

## Attachment 1 – MEPS-HC Section Summary and Changes

**Summary of questionnaire sections and changes for the MEPS-HC since the previous OMB clearance.** The sections are listed in alphabetical order, not the order which they occur in the instrument.

The MEPS-HC questionnaires for Rounds 1–5 consist of many individual sections. Listed below is a brief description of each section, including changes that have been made since the last OMB clearance.

### Access to Care (AC)

This supplemental section, asked in Rounds 2 and 4, identifies whether each household member has a medical provider who provides the usual source of care (USC), reasons why members without a USC do not have a USC, various aspects of satisfaction with usual care providers, and problems a household may have experienced in obtaining needed health care. It also includes questions on possible language barriers to health care and specific problems any household member may have experienced in obtaining needed health, dental, or prescription medicine care.

Item	Changes	Year	Text
AC01	Omitted	2013	What language is spoken in your home most of the time?
AC02	Omitted	2013	Are all members of your household comfortable conversing in English?
AC02A	Omitted	2013	Who is not comfortable conversing in English?
AC03	Omitted	2013	{Were/Was} {you/{PERSON}} born in the United States?
AC04	Omitted	2013	How long {have/has} {you/{PERSON}} lived in the United States?
AC12	Omitted	2014	How {do/does} {you/{PERSON}} usually get to {PROVIDER}?
AC14	Omitted	2014	How difficult is it for {you/{PERSON}} to get to {PROVIDER}?  Would you say it is ...  very difficult, ..... 1 {BOX_03} somewhat difficult, ..... 2 {BOX_03} not too difficult, or ..... 3 {BOX_03} not at all difficult? ..... 4 {BOX_03} REF ..... -7 {BOX_03} DK ..... -8 {BOX_03}
AC190V	Omitted	2014	OTHER RACE:  [Enter Other Specify] ..... {AC20} REF ..... -7 {AC20} DK ..... -8 {AC20}
AC35	Omitted	2014	How much of a problem was it that {you/{PERSON}} did not get <b>medical</b> care, tests, or treatments {you/he/she} or a doctor believed necessary?  Would you say ...  a big problem, ..... 1 {END_LP03} a small problem, or ..... 2 {END_LP03} not a problem? ..... 3 {END_LP03} REF ..... -7 {END_LP03} DK ..... -8 {END_LP03}
AC39	Omitted	2014	How much of a problem was it that {you/{PERSON}} {were/was} delayed in getting <b>medical</b> care, tests, or treatments {you/he/she} or a doctor believed necessary?

Item	Changes	Year	Text
			<p>Would you say ...</p> <p>a big problem, ..... 1 {END_LP04}  a small problem, or ..... 2 {END_LP04}  not a problem? ..... 3 {END_LP04}  REF ..... -7 {END_LP04}  DK ..... -8 {END_LP04}</p>
AC43	Omitted	2014	<p>How much of a problem was it that {you/{PERSON}} did not get <b>dental</b> care, tests, or treatments {you/he/she} or a dentist believed necessary?</p> <p>Would you say ...</p> <p>a big problem, ..... 1 {END_LP05}  a small problem, or ..... 2 {END_LP05}  not a problem? ..... 3 {END_LP05}  REF ..... -7 {END_LP05}  DK ..... -8 {END_LP05}</p>
AC47	Omitted	2014	<p>How much of a problem was it that {you/{PERSON}} {were/was} delayed in getting <b>dental</b> care, tests, or treatments {you/he/she} or a dentist believed necessary?</p> <p>Would you say ...</p> <p>a big problem, ..... 1 {END_LP06}  a small problem, or ..... 2 {END_LP06}  not a problem? ..... 3 {END_LP06}  REF ..... -7 {END_LP06}  DK ..... -8 {END_LP06}</p>
AC51	Omitted	2014	<p>How much of a problem was it that {you/{PERSON}} did not get <b>prescription medicines</b> {you/he/she} or a doctor believed necessary?</p> <p>Would you say ...</p> <p>a big problem, ..... 1 {END_LP07}  a small problem, or ..... 2 {END_LP07}  not a problem? ..... 3 {END_LP07}  REF ..... -7 {END_LP07}  DK ..... -8 {END_LP07}</p>
AC55	Omitted	2014	<p>How much of a problem was it that {you/{PERSON}} {were/was} delayed in getting <b>prescription medicines</b> {you/he/she} or a doctor believed necessary?</p> <p>Would you say ...</p> <p>a big problem, ..... 1 {END_LP08}  a small problem, or ..... 2 {END_LP08}  not a problem? ..... 3 {END_LP08}  REF ..... -7 {END_LP08}  DK ..... -8 {END_LP08}</p>

### Adult Self-Administered Questionnaire (Adult SAQ)

A brief self-administered questionnaire (SAQ) will be used to collect self-reported (rather than through household proxy) information on health status, health opinions and satisfaction with health care for adults 18 and older. The satisfaction with health care items are a subset of items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The health status items are the Short Form 12 Version 2 (SF-12 version 2), which has been widely used as a measure of self-reported health status in the United States, the Kessler Index (K6) of non-specific psychological distress, and the Patient Health Questionnaire (PHQ-2)

Changes: None

### Assets (AS)

To supplement financial data collected in the Income section, the Assets supplemental section, asked in Round 5, asks about household members' real estate, businesses, vehicles, investments, other assets, and debts.

Changes: None

### Calendar Section (CA)

This section monitors the use of a health events calendar provided to the respondent during the MEPS pre-contact interview for use in recording visits to medical providers and medical places. This information determines the household's path through the sections of the questionnaire that collect information on medical events.

