I
DEI4060	63	8	I
DEI4061	71	8	I
DEI4062	79	8	I
DEI4063	87	8	I
DEI4064	95	8	I
DEI4065	103	8	I
DEI4066	111	8	I
DEI4067	119	8	I
DEI4068	127	8	I
DEI4069	135	8	I
DEI4070	143	8	I
DEI4302	151	8	I
DEI4303	159	8	I
DEI4304	167	8	I
DEI4305	175	8	I
DEI5061	183	8	I
DEI4071	191	8	I

See Note on last page of Appendix.

Table D.13

NONDAYTON INFANT ENROLLMENT FORM B: BASIC IDENTIFYING DATA

---

Data file name .....	PHIBNE01.PUF.DATA
Creation Date .....	April 8, 1986
Variable format .....	Character
Total number of data elements .....	122
Header length (bytes) .....	30
Primary data length (bytes) .....	904
Record length (bytes) .....	934

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Table D.14

NONDAYTON INFANT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	19	8	A	DEI5229	191	8	I
DEI2514	919	8	A	DEI5230	199	8	I
DEI3322	607	8	I	DEI5231	207	8	I
DEI3323	615	8	I	DEI5232	215	8	I
DEI3325	639	8	I	DEI5233	223	8	I
DEI3326	647	8	I	DEI5234	231	8	I
DEI3327	655	8	I	DEI5235	239	8	I
DEI3334	663	8	I	DEI5236	247	8	I
DEI3363	799	8	I	DEI5237	255	8	I
DEI3366	815	8	I	DEI5238	263	8	I
DEI3382	831	8	I	DEI5239	271	8	I
DEI3385	847	8	I	DEI5240	279	8	I
DEI3623	95	8	I	DEI5241	287	8	I
DEI3624	143	8	I	DEI5242	295	8	I
DEI3625	103	8	I	DEI5243	303	8	I
DEI3626	111	8	I	DEI5244	383	8	I
DEI3627	151	8	I	DEI5245	439	8	I
DEI3628	39	8	I	DEI5246	479	8	I
DEI3629	63	8	I	DEI5247	487	8	I
DEI3630	47	8	I	DEI5248	495	8	I
DEI3631	55	8	I	DEI5249	503	8	I
DEI3632	79	8	I	DEI5250	511	8	I
DEI4056	311	8	I	DEI5251	519	8	I
DEI4057	319	8	I	DEI5252	527	8	I
DEI4058	327	8	I	DEI5253	535	8	I
DEI4059	335	8	I	DEI5254	543	8	I
DEI4060	343	8	I	DEI5255	551	8	I
DEI4061	351	8	I	DEI5256	559	8	I
DEI4062	359	8	I	DEI5257	567	8	I
DEI4063	367	8	I	DEI5258	575	8	I
DEI4064	375	8	I	DEI5259	583	8	I
DEI4067	391	8	I	DEI5260	591	8	I
DEI4068	399	8	I	DEI5261	599	8	I
DEI4069	407	8	I	DEI5262	623	8	I
DEI4102	471	8	I	DEI5263	631	8	I
DEI5219	31	8	I	DEI5264	671	8	I
DEI5220	71	8	I	DEI5265	679	8	I
DEI5221	87	8	I	DEI5266	687	8	I
DEI5222	119	8	I	DEI5267	695	8	I
DEI5223	127	8	I	DEI5268	703	8	I
DEI5224	135	8	I	DEI5269	711	8	I
DEI5225	159	8	I	DEI5270	719	8	I
DEI5226	167	8	I	DEI5271	727	8	I
DEI5227	175	8	I	DEI5272	735	8	I
DEI5228	183	8	I	DEI5273	743	8	I

See Note on last page of Appendix.

Table D.14 (cont.)

NONDAYTON INFANT ENROLLMENT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI5274	751	8	I	DEI7540	423	8	I
DEI5275	759	8	I	DEI7541	431	8	I
DEI5276	767	8	I	DEI7543	447	8	I
DEI5277	775	8	I	DEI7544	455	8	I
DEI5278	783	8	I	DEI7545	463	8	I
DEI5279	791	8	I	DEI9216	927	8	I
DEI5280	807	8	I	DEI9841	879	8	I
DEI5281	823	8	I	DEI9842	887	8	I
DEI5282	839	8	I	ENRTERM	17	1	A
DEI5283	855	8	I	FILENAME	1	6	A
DEI5284	863	8	I	FILLER	29	2	A
DEI5285	895	8	I	FINLSTAT	27	2	A
DEI5286	911	8	I	INSTAT	16	1	A
DEI5475	871	8	I	PERSON	7	8	A
DEI5477	903	8	I	SITE	15	1	A
DEI7539	415	8	I	SORCIND	18	1	A

See Note on last page of Appendix.

