

Person No.	All			Adults only		All	
	Person Name/ Nickname	Age	Relationship to Respondent	Military status (Yes/No/DK/ / REF)	Employment status (EmpFT/EmpPT/ SelfFT/ SelfPT/ Unemployed/ Home maker/ Retired/ Disabled/Other/ DK/REF)	Coverage (Yes/No/DK/ REF)	Dependent on someone else's plan (Person no. of policy holder)
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