Changes: None

### Charge Payment (CP)

The Charge Payment section tracks total charges and sources of payment for medical events reported in earlier sections. The section obtains specific information for each medical event reported on total charges, copayments, out-of-pocket payments, insurance payments, reimbursements, discounts, disallowed amounts, balance due, and other sources of payment. Additionally, it clarifies how prescription medicine claims are processed, including questions about third party payers for prescription medicines.

Item	Changes	Year	Text
CP01C	Omitted	2014	How much did {you/{PERSON}} pay out-of-pocket for {your/his/her} last prescription?
CP24	Omitted	2014	At the moment, it appears that {AMOUNT REMAINING} of the total charge is still unpaid. Let me be sure I have entered everything correctly.  REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.
CP26	Omitted	2014	The payments you reported exceed the charge I have recorded by {\$ DISCREPANCY}. Let me be sure I have all the information recorded correctly.  REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

### Child Preventive Health (CS)

This supplemental section, asked in Rounds 2 and 4, collects information on general health status, special health care needs, potential behavioral problems, accessibility to health care, preventative care, height, and weight of any child in the family.

Item	Changes	Year	Text
CS01	Omitted	2014	The following are statements about {your/{PERSON}'s} general health status.  How true or false is each of these statements for {you/him/her}?  1 = DEFINITELY TRUE 2 = MOSTLY TRUE 3 = DON'T KNOW 4 = MOSTLY FALSE 5 = DEFINITELY FALSE
CS01_01	Omitted	2014	a. {I/He/She} seem{s} to be less healthy than other children that I know.
CS02_02	Omitted	2014	b. {I/He/She} {have/has} has never been seriously ill.
CS03_03	Omitted	2014	c. When there is something going around, {I/he/she}

Item	Changes	Year	Text
			usually catch{es} it.
CS04_04	Omitted	2014	d. I expect {I/he/she} will have a very healthy life.
CS05_05	Omitted	2014	e. I worry more about {my/his/her} health than other people worry about their children's health.

### Closing (CL)

At the end of each rounds interview, participants are asked to provide written authorization for the MEPS to collect additional information from the medical providers, insurance providers, and employers identified throughout each interview. The Closing section facilitates the completion of authorization forms for each unique person-provider pair and each unique person-establishment pair. During subsequent rounds of data collection, the MEPS-MPC on the medical visits directly from medical providers based on the authorization specified in these forms. This section also prompts the distribution of the Self Administered Questionnaire (SAQ) and Diabetes Care Survey (DCS). In addition, this section verifies the contact information for the household for use in the next interview and accounts for memory aids that were used by the household members throughout the current rounds interview.

Item	Changes	Year	Text
CL40_40V	New overlay for item CL40AAAA	2015	
CL40AA	New item to collect Preventative Care SAQ	2015	(Not long ago), we mailed a short {blue/purple} questionnaire about health choices to (READ PERSON NAMES BELOW).  I want to check if (READ NAMES BELOW) completed that questionnaire already or needs a replacement.  1. COLLECT PREVENTATIVE CARE SAQs, IF AVAILABLE. 2. IF ANY REPORTED AS LOST, RE-DISTRIBUTE APPROPRIATE NUMBER AND TYPE OF PREVENTATIVE CARE SAQs TO THE RESPONDENT.
CL40AAA	New item to record Preventative Care SAQ status	2015	COLLECT {PERSON}'S COMPLETED YOUR CHOICES ABOUT YOUR HEALTH SAQ.IF {PERSON} NOT AVAILABLE OR NOT ABLE TO COMPLETE THIS SAQ AT THIS TIME, LEAVE {MALE/FEMALE} YOUR CHOICES ABOUT YOUR HEALTH SAQ WITH {HIM/HER} OR RESPONDENT AND EXPLAIN SAQ INSTRUCTIONS.  SELECT THE STATUS OF THE SAQ:
CL40AAAA	New item to collect reason for Preventative Care SAQ refusal	2015	SELECT MAIN REASON FOR REFUSAL:
CL40AAAAOV	New overlay for item CL40AAAAOV	2015	SPECIFY:
CL42A	New item to confirm respondent email from a previous round	2013	Is this still the best email address to contact you to schedule appointments and send MEPS interview reminders?
CL42B	New item added to collect respondent e-mail	2013	Do you send or receive emails?
CL42C	New item added to collect respondent e-mail	2013	{What is your new email address?/We'd like to contact you by email to help schedule the next interview and send an interview reminder. May I have your email address?}
CL42D	New item added to collect respondent e-mail	2013	Is that your personal e-mail, work e-mail, a family or shared e-mail address, or some other type of email account?
CL42DOV	New overlay for item CL42D	2013	SPECIFY TYPE OF EMAIL ACCOUNT:
CL42E	New item added to collect	2013	How often do you check this email account?

Item	Changes	Year	Text
	respondent e-mail		PROBE: How many times per day, per week, per month, per year do you check this email account?

**Condition Enumeration (CE)**

The Condition Enumeration section first obtains a summary assessment of each person's physical and mental health. It then identifies specific physical and mental health conditions, accidents, or injuries affecting each person. Using this information, this section creates a roster of conditions and health problems reported for each family member. Later in the interview, this roster links with health care utilization and disability day information.

**Changes: None**

**Conditions (CN)**

This section collects additional information about physical and mental health conditions identified through medical events or disability days. It obtains further details on each condition on each person's medical condition roster to determine if it was due to an accident or injury and whether it is on a priority list of conditions. If the condition is an accident or injury or a priority condition, subsequent questions ask whether a medical person has been consulted about the condition, when the condition was first noticed, the condition's severity, the current status of the condition, and any treatments received.