Table D.15

NONDAYTON INFANT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI4057	319	8	I
PERSON	7	8	A	DEI4058	327	8	I
SITE	15	1	A	DEI4059	335	8	I
INSTAT	16	1	A	DEI4060	343	8	I
ENRTERM	17	1	A	DEI4061	351	8	I
SORCIND	18	1	A	DEI4062	359	8	I
DATE	19	8	A	DEI4063	367	8	I
FINLSTAT	27	2	A	DEI4064	375	8	I
FILLER	29	2	A	DEI5244	383	8	I
DEI5219	31	8	I	DEI4067	391	8	I
DEI3628	39	8	I	DEI4068	399	8	I
DEI3630	47	8	I	DEI4069	407	8	I
DEI3631	55	8	I	DEI7539	415	8	I
DEI3629	63	8	I	DEI7540	423	8	I
DEI5220	71	8	I	DEI7541	431	8	I
DEI3632	79	8	I	DEI5245	439	8	I
DEI5221	87	8	I	DEI7543	447	8	I
DEI3623	95	8	I	DEI7544	455	8	I
DEI3625	103	8	I	DEI7545	463	8	I
DEI3626	111	8	I	DEI4102	471	8	I
DEI5222	119	8	I	DEI5246	479	8	I
DEI5223	127	8	I	DEI5247	487	8	I
DEI5224	135	8	I	DEI5248	495	8	I
DEI3624	143	8	I	DEI5249	503	8	I
DEI3627	151	8	I	DEI5250	511	8	I
DEI5225	159	8	I	DEI5251	519	8	I
DEI5226	167	8	I	DEI5252	527	8	I
DEI5227	175	8	I	DEI5253	535	8	I
DEI5228	183	8	I	DEI5254	543	8	I
DEI5229	191	8	I	DEI5255	551	8	I
DEI5230	199	8	I	DEI5256	559	8	I
DEI5231	207	8	I	DEI5257	567	8	I
DEI5232	215	8	I	DEI5258	575	8	I
DEI5233	223	8	I	DEI5259	583	8	I
DEI5234	231	8	I	DEI5260	591	8	I
DEI5235	239	8	I	DEI5261	599	8	I
DEI5236	247	8	I	DEI3322	607	8	I
DEI5237	255	8	I	DEI3323	615	8	I
DEI5238	263	8	I	DEI5262	623	8	I
DEI5239	271	8	I	DEI5263	631	8	I
DEI5240	279	8	I	DEI3325	639	8	I
DEI5241	287	8	I	DEI3326	647	8	I
DEI5242	295	8	I	DEI3327	655	8	I
DEI5243	303	8	I	DEI3334	663	8	I
DEI4056	311	8	I	DEI5264	671	8	I

See Note on last page of Appendix.

Table D.15 (cont.)

NONDAYTON INFANT ENROLLMENT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI5265	679	8	I	DEI5280	807	8	I
DEI5266	687	8	I	DEI3366	815	8	I
DEI5267	695	8	I	DEI5281	823	8	I
DEI5268	703	8	I	DEI3382	831	8	I
DEI5269	711	8	I	DEI5282	839	8	I
DEI5270	719	8	I	DEI3385	847	8	I
DEI5271	727	8	I	DEI5283	855	8	I
DEI5272	735	8	I	DEI5284	863	8	I
DEI5273	743	8	I	DEI5475	871	8	I
DEI5274	751	8	I	DEI9841	879	8	I
DEI5275	759	8	I	DEI9842	887	8	I
DEI5276	767	8	I	DEI5285	895	8	I
DEI5277	775	8	I	DEI5477	903	8	I
DEI5278	783	8	I	DEI5286	911	8	I
DEI5279	791	8	I	DEI2514	919	8	A
DEI3363	799	8	I	DEI9216	927	8	I

See Note on last page of Appendix.

Table D.16

INFANT EXIT FORM B: BASIC IDENTIFYING DATA

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Data file name	PHIBAX01.PUF.DATA
Creation Date	February 23, 1986
Variable format	Character
Total number of data elements	134
Header length (bytes)	30
Primary data length (bytes)	1008
Record length (bytes)	1038

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Table D.17

INFANT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DATE	18	8	A	DEI5229	191	8	I
DEI2514	1023	8	A	DEI5230	199	8	I
DEI3322	607	8	I	DEI5231	207	8	I
DEI3323	615	8	I	DEI5232	215	8	I
DEI3325	639	8	I	DEI5233	223	8	I
DEI3326	647	8	I	DEI5234	231	8	I
DEI3327	655	8	I	DEI5235	239	8	I
DEI3334	663	8	I	DEI5236	247	8	I
DEI3363	799	8	I	DEI5237	255	8	I
DEI3366	815	8	I	DEI5238	263	8	I
DEI3382	831	8	I	DEI5239	271	8	I
DEI3385	847	8	I	DEI5240	279	8	I
DEI3623	95	8	I	DEI5241	287	8	I
DEI3624	143	8	I	DEI5242	295	8	I
DEI3625	103	8	I	DEI5243	303	8	I
DEI3626	111	8	I	DEI5244	383	8	I
DEI3627	151	8	I	DEI5245	439	8	I
DEI3628	39	8	I	DEI5246	479	8	I
DEI3629	63	8	I	DEI5247	487	8	I
DEI3630	47	8	I	DEI5248	495	8	I
DEI3631	55	8	I	DEI5249	503	8	I
DEI3632	79	8	I	DEI5250	511	8	I
DEI4056	311	8	I	DEI5251	519	8	I
DEI4057	319	8	I	DEI5252	527	8	I
DEI4058	327	8	I	DEI5253	535	8	I
DEI4059	335	8	I	DEI5254	543	8	I
DEI4060	343	8	I	DEI5255	551	8	I
DEI4061	351	8	I	DEI5256	559	8	I
DEI4062	359	8	I	DEI5257	567	8	I
DEI4063	367	8	I	DEI5258	575	8	I
DEI4064	375	8	I	DEI5259	583	8	I
DEI4067	391	8	I	DEI5260	591	8	I
DEI4068	399	8	I	DEI5261	599	8	I
DEI4069	407	8	I	DEI5262	623	8	I
DEI4102	471	8	I	DEI5263	631	8	I
DEI5219	31	8	I	DEI5264	671	8	I
DEI5220	71	8	I	DEI5265	679	8	I
DEI5221	87	8	I	DEI5266	687	8	I
DEI5222	119	8	I	DEI5267	695	8	I
DEI5223	127	8	I	DEI5268	703	8	I
DEI5224	135	8	I	DEI5269	711	8	I
DEI5225	159	8	I	DEI5270	719	8	I
DEI5226	167	8	I	DEI5271	727	8	I
DEI5227	175	8	I	DEI5272	735	8	I
DEI5228	183	8	I	DEI5273	743	8	I

See Note on last page of Appendix.

Table D.17 (cont.)

INFANT EXIT FORM B: LISTING BY ALPHABETIC ORDER

Name	Location	Length	Type	Name	Location	Length	Type
DEI5274	751	8	I	DEI9831	927	8	I
DEI5275	759	8	I	DEI9832	935	8	I
DEI5276	767	8	I	DEI9833	943	8	I
DEI5277	775	8	I	DEI9834	951	8	I
DEI5278	783	8	I	DEI9835	959	8	I
DEI5279	791	8	I	DEI9836	967	8	I
DEI5280	807	8	I	DEI9837	975	8	I
DEI5281	823	8	I	DEI9838	983	8	I
DEI5282	839	8	I	DEI9839	991	8	I
DEI5283	855	8	I	DEI9840	999	8	I
DEI5284	863	8	I	DEI9841	1007	8	I
DEI5475	871	8	I	DEI9842	1015	8	I
DEI7539	415	8	I	DEI9881	887	8	A
DEI7540	423	8	I	DEI9882	895	8	A
DEI7541	431	8	I	DEI9883	903	8	A
DEI7543	447	8	I	ENRTERM	17	1	A
DEI7544	455	8	I	FILENAME	1	6	A
DEI7545	463	8	I	FILLER	28	3	A
DEI877	879	8	I	FINLSTAT	26	2	A
DEI9216	1031	8	I	INSTAT	16	1	A
DEI9829	911	8	I	PERSON	7	8	A
DEI9830	919	8	I	SITE	15	1	A

See Note on last page of Appendix.