Item	Changes	Year	Text
CN06	Omitted	2014	Let's talk about {CONDITION}.  When did the accident or injury happen?  {PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for {CONDITION} include (READ EVENT DATES BELOW).} [Enter Year-4] ..... REF ..... -7 {CN06A} DK ..... -8 {CN06A}
CN06A	Omitted	2014	Did the {CONDITION} occur before or after January 1, {YEAR}?  BEFORE ..... 1 {BOX_05} AFTER ..... 2 {BOX_05} REF ..... -7 {BOX_05} DK ..... -8 {BOX_05}
CN06OV1	Omitted	2014	MONTH: [Enter Month-2] ..... REF ..... -7 {BOX_05} DK ..... -8 {BOX_05}
CN06OV2	Omitted	2014	CN06OV2  DAY: [Enter Day-2] ..... {BOX_05} REF ..... -7 {BOX_05} DK ..... -8 {BOX_05}

**Dental Care (DN)**

The Dental Care section obtains details on the nature of any dental care visit, type of dental care provider, treatments and services performed, and prescribed medicines.

**Changes: None**

**Diabetes Care Self-Administered Questionnaire (Diabetes SAQ)**

A brief self administered paper-and-pencil questionnaire on the quality of diabetes care is administered once a year (during round 3 and 5) to persons identified as having diabetes. Included are questions about the number of times the respondent reported having a hemoglobin A1c blood test, whether the respondent reported having his or her feet checked for sores or irritations, whether the respondent reported having an eye exam in which the pupils were dilated and the last time the respondent had his or her blood cholesterol checked and whether the diabetes has caused kidney or eye problems. Respondents are also asked if their diabetes is being treated with diet, oral medications or insulin.

**Changes: None**

**Disability Days (DD)**

The Disability Days section assesses the impact of any physical illness, injury, or mental or emotional problem on household members' attendance at work or school. These questions specify how many days of work or school were missed, for what health condition they were missed, and how many days were missed because of someone else's illness, injury, or health care needs.

Item	Changes	Year	Text
DD03	Omitted	2014	What are the health problems that caused {you/{PERSON}} to miss work on those days?
DD04	Omitted	2014	Of those days, how many did {you/{PERSON}} stay in bed for a half day or more?  [Enter Number of Days] ..... REF ..... -7 DK ..... -8
DD04A	Omitted	2014	Of those days, how many were in {YEAR}?  [Enter Number of Days] ..... REF ..... -7 DK ..... -8
DD06	Omitted	2014	What are the health problems that caused {you/{PERSON}} to miss school on those days?
DD07	Omitted	2014	Of those days, how many did {you/{PERSON}} stay in bed a half day or more?  [Enter Number of Days] ..... REF ..... -7 {DD08} DK ..... -8 {DD08}
DD07A	Omitted	2014	Of those days, how many were in {YEAR}?  [Enter Number of Days] ..... REF ..... -7 DK ..... -8
DD08	Omitted	2014	{Besides the days in bed you just told me about, how/How} many {additional} days did {you/{PERSON}} spend a half day or more in bed {since {START DATE}/between {START DATE} and {END DATE}} because of a physical illness or injury, or mental or emotional problem? {Please include the time {you/he/she} {were/was} in {the hospital} {and} {the long-term care facility}.}  [Enter Number of Days] ..... {BOX_01E} NO {ADDITIONAL} BED DAYS ..... 995 {BOX_02} REF ..... -7 {BOX_02} DK ..... -8 {BOX_02}
DD08A	Omitted	2014	Of those days, how many were in {YEAR}?  [Enter Number of Days] ..... {DD09} REF ..... -7 {DD09} DK ..... -8 {DD09}

Item	Changes	Year	Text
DD09	Omitted	2014	What are the health problems that caused {you/{PERSON}} to spend a half day or more in bed on those days?

### Emergency Room (ER)

The Emergency Room section obtains information on the health conditions requiring emergency room care, medical services provided, any surgical procedures performed, prescribed medicines, and the physicians and surgeons providing emergency room care. This section collects physicians and surgeons who are not already on the provider roster.

ER01	Omitted	2014	<p>Did {you/{PERSON}} see a medical doctor during this particular visit?</p> <p>YES ..... 1 {ER02}</p> <p>NO ..... 2 {ER02}</p> <p>REF ..... -7 {ER02}</p> <p>DK ..... -8 {ER02}</p>
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### Employment (EM)

The Employment section covers questions about each person's employment or self-employment status. For jobs identified, this section asks questions to obtain contact information for each employer. For several types of jobs, questions are asked about type of business or industry, firm size, how long the person has worked at each job, whether health insurance was offered, hours worked, and job titles or main duties. For persons who are currently employed, questions ask about periods of unpaid leave at their job. For those not currently working, questions ask about previous jobs and the reasons for not working. Questions are asked about whether the person's job was temporary or seasonal, as well as questions about health insurance, including whether it was offered to the person, whether it was offered to any employee, and why the person was not eligible. Informed consent is obtained regarding contacting employers who provide health insurance.

Item	Changes	Year	Text
EM103	Omitted	2014	<p>{Do/Does} {you/{PERSON}} expect to be recalled or return to {EMPLOYER} within the next 30 days?</p> <p>YES ..... 1 {EM104}</p> <p>NO ..... 2 {EM104}</p> <p>REF ..... -7 {EM104}</p> <p>DK ..... -8 {EM104}</p>
EM115B	Omitted	2014	<p>{Were/Was} {you/{PERSON}} not eligible for insurance because {you/he/she} {{have/has}/had} not worked long enough, because {you/he/she} {{don't/doesn't}/didn't} work enough hours, because {you/he/she} {{are/is}/{were/was}} on call, because of medical problems, or because of some other reason?</p> <p>HASN'T WORKED LONG ENOUGH ..... 1 {EM116}</p> <p>DOESN'T WORK ENOUGH HOURS ..... 2 {EM116}</p> <p>ON CALL ..... 3 {EM116}</p> <p>MEDICAL PROBLEM ..... 4 {EM116}</p> <p>SOME OTHER REASON ..... 91 {EM115BOV}</p> <p>REF ..... -7 {EM116}</p> <p>DK ..... -8 {EM116}</p>
EM115BO V	Omitted	2014	<p>[Enter Other Specify] ..... {EM116}</p> <p>REF ..... -7 {EM116}</p> <p>DK ..... -8 {EM116}</p>
EM123	Omitted	2014	<p>How many other household members {now work/worked} regularly at this business?</p> <p>[Enter Number of HH Members] ..... {EM124}</p> <p>REF ..... -7 {EM124}</p>

Item	Changes	Year	Text
			DK ..... -8 {EM124}
EM125	Omitted	2014	Did {you/{PERSON}} spend any time looking for work {since {START DATE}/between {START DATE} and {END DATE}}?  YES ..... 1 {EM126} NO ..... 2 {EM126} REF ..... -7 {EM126} DK ..... -8 {EM126}
EM127	Omitted	2014	Were there any other reasons?  CHECK ALL THAT APPLY.  NO OTHER REASONS ..... 0 COULD NOT FIND WORK ..... 1 RETIRED ..... 2 UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 ON TEMPORARY LAYOFF ..... 4 MATERNITY/PATERNITY LEAVE ..... 5 GOING TO SCHOOL ..... 6 TAKING CARE OF HOME OR FAMILY ..... 7 WANTED SOME TIME OFF ..... 8 WAITING TO START NEW JOB ..... 9 OTHER ..... 91 {EM127OV} REF ..... -7 {BOX_34} DK ..... -8 {BOX_34}
EM127OV	Omitted	2014	[Enter Other Specify] ..... {BOX_34} REF ..... -7 {BOX_34} DK ..... -8 {BOX_34}
EM129	Omitted	2014	Did {you/{PERSON}} spend any time looking for work {since {START DATE}/between {START DATE} and {END DATE}}?  YES ..... 1 {EM130} NO ..... 2 {EM130} REF ..... -7 {EM130} DK ..... -8 {EM130}
EM130	Omitted	2014	Did the {# WEEKS NOT WORKED} weeks {since {START DATE}/between {START DATE} and {END DATE}} when {you/{PERSON}} did not work for pay occur all at one time or was there more than one period of time when {you/he/she} did not work?  ALL AT ONE TIME ..... 1 {LOOP_04} MORE THAN ONE PERIOD ..... 2 {EM131} REF ..... -7 {LOOP_04} DK ..... -8 {LOOP_04}
EM131	Omitted	2014	How many different periods of time {were/was} {you/{PERSON}} not working {since {START DATE}/between {START DATE} and {END DATE}}?  [Enter Number of Periods] ..... {LOOP_04} REF ..... -7 {LOOP_04} DK ..... -8 {LOOP_04}
EM132	Omitted	2014	What was the <b>main</b> reason {you/{PERSON}} did not work during {that time/the most recent period/the time before that}?  COULD NOT FIND WORK ..... 1 {EM133} RETIRED ..... 2 {EM133} UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 {EM133} ON TEMPORARY LAYOFF ..... 4 {EM133} MATERNITY/PATERNITY LEAVE ..... 5 {EM133}



Item	Changes	Year	Text
			GOING TO SCHOOL ..... 6 {EM133} TAKING CARE OF HOME OR FAMILY ..... 7 {EM133} WANTED SOME TIME OFF ..... 8 {EM133} WAITING TO START NEW JOB ..... 9 {EM133} OTHER ..... 91 {EM132OV} REF ..... -7 {END_LP04} DK ..... -8 {END_LP04}
EM132OV	Omitted	2014	[Enter Other Specify] ..... {EM133} REF ..... -7 {EM133} DK ..... -8 {EM133}
EM133	Omitted	2014	Were there any other reasons?  CHECK ALL THAT APPLY.  NO OTHER REASONS ..... 0 COULD NOT FIND WORK ..... 1 RETIRED ..... 2 UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 ON TEMPORARY LAYOFF ..... 4 MATERNITY/PATERNITY LEAVE ..... 5 GOING TO SCHOOL ..... 6 TAKING CARE OF HOME OR FAMILY ..... 7 WANTED SOME TIME OFF ..... 8 WAITING TO START NEW JOB ..... 9 OTHER ..... 91 {EM133OV} REF ..... -7 {END_LP04} DK ..... -8 {END_LP04}
EM133OV	Omitted	2014	[Enter Other Specify] ..... {END_LP04} REF ..... -7 {END_LP04} DK ..... -8 {END_LP04}
EM134	Omitted	2014	{In addition to the times we have just talked about {since/between}/{Since/Between}} {START DATE} {and {END DATE}}, was there any time when {you/{PERSON}} {were/was} on unpaid leave from {a job/all jobs} for a period of time of one week or more?  YES ..... 1 {EM135} NO ..... 2 {BOX_34} REF ..... -7 {BOX_34} DK ..... -8 {BOX_34}
EM135	Omitted	2014	How many weeks was that?  NUMBER OF WEEKS IN REFERENCE PERIOD: {NUMBER OF WEEKS}  [Enter Number of Weeks] ..... ON UNPAID LEAVE THE WHOLE TIME ..... 96 {LOOP_05} REF ..... -7 {LOOP_05} DK ..... -8 {LOOP_05}
EM136	Omitted	2014	Did the {# WEEKS UNPAID LEAVE} weeks {since {START DATE}/between {START DATE} and {END DATE}} when {you/{PERSON}} had unpaid leave occur all at one time or was there more than one period of time when {you/he/she} had unpaid leave?  ALL AT ONE TIME ..... 1 {LOOP_05} MORE THAN ONE PERIOD ..... 2 {EM137} REF ..... -7 {LOOP_05} DK ..... -8 {LOOP_05}
EM137	Omitted	2014	How many different periods of time did {you/{PERSON}} have unpaid leave {since {START DATE}/between {START DATE} and {END DATE}}?