Table D.18

INFANT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
FILENAME	1	6	A	DEI4058	327	8	I
PERSON	7	8	A	DEI4059	335	8	I
SITE	15	1	A	DEI4060	343	8	I
INSTAT	16	1	A	DEI4061	351	8	I
ENRTERM	17	1	A	DEI4062	359	8	I
DATE	18	8	A	DEI4063	367	8	I
FINLSTAT	26	2	A	DEI4064	375	8	I
FILLER	28	3	A	DEI5244	383	8	I
DEI5219	31	8	I	DEI4067	391	8	I
DEI3628	39	8	I	DEI4068	399	8	I
DEI3630	47	8	I	DEI4069	407	8	I
DEI3631	55	8	I	DEI7539	415	8	I
DEI3629	63	8	I	DEI7540	423	8	I
DEI5220	71	8	I	DEI7541	431	8	I
DEI3632	79	8	I	DEI5245	439	8	I
DEI5221	87	8	I	DEI7543	447	8	I
DEI3623	95	8	I	DEI7544	455	8	I
DEI3625	103	8	I	DEI7545	463	8	I
DEI3626	111	8	I	DEI4102	471	8	I
DEI5222	119	8	I	DEI5246	479	8	I
DEI5223	127	8	I	DEI5247	487	8	I
DEI5224	135	8	I	DEI5248	495	8	I
DEI3624	143	8	I	DEI5249	503	8	I
DEI3627	151	8	I	DEI5250	511	8	I
DEI5225	159	8	I	DEI5251	519	8	I
DEI5226	167	8	I	DEI5252	527	8	I
DEI5227	175	8	I	DEI5253	535	8	I
DEI5228	183	8	I	DEI5254	543	8	I
DEI5229	191	8	I	DEI5255	551	8	I
DEI5230	199	8	I	DEI5256	559	8	I
DEI5231	207	8	I	DEI5257	567	8	I
DEI5232	215	8	I	DEI5258	575	8	I
DEI5233	223	8	I	DEI5259	583	8	I
DEI5234	231	8	I	DEI5260	591	8	I
DEI5235	239	8	I	DEI5261	599	8	I
DEI5236	247	8	I	DEI3322	607	8	I
DEI5237	255	8	I	DEI3323	615	8	I
DEI5238	263	8	I	DEI5262	623	8	I
DEI5239	271	8	I	DEI5263	631	8	I
DEI5240	279	8	I	DEI3325	639	8	I
DEI5241	287	8	I	DEI3326	647	8	I
DEI5242	295	8	I	DEI3327	655	8	I
DEI5243	303	8	I	DEI3334	663	8	I
DEI4056	311	8	I	DEI5264	671	8	I
DEI4057	319	8	I	DEI5265	679	8	I

See Note on last page of Appendix.



Table D.18 (cont.)

INFANT EXIT FORM B: LISTING BY LOCATION

Name	Location	Length	Type	Name	Location	Length	Type
DEI5266	687	8	I	DEI5284	863	8	I
DEI5267	695	8	I	DEI5475	871	8	I
DEI5268	703	8	I	DEI877	879	8	I
DEI5269	711	8	I	DEI9881	887	8	A
DEI5270	719	8	I	DEI9882	895	8	A
DEI5271	727	8	I	DEI9883	903	8	A
DEI5272	735	8	I	DEI9829	911	8	I
DEI5273	743	8	I	DEI9830	919	8	I
DEI5274	751	8	I	DEI9831	927	8	I
DEI5275	759	8	I	DEI9832	935	8	I
DEI5276	767	8	I	DEI9833	943	8	I
DEI5277	775	8	I	DEI9834	951	8	I
DEI5278	783	8	I	DEI9835	959	8	I
DEI5279	791	8	I	DEI9836	967	8	I
DEI3363	799	8	I	DEI9837	975	8	I
DEI5280	807	8	I	DEI9838	983	8	I
DEI3366	815	8	I	DEI9839	991	8	I
DEI5281	823	8	I	DEI9840	999	8	I
DEI3382	831	8	I	DEI9841	1007	8	I
DEI5282	839	8	I	DEI9842	1015	8	I
DEI3385	847	8	I	DEI2514	1023	8	A
DEI5283	855	8	I	DEI9216	1031	8	I

NOTE: "Type" refers to whether the variable values are alphanumeric (A) or integer (I). Missing values are represented differently for each type: A = bbbbbbbb, I = bbbbbbb. ("b" meaning blank). To obtain the appropriate positive and missing values, read all values as alphanumeric, then convert "I" data to integers.