Item	Changes	Year	Text
			[Enter Number of Periods] ..... {LOOP_05} REF ..... -7 {LOOP_05} DK ..... -8 {LOOP_05}
EM138	Omitted	2014	What was the <b>main</b> reason {you/{PERSON}} had unpaid leave {that time/the most recent period/the time before that}?  UNABLE TO WORK BECAUSE ILL/DISABLED .... 1 {EM139} ON TEMPORARY LAYOFF ..... 2 {EM139} MATERNITY/PATERNITY LEAVE ..... 3 {EM139} GOING TO SCHOOL ..... 4 {EM139} TAKING CARE OF HOME OR FAMILY ..... 5 {EM139} WANTED SOME TIME OFF ..... 6 {EM139} OTHER ..... 91 {EM138OV} REF ..... -7 {END_LP05} DK ..... -8 {END_LP05}
EM138OV	Omitted	2014	[Enter Other Specify] ..... {EM139} REF ..... -7 {EM139} DK ..... -8 {EM139}
EM139	Omitted	2014	PERIOD OF UNPAID LEAVE {NN} OF {NN} Were there any other reasons?  CHECK ALL THAT APPLY.  NO OTHER REASONS ..... 0 UNABLE TO WORK BECAUSE ILL/DISABLED .... 1 ON TEMPORARY LAYOFF ..... 2 MATERNITY/PATERNITY LEAVE ..... 3 GOING TO SCHOOL ..... 4 TAKING CARE OF HOME OR FAMILY ..... 5 WANTED SOME TIME OFF ..... 6 OTHER ..... 91 {EM139OV} REF ..... -7 {END_LP05} DK ..... -8 {END_LP05}
EM139OV	Omitted	2014	[Enter Other Specify] ..... {END_LP05} REF ..... -7 {END_LP05} DK ..... -8 {END_LP05}
EM140	Omitted	2014	Since {you/{PERSON}} {were/as} 21 years old, {have/has} {you/he/she} ever been without a job for more than one year for any reason?  YES ..... 1 {EM141} NO ..... 2 {BOX_36A} REF ..... -7 {BOX_36A} DK ..... -8 {BOX_36A}
EM141	Omitted	2014	Please think about all of the years {you/{PERSON}} {have/has} been out of work since {you/he/she} {were/was} 21 years old.  For what reasons {were/was} {you/he/she} without a job for more than a year?  CHECK ALL THAT APPLY.  COULD NOT FIND WORK ..... 1 RETIRED ..... 2 UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 ON TEMPORARY LAYOFF ..... 4 MATERNITY/PATERNITY LEAVE ..... 5 GOING TO SCHOOL ..... 6

Item	Changes	Year	Text
			TAKING CARE OF HOME OR FAMILY ..... 7 WANTED SOME TIME OFF ..... 8 WAITING TO START NEW JOB ..... 9 OTHER ..... 91 {EM141OV} REF ..... -7 {EM142} DK ..... -8 {EM142}
EM141OV	Omitted	2014	[Enter Other Specify] ..... {EM142} REF ..... -7 {EM142} DK ..... -8 {EM142}
EM142	Omitted	2014	Since {you/{PERSON}} {were/was} 21 years old, what is the total number of years {you/he/she} {were/was} without a job because of all the reasons you've just told me?  [Enter Number of Years] ..... {BOX_36A} REF ..... -7 {BOX_36A} DK ..... -8 {BOX_36A}

### Employment Wage (EW)

The Employment Wage section collects detailed information about the wage structure for all non-self employed, current jobs identified in the previous Employment (EM) section.

Item	Changes	Year	Text
EW06	Omitted	2014	If {you/{PERSON}} worked an extra hour, how much would {you/he/she} earn for that hour?  [Enter \$ Per Hour] ..... {EW23} REF ..... -7 {EW23} DK ..... -8 {EW23}
EW19	Omitted	2014	What {is/was} {your/{PERSON}'s} hourly rate for overtime?  {DOES/DID} NOT WORK OVERTIME ..... 1 {EW23} STRAIGHT TIME ..... 2 {EW23} TIME AND A HALF ..... 3 {EW23} COMP TIME ..... 4 {EW23} EXACT AMOUNT ..... 5 {EW19OV1} OTHER ..... 91 {EW19OV2} REF ..... -7 {EW23} DK ..... -8 {EW23}
EW19OV1	Omitted	2014	[Enter \$ Per Hour] ..... {EW23}
EW19OOV 2	Omitted	2014	[Enter Other Specify] ..... {EW23} REF ..... -7 {EW23} DK ..... -8 {EW23}

### Event Driver (ED)

The Event Driver verifies and modifies information entered in the Provider Probes, Event Roster, and Provider Roster sections. It also provides an opportunity to add new medical events throughout the interview if the respondent recalls an event after completing the Provider Probes section.