**Appendix E**  
**INFANT MEDICAL HISTORY QUESTIONNAIRE CITY CODES**

Table E.1

INFANT EXIT CITY CODES  
(FILE PHIBAX)

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0001	DAYTON	0049	MIDDLETON
0007	FAIRBORN	0050	HIDALGO (WAYNE COUNTY)
0008	JACKSON COUNTY	0051	EATON
0009	PONTIAC	0052	WEST PORTSMOUTH
0010	ITHACA	0053	CLAY
0011	PANAMA CITY	0054	TUCSON (OHIO)
0012	BAINBRIDGE	0055	FAIRMOUNT
0013	ESTILL COUNTY	0056	MORIANE
0014	DIONE	0057	MILLEDGEVILLE
0015	BARBOURVILLE	0058	JEFFERSONVILLE
0016	BELMONT COUNTY	0059	MT. PELIER
0017	MADISON	0060	BREAHITT
0018	DENVER	0061	MT. STERLING
0019	CLEVELAND	0062	SYRACUSE
0020	KANSAS CITY	0063	DETROIT
0021	KETTERING	0064	MEMPHIS
0022	MARIAN CO.	0065	VICSBURG
0023	MONTGOMERY COUNTY	0066	LEASBURG
0024	HAMILTON	0067	BESSEMER
0025	CARYVILLE	0068	BURGETTSTOWN
0026	GRAND RAPIDS	0069	JONERVILLE
0027	WHITE BEAR LAKE	0070	WESTVILLE
0028	HUGO	0071	ST. CHARLES (VA)
0029	GERMANTOWN	0072	MUSKEGON
0030	MIAMISBURG	0073	TRAVERSE CITY
0031	FLORIDA (N.Y.)	0074	PREBLE COUNTY
0032	LOVELLA	0075	CHEVIOT
0033	HARVEYSBURG	0076	BELLEFONTAINE
0034	BLOUNT COUNTY	0077	HONAKER
0035	HUBER HEIGHTS	0078	SPRINGFIELD
0036	BELL BROOK	0079	MONTI COUNTY
0037	CHRISTOPHER	0080	HERTFORD
0038	PECKVILLE	0081	ATLANTA (GA)
0039	BIRMINGHAM	0082	PITTSFIELD
0040	NEW CARLISLE	0083	PIQUA
0041	LEWISVILLE	0084	TOPSFIELD
0042	CINCINNATI	0085	VANDALIA
0043	JAMAICA (CITY)	0086	MT. VERNON (OHIO)
0044	OLIVE HILL	0087	COOKVILLE
0045	ATLANTA (TEXAS)	0088	PITTSBURG
0046	PORT HOOD	0089	CARNAGY
0048	CLARK COUNTY	0090	ARCAHUN

Table E.1 (cont.)

INFANT EXIT CITY CODES  
(FILE PHIBAX)

---

0091	CARLISLE	0134	COMPTON
0092	AUGLAISE COUNTY	0135	CHAGRIN FALLS
0093	MAD RIVER DAYTON	0136	BUCKHORN
0094	EVANSVILLE	0137	WEST LIBERTY
0095	SIDNEY	0138	HARLEN COUNTY
0096	ROSS COUNTY	0139	SCIOTO COUNTY
0097	CROSSVILLE	0140	HOLDEN
0098	ROYAL OAK	0141	MONAVILLE
0099	OSGOOD	0142	MITCHELL HEIGHTS
0100	DELAWARE	0143	GEORGIANA
0101	GREENE COUNTY	0144	CHIPAWEED
0102	SHARPSBURG	0145	LESLIE COUNT
0103	HOULTON	0146	WHELLERSBURG
0104	LENAWEEN	0147	INDIANAPOLIS
0105	FOX CHASE MANOR	0148	HUNTINGTON
0106	PHILADELPHIA	0149	HANCOCK COUNTY
0107	TORONTO	0150	SPRING VALLEY
0108	OVERLAND PARK	0151	WISE COUNTY
0110	MEDWAY	0152	JIGGS
0111	MIAMI VALLEY	0153	ELKO
0112	MONTGOMERY (ALABAMA)	0154	BOSTON
0113	LOS ANGELES	0155	SOMERSOT
0114	COLDWATER	0156	ALEXANDER CITY
0115	GREENVILLE	0157	FAYETTE
0116	COVINGTON	0158	TALLASSEE
0117	ENON	0159	ADAMS COUNTY
0118	ANGWIN NAPA COUNTY	0160	WARREN COUNTY
0119	TROTWOOD	0161	BLACKKEY
0120	LINCOLN	0162	HIGHLALD
0121	JEFFERSON TOWNSHIP	0163	PAINTSVILLE
0122	LEXINGTON	0164	LENOIR CITY
0123	WILKENSBURG	0165	LONDON COUNTY
0124	ALLEGHENY	0166	SANDCAP
0125	MANSFIELD	0167	FONTANA
0126	MIDDLESBORO	0168	HILLSBORO
0127	WARSAW	0169	TROY
0128	YELLOWSPRINGS	0170	LENISBERG
0129	JERRYVILLE	0171	BATTLESORE
0130	KENIA	0172	PORTAGE
0131	BERIA	0173	CENTERVILLE
0132	OXFORD	0174	OAKWOOD
0133	FAIRFIELD	0175	WASHINGTON, D.C.

Table E.1 (cont.)  
INFANT EXIT CITY CODES  
(FILE PHIBAX)

---

0176	TOLEDO	0207	CAMDEN
0177	LAWRENCE COUNTY	0211	MT. CARMEL
0178	LIBERTY	0212	FRANKLIN
0179	LEWISBURG	0214	WARWICK
0180	WAYNESVILLE	0215	WEST CARROLLTON
0181	NEW YORK	0219	RICHMOND
0182	AUSTIN	0220	MORAINES CITY
0183	CABUE COUNTY	0221	COORANBORG
0184	TOWNSEND	0222	MANCHESTER
0185	HEMPSTEAD	0223	JAGAUROY
0186	ROCKCASTLE COUNTY	0224	WEST BERLIN
0187	TUSCOMBIA	0225	CLARK AFB
0188	COBIN	0226	INDORE
0189	DELANO	0227	POONA
0190	WHITLEY COUNTY	0228	MONTREAL
0191	NASHVILLE	0230	GASTONIA
0192	JELICO	0235	HORSEHEADS
0196	MOBILE	0236	ELMIRA
0197	COLUMBUS	0237	MAHANOEY CITY
0198	LAFOLLETTE	0238	ALTOONA
0199	IRONTON	0239	EAGLE ROCK
0201	NEW CASTLE	0240	GREENSBORO
0202	EL PASO	0241	MIDDLETOWN

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City codes are based on city names entered on the MHQs by the respondents. City names are given exactly as entered on the MHQs; spelling inaccuracies by respondents were not corrected. City names with variant spellings may have separate city codes.

Table E.2

NONDAYTON INFANT ENROLLMENT CITY CODES  
(FILE PHIBNE)

---

0001	GEORGETOWN	0049	NEWPORT NEWS
0002	ANDREWS	0050	RALEIGH
0003	OCEDA	0051	WOOD - RIDGE
0006	CHARLESTON	0052	PARK RIDGE
0007	CHARLESTON HEIGHTS	0053	SUMMERVILLE
0008	ATLANTIC CITY	0054	ST. GEORGE
0009	GOOSE CREEK	0055	CAMP LEJEUNE
0010	NO. CHARLESTON	0056	SPRINGDALE
0011	BROOKLYN	0057	CHICAGO
0012	HEMINGWAY	0058	DES MOINES
0013	CHERAU	0059	WARE SHOALS
0016	PHILADELPHIA	0060	INDIAN HEAD
0017	NEW YORK CITY	0061	ISLANDTON
0019	HANAHAN	0062	HAMPTON
0020	RICHMOND	0063	WALTERBURG
0022	PAWLEY ISLAND	0064	LUMBENTON
0023	WILLIAMSBURG	0065	NESMITH
0024	EL PASO	0066	DUNBAR
0025	MYRTLE BEACH	0067	WINNSBORO
0026	DARLINGTON	0068	MARSHVILLE
0027	COLUMBIA	0069	FLORENCE
0028	EAGLE SPRINGS	0070	ELKTON
0029	OLAR	0071	FLEMINGTON
0030	SANFORD	0072	AYNOR
0031	ELLOREE	0073	NEWARK
0032	ORANGEBURG	0074	AIKEN
0033	KARLSRUE	0075	GILBERT
0034	LAWTON	0076	WICHITA
0035	MUNICH	0077	MORGAN CITY
0036	COLUMBUS	0078	FREEPORT
0037	FRANKLIN	0079	GREAT FALLS
0038	UNION	0080	EDMUNDSTON
0039	KANNAPOLIS	0081	HICKORY
0040	BURLINGTON	0082	SOLDIER
0041	FT. MEYERS	0083	PIKE
0042	NEWCUMBERSTOWN	0084	MONCK'S CORNER
0043	MONROE	0085	MT. PLEASANT
0044	SAVANNAH	0086	CHESTERFIELD
0045	RIDGEVILLE	0087	OLANTA
0046	WEST CHAZY	0088	NEW PORT RISHEY
0047	CONWAY	0089	HORTSVILLE
0048	SPRINGFIELD	0090	LAMAR

Table E.2 (cont.)