**Changes: None**

### Event Roster (EV)

Probes continue in this section for additional detail on event dates, type of event, and type of provider. This section creates a roster displaying this information as it is linked to each person. The Event Roster links to further sections that collect more detailed data on each specific type of event and then the charge and payment for each event.

Changes: None

**Flat Fee (FF)**

The Flat Fee section functions as a subsection of Charge Payment (CP). It captures information on those types of medical payment arrangements that charge a grouped amount, or flat fee, for multiple visits or services.

Changes: None

**Health Insurance (HX)**

The Health Insurance section collects information about private health insurance obtained through an employer, direct purchase private insurance plans, and public health insurance programs. It identifies the household members covered by health insurance, type of plan, name of each plan, nature of coverage under each plan, duration of coverage, and who pays various costs for the policy premiums. It also identifies the household members not covered by health insurance. For employer-sponsored coverage, this section creates a link to job characteristics collected in the Employment (EM) section of the questionnaire. For individuals who are uninsured at the beginning of the year, the section collects information on the length of time they have been uninsured. For private insurance policies, it obtains information on employer-related coverage and non-employer-related coverage (i.e., purchased through a group, association, school, small business group, insurance company, etc.). The Health Insurance section also collects information for public insurance on Medicare, Medicaid/SCHIP, Medicaid waiver programs, CHAMPUS/CHAMPVA (now TRICARE/CHAMPVA), and other government programs. Questions related to whether the insurance will cover part of the cost of an out-of-network provider are asked.

Item	Changes	Year	Text
HX11A	Item added to ascertain if Medicaid is purchased through state exchange program	2014	Is the coverage with {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} through {STATE EXCHANGE NAME-A}{, [which may also be known as {ALIAS B} {or {ALIAS C}}]}?
HX15A	Item added to ascertain if Medicaid is purchased through state exchange program	2014	Is the coverage with a program sponsored by a state or local government agency which provided hospital and physician benefits through {STATE EXCHANGE NAME-A}{, [which may also be known as {ALIAS B} {or {ALIAS C}}]}?
HX31	Omitted	2014	Is the name of {your/{PERSON}'s} insurance plan through Medicare{, as of {END DATE},} listed on this card? YES ..... 1 {HX31OV} NO ..... 2 {HX32} REF ..... -7 {HX32} DK ..... -8 {HX32}
HX31OV	Omitted	2014	Which insurance plan {is/was} {your/his/her} Medicare managed care plan {as of {END DATE}}?  CODE LETTER OF PLAN FROM SHOW CARD:  [Enter Plan Letter From Card] ..... {HX33A}
HX41	Omitted	2014	Is the name of the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}{, between {START DATE} and {END DATE},} listed on this card?  YES ..... 1 {HX41OV} NO ..... 2 {HX42} REF ..... -7 {HX42} DK ..... -8 {HX42}
HX41OV	Omitted	2014	Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/that program}}?  LETTER OF PLAN FROM SHOW CARD:

Item	Changes	Year	Text
			[Enter Plan Letter From Card] .....
HX45A	Item added to record with family members have a monthly premium for coverage	2014	Which family members have a monthly premium for that coverage?  PROBE: Anyone else?
HX46B	Item added to ascertain if the cost of the premium is subsidized based on family income	2014	{PLAN NAME: {NAME OF PLAN FROM HX44}}  Is the cost of the premium subsidized based on family income?
HX47	Omitted	2014	Who {else} pays {some of/for} the premium or cost of this insurance?  FEDERAL GOVERNMENT ..... 1 STATE GOVERNMENT ..... 2 LOCAL GOVERNMENT ..... 3 SOME GOVERNMENT ..... 4 OTHER ..... 91 {HX47OV} REF ..... -7 {BOX_31C} DK ..... -8 {BOX_31C}
HX47 (number reused)	New item to collect metal plan name for exchange insurance	2015	Is {the {NAME OF PLAN FROM HX44} plan/this plan} a platinum, gold, silver, bronze or catastrophic plan?
HX47A	Omitted	2014	[Now, let's talk about the coverage someone in the family has through TRICARE or CHAMPVA.]  Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?  [Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]  YES ..... 1 {HX47B} NO ..... 2 {BOX_32} REF ..... -7 {BOX_32} DK ..... -8 {BOX_32}
HX47B	Omitted	2014	How much does anyone in the family pay for the coverage through TRICARE or CHAMPVA?  [Enter Amount in Dollars] ..... {HX47BOV1} REF ..... -7 {BOX_32} DK ..... -8 {BOX_32}
HX47BOV1	Omitted	2014	Is that per year, per month, per week, or what?  UNIT OF COVERAGE:  PER YEAR ..... 1 {BOX_32} QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX_32} BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX_32} PER MONTH ..... 4 {BOX_32} PER WEEK ..... 5 {BOX_32} BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX_32} SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX_32} SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX_32} OTHER ..... 91 {HX47BOV2} REF ..... -7 {BOX_32} DK ..... -8 {BOX_32}
HX47BOV2	Omitted	2014	[Enter Other Specify] ..... {BOX_32}