NONDAYTON INFANT ENROLLMENT CITY CODES  
(FILE PHIBNE)

---

0091	KINGSTREE	0133	JACKSONVILLE
0092	CENTRE	0134	SPRINGHILL
0093	ANDERSON	0135	PAMPLICO
0094	MAX MEADOWS	0136	EDGEFIELD
0095	OLTAUWA	0137	TRIO
0096	SOCIETY HILL	0138	BENKLY COUNTY
0097	MARION	0139	LEXINGTON
0098	DALTON	0140	LEESVILLE
0099	LANDO	0141	JAMESTOWN
0100	SANTUREE	0142	SULLIVAN'S ISLAND
0101	WILBERFORCE	0143	SALTERS
0102	HORRY	0144	HOUSTON
0103	KINGSPORT	0145	WILLSPOINT
0104	JOHNSON CITY	0146	MONKS CORNER
0105	JONESBORO	0147	EDISTO
0106	ST. CHARLES	0148	BEAUFORT
0107	SEBRING	0149	GREENSBORO
0108	FURMAN	0150	MIAMI
0109	TAMPA	0151	CHADBOURN
0110	SHULERVILLE	0152	EVERGREEN
0111	WALTERBORO	0153	WILMINGTON
0112	STATEN ISLAND	0154	BELTON
0113	STAMFORD	0155	LORIS
0114	CUYHOGA	0156	BEAVERTON
0115	MULLINS	0157	PORTLAND
0116	GREENVILLE	0158	GAINESVILLE
0117	NORTH AUGUSTA	0159	LOUISVILLE
0118	BRONX N.Y.	0160	MURRY
0119	CAMDEN	0161	NORFOLK
0120	BLANEY	0162	BAUMHOLDER
0121	LUGOFF	0163	METUCHEN
0122	ST. JAMES	0164	BOSTON
0123	CARILSE	0165	SUMTER
0124	LEAVENWORTH	0166	ALBANY
0125	ASCHAFFENBURG	0167	PITTSBURGH
0126	WURZBURG	0168	BERKLEY COUNTY
0127	HENDERSON	0169	OSWEGO
0128	HENDERSONVILLE	0170	ASHEVILLE
0129	LANIER	0171	GREELYVILLE
0130	PEMBROKE	0172	FT. WALTON BEACH
0131	CARY	0173	LAKE CITY
0132	ORLANDO	0174	LUNENBURG COUNTY

Table E.2 (cont.)

NONDAYTON INFANT ENROLLMENT CITY CODES  
(FILE PHIBNE)

---

0175	NEW ORLEANS	0274	TRINITY
0176	SAULT ST. MARIE	0276	HORRY COUNTY
0177	DILLION	0284	GEORGETOWN COUNTY
0178	ATLANTA	0285	HIGHPOINT
0179	GREENWOOD	0286	WOODRUFF
0180	UNION PARISH	0287	SHELBY
0181	NEW BEDFORD	0288	COTTAGEVILLE
0187	FAYETTVILLE	0289	EDISTO ISLAND
0189	SPARTANBURG	0290	RICHLAND COUNTY
0200	ELIZABETH	0291	BUCKSPORT
0223	ALEXANDRIA	0292	ST. STEPHEN
0233	WILLIAMSBURG COUNTY	0293	TIMMONSVILLE
0242	MUNDELEINE	0295	WILLIAMSTON
0243	FLATWOODS	0296	ROCKINGHAM COUNTY
0244	EATON RAPIDS	0297	CUENCA
0245	SALEM	0298	CLEVELAND
0246	JAME ISLAND	0299	CLINTON
0247	SIOUX CENTER	0300	BOWMAN
0248	CARTER CO.	0301	TYLER
0249	DORCHESTER	0302	COLLINGWOOD
0250	HIGH POINT	0303	STONE
0251	PLEASANT HILL	0304	SODDY
0252	LANCASTER	0305	FAIRBANKS
0253	WESTFIR	0306	HAMILTON AFB
0254	SWAINSBORO	0307	KLAMATH FALLS
0255	WADLEY	0308	OXNARD AFB
0256	WESTMONROE	0309	ASHEBORA
0257	GABLE	0310	ATHENS
0258	SELLERS	0311	RICEVILLE
0259	HAZARD	0312	ST. MATHEWS
0260	ASHLAND	0313	BERKELY
0261	CHURCHVILLE	0314	JEDBURG
0262	LANES	0318	WARREN COUNTY
0263	BEDFORD	0319	NORLINA
0264	BENNETTSVILLE	0320	BALTIMORE
0265	STERLING	0321	WAYNE
0266	MELBOURNE	0322	LAYETTEVILLE
0267	RENO	0323	EASTOVER
0268	DEERFIELD	0324	WEST COLUMBIA
0269	NEWLAND	0325	LOUISA
0272	STATESBORO	0327	KINSTON

Table E.2 (cont.)

NONDAYTON INFANT ENROLLMENT CITY CODES  
(FILE PHIBNE)

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0328	DEL RIO	0336	LYSANDER
0329	OAKLAND	0337	SYRACUSE
0330	RUFFEN	0338	FAIRBANKS AFB
0331	TWINCITY	0339	AVIANO AFB
0332	MARTINSVILLE	0340	BIG STONE GAP
0333	ST. PETERSBURG	0341	MANNING
0334	NEW LONDON		

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## GLOSSARY

Adjunct enrollee	Uninsured member of insured family/household (person/family of interest) or member of Dayton control group.
Attrition	Departure from the experiment by voluntary withdrawal before completion of assigned enrollment term.
Baseline participant	Person considered for enrollment at the beginning of the experiment in the site. May or may not have enrolled.
Baseline-only participant	Person considered for enrollment at the beginning of the experiment in the site who did not enroll.
Batteries	MHQ topical groupings of questions.
Coinsurance	The percentage of total medical costs that a family pays, i.e., 25% coinsurance means the family pays 25% of its medical expenses. The experimental insurance treatments of the HIE entailed varying coinsurance percentages.
Contract year	Administrative unit of time for enrollees; year period(s) reckoned from date family signed enrollment contract. First contract year began on enrollment date, second contract year began on first anniversary of enrollment, and so on.
Dayton control group	Group of 669 uninsured enrollees who participated from November 1974 to February 1976. Formed to compare the community's use of health services with use by insured Dayton enrollees. Members retained their own insurance but were asked to complete the same questionnaires as insured enrollees. Group was discontinued because complete data appeared unobtainable from them. Not included in eligibility-family changes file (see Appendix B).
DEI	A variable prefix for primary variables that stands for "data element indicator."
Derived variable	Variables constructed via extraction, aggregation, or transformation of primary variable data.

Enrollee	Person whose family or household signed an enrollment contract with the HIE. Includes insured and uninsured persons. Any of the following: HIE-insured, HMO-insured, person of interest, family of interest, member of Dayton control group. (See "primary enrollee," "secondary enrollee," "adjunct enrollee.")
Exit	Departure from the experiment after completion of assigned enrollment term, three or five years.
Experimental insurance treatment	One of 16 groups in which experimental subjects participated. Fifteen were insurance plans with varying coinsurance rates, out-of-pocket expenditure limits, and both FFS and HMO delivery systems. The 16th was the HMO control group.
Form A	MHQ Form A. Measured health habits, perceptions, and attitudes of the participants.
Form B	MHQ Form B. Measured specific health status of participants.
FFS	Fee-for-service; the private economic sector in which fees are charged.
GHC	Group Health Cooperative of Puget Sound, the Seattle HMO that participated in the experiment.
HIE	Health Insurance Experiment.
HIE-insured	Enrollee assigned to an experimental health insurance plan paid by the HIE (plans A-0, described on pp. 3-4). Includes members of HMO experimental group. Compare "HMO-insured."
HMO	Health maintenance organization; Group Health Cooperative of Puget Sound, the HMO that participated in the HIE.
HMO control group	Seattle enrollees drawn at random from existing HMO members who met HIE eligibility criteria. The HIE did not pay their insurance premiums.
HMO experimental group	Seattle enrollees experimentally transferred to HMO from fee-for-service system. The HIE paid their insurance premiums.
HMO-insured	Member of HMO control group.
Insured	Either HIE-insured or HMO-insured.

Insured enrollee	Person assigned to an experimental treatment; HIE-insured or HMO-insured.
MHQ	Medical history questionnaire; survey instruments that gathered self-reported health status and health satisfaction information primarily from insured participants. Survey instruments consisted of two separate forms, Form A and Form B.
NonDayton	Pertaining to any of the experiment sites excluding Dayton, Ohio.
Participant	Anyone with a record in the HIE database; includes baseline-only participants and enrollees.
PEG	South Carolina preenrollment group.
Primary enrollee	Baseline participant who enrolled and was insured.
Primary variable	Categories of primary HIE data obtained from the MHQs. See also "derived variable."
Provider	Any person, institution, or organization who provided health services, drugs, or supplies to an HIE participant.
SAS	Statistical Analysis System. HIE files contain data in both SAS and character formats.
Secondary enrollee	Person who was enrolled and insured after his/her family enrolled.
Suspension	Revocation of HIE-provided insurance benefits because of ineligibility expected to be temporary. Suspended persons remained enrollees.
Termination	Involuntary departure from the experiment. Cancellation of enrollment for permanent ineligibility or failure to fulfill obligations.
Uninsured	Neither HIE-insured nor HMO-insured. Person/family of interest or member of Dayton control group. Uninsured persons did not necessarily lack health insurance; they were uninsured only with respect to HIE experimental treatments.