Item	Changes	Year	Text
			REF ..... -7 {BOX_32} DK ..... -8 {BOX_32}
HX47OV	Omitted	2014	[Enter Other Specify] ..... {BOX_31C} REF ..... -7 {BOX_31C} DK ..... -8 {BOX_31C}
HX50	Omitted	2014	Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as Option A, \$100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?  YES, ANOTHER NAME ..... 1 {HX50OV} NO OTHER NAME ..... 2 {END_LP13} REF ..... -7 {END_LP13} DK ..... -8 {END_LP13}
HX50OV	Omitted	2014	[Enter Insurance Company or HMO] ..... {END_LP13} REF ..... -7 {END_LP13} DK ..... -8 {END_LP13}
HX59	Omitted	2014	Is the name of {your/{POLICYHOLDER}'s} insurance plan through {ESTABLISHMENT} listed on this card?  YES ..... 1 {HX59OV} NO ..... 2 {BOX_40} REF ..... -7 {BOX_40} DK ..... -8 {BOX_40}
HX59OV	Omitted	2014	Which insurance plan is {your/his/her} {ESTABLISHMENT} insurance?  CODE LETTER OF PLAN FROM SHOW CARD:  [Enter Plan Letter From Card] ..... {BOX_40}
HX60A	Omitted	2014	Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are <b>not</b> part of {your/his/her} HMO, even if {you/he/she} {do/does} <b>not</b> have a referral?  YES ..... 1 {END_LP17} NO ..... 2 {END_LP17} REF ..... -7 {END_LP17} DK ..... -8 {END_LP17}
HX60A (number reused)	New item to collect metal plan name for exchange insurance	2015	Is {your/{PERSON}'s} {INSURER RECRODED AT HX51} plan a platinum, gold, silver, bronze or catastrophic plan?
HX62A	Item added to ascertain if the cost of the premium is subsidized based on family income	2014	Is the cost of the premium subsidized based on family income?
HX63	Omitted	2014	Who {else} pays {some of/for} the premium or cost of this insurance?  CHECK ALL THAT APPLY.  FEDERAL GOVERNMENT ..... 1 STATE GOVERNMENT ..... 2 LOCAL GOVERNMENT ..... 3 SOME GOVERNMENT ..... 4 EMPLOYER ..... 5

Item	Changes	Year	Text
			UNION ..... 6 OTHER ..... 91 {HX63OV} REF ..... -7 {BOX_44B} DK ..... -8 {BOX_44B}
HX63OV	Omitted	2014	[Enter Other Specify] ..... {BOX_44B} REF ..... -7 {BOX_44B} DK ..... -8 {BOX_44B}
HX81	New question regarding medical debt	2014	When answering the next questions, think about money that your family has spent on out of pocket expenses for medical care. We do <b>not</b> want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for.  In the past 12 months did anyone in the family have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.
HX82	New question regarding medical debt	2014	Does anyone in your family currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.
HX83	New question regarding medical debt	2014	Does anyone in your family currently have any medical bills that you are unable to pay at all?

### Health Status (HE)

The Health Status section assesses the physical and mental health status for both children and adults. Specific areas assessed include limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), the use of health aids, physical limitations, activity limitations, mental impairments, vision impairments, and hearing difficulties. For children, this section obtains additional information on participation in special education or therapy services, general health status, height, weight and child care. Also included are questions assessing whether a person has had difficulty with or has required supervision for at least 3 months when performing daily activities.

Item	Changes	Year	Text
HE03A	Omitted	2014	Do you expect that {you/{PERSON}} will need help or supervision with these activities for at least three more months?  YES ..... 1 {END_LP01} NO ..... 2 {END_LP01} REF ..... -7 {END_LP01} DK ..... -8 {END_LP01}
HE06A	Omitted	2014	Do you expect that {you/{PERSON}} will need help or supervision with personal care for at least three more months?  YES ..... 1 {END_LP02} NO ..... 2 {END_LP02} REF ..... -7 {END_LP02} DK ..... -8 {END_LP02}
HE18A	Omitted	2014	{Are/Is} {you/{PERSON}} expected to have difficulty with any of these activities for at least three more months?  YES ..... 1 {END_LP03} NO ..... 2 {END_LP03} REF ..... -7 {END_LP03} DK ..... -8 {END_LP03}

### Home Health (HH)

For those persons using home health care, the Home Health section obtains information on the types of health care workers providing home health services, reasons for home health care, the nature of home health services provided, frequency of visits, length per visits, and duration of visits.

**Changes: None**

**Hospital Stay (HS)**

The Hospital Stay section obtains details on the length of stay, reasons or conditions requiring hospitalization, surgical procedures performed, medicines prescribed at discharge, and the physicians and surgeons providing hospital care. This section collects physicians and surgeons who are not already on the provider roster.

Item	Changes	Year	Text
HS06B	Omitted	2014	<p>Did {you/{PERSON}} receive an epidural or a 'spinal' for pain?</p> <p>YES ..... 1 {HS08}</p> <p>NO ..... 2 {HS08}</p> <p>REF ..... -7 {HS08}</p> <p>DK ..... -8 {HS08}</p>

**Income (IN)**

This supplemental section, asked in Rounds 3 and 5, collects information about the household members' income and Federal income tax filing status, specifically about itemized deductions for health insurance premiums, tax credits, wages, other private income sources, and public assistance income.

Item	Changes	Year	Text
IN10	Omitted	2014	<p>{Did/Will} {you/{PERSON}} itemize deductions or take the standard deduction?</p> <p>Itemized Deductions ..... 1 {IN14}</p> <p>Standard Deduction ..... 2 {END_LP01}</p> <p>REF ..... -7 {END_LP01}</p> <p>DK ..... -8 {END_LP01}</p>
IN14	Omitted	2014	<p>About how much {was/will be} the total of <b>all</b> the itemized deduction expenses?</p> <p>[Enter \$ Amount] ..... {IN15}</p> <p>REF ..... -7 {IN15}</p> <p>DK ..... -8 {IN15}</p>
IN21	Omitted	2014	<p>During {YEAR}, how much money did {you/{PERSON}} {and {you/{NAME OF SECONDARY FILER}} receive from refunds of state or local income taxes?</p> <p>{IF NECESSARY, SAY: If any money from a joint return, include only the amount that would be {your/his/her} portion.}</p> <p>[Enter \$ Amount] ..... {IN22}</p> <p>REF ..... -7 {IN22}</p> <p>DK ..... -8 {IN21A}</p>
IN21A	Omitted	2014	<p>Which of the ranges on this card is the best estimate of how much money was received [from refunds of state or local taxes in {YEAR}]?</p> <p>1 - 100 ..... 1 {IN22}</p> <p>101 - 500 ..... 2 {IN22}</p> <p>501 - 1,000 ..... 3 {IN22}</p> <p>1,001 - 5,000 ..... 4 {IN22}</p> <p>5,001 - 15,000 ..... 5 {IN22}</p> <p>15,001 OR MORE ..... 6 {IN22}</p> <p>REF ..... -7 {IN22}</p> <p>DK ..... -8 {IN22}</p>



Item	Changes	Year	Text
IN39	Omitted	2014	<p>Did {you/{PERSON}} receive money from Supplemental Security Income because of {your/his/her} <b>own</b> disability or for some other reason?</p> <p>DISABILITY ..... 1 {IN40A}  SOME OTHER REASON ..... 2 {IN40A}  REF ..... -7 {IN40A}  DK ..... -8 {IN40A}</p>

### Managed Care (MC)

This section determines whether household members are covered under a private managed care plan. The section groups the types of coverage as either HMO, other type of managed care plan, or non-managed care plan based on questions about the characteristics of the insurance plan.

Item	Changes	Year	Text
MC02	Omitted	2014	<p>{Does/As of {END DATE}, did} {your/{POLICYHOLDER}'s} insurance plan <b>require</b> {you/him/her} to sign up with a certain primary care doctor, group of doctors, or a certain clinic which {you/he/she} must go to for all of {your/his/her} routine care?</p> <p>PROBE: Do not include emergency care or care from a specialist you were referred to.</p> <p>YES ..... 1 {MC04}  NO ..... 2 {MC03}  REF ..... -7 {MC03}  DK ..... -8 {MC03}</p>
MC03	Omitted	2014	<p>{Is/As of {END DATE}, was} there a book or list of doctors associated with the plan?</p> <p>YES ..... 1 {MC04}  NO ..... 2 {BOX_01}  REF ..... -7 {BOX_01}  DK ..... -8 {BOX_01}</p>
MC04	Omitted	2014	<p>{Will/As of {END DATE}, would} {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are <b>not</b> associated with {your/his/her} plan, even if {you/he/she} {{do/does}/did} <b>not</b> have a referral?</p> <p>YES ..... 1 {BOX_01}  NO ..... 2 {BOX_01}  REF ..... -7 {BOX_01}  DK ..... -8 {BOX_01}</p>
MC05	Omitted	2014	<p>{Will/As of {END DATE}, would} {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are <b>not</b> part of {your/his/her} HMO, even if {you/he/she} {{do/does}/did} <b>not</b> have a referral?</p> <p>YES ..... 1 {BOX_01}  NO ..... 2 {BOX_01}  REF ..... -7 {BOX_01}  DK ..... -8 {BOX_01}</p>

### Medical Provider Visits (MV)

The Medical Provider Visits section obtains details on the nature of any contacts or visits, the type of provider, health conditions requiring medical provider services, treatments and services performed, surgical procedures, and prescribed medicines. This section

also probes for any follow up or repeat visits that cost the same amount as the original visit. Questions are asked about the medical provider's specialty and the medical provider's place type (e.g., managed care plan center or doctor's office).

MV02A	Omitted	2014	<p>What kind of place is that -- a managed care plan center or HMO, a clinic, a doctor's office, or some other place?</p> <p>DOCTOR'S OFFICE OR GROUP PRACTICE ..... 1 {MV03}  MANAGED CARE PLAN CENTER/HMO ..... 3 {MV03}  MEDICAL CLINIC ..... 2 {MV03}  RURAL HEALTH CLINIC ..... 7 {MV03}  COMPANY CLINIC ..... 8 {MV03}  SCHOOL CLINIC ..... 9 {MV03}  OTHER CLINIC ..... 10 {MV03}  NEIGHBORHOOD/FAMILY HEALTH CENTER ..... 4 {MV03}  COMMUNITY HEALTH CENTER ..... 13 {MV03}  BIRTHING CENTER ..... 15 {MV03}  WALK-IN URGENT CARE ..... 11 {MV03}  LABORATORY/X-RAY FACILITY ..... 14 {MV03}  LASER EYE SURGERY CENTER ..... 5 {MV03}  OTHER FREESTANDING SURGICAL CENTER .... 6 {MV03}  VA FACILITY ..... 12 {MV03}  INDIAN HEALTH SERVICE (IHS) FACILITY .. 16 {MV03}  SOME OTHER PLACE ..... 91 {MV03}  REF ..... -7 {MV03}  DK ..... -8 {MV03}</p>
MV10	Omitted	2014	<p>Looking at this card, which of these treatments, if any, did {you/{PERSON}} receive during this visit?</p> <p>CHECK ALL THAT APPLY.</p> <p>PHYSICAL THERAPY ..... 1 {MV11}  OCCUPATIONAL THERAPY ..... 2 {MV11}  SPEECH THERAPY ..... 3 {MV11}  CHEMOTHERAPY ..... 4 {MV11}  RADIATION THERAPY ..... 5 {MV11}  KIDNEY DIALYSIS ..... 6 {MV11}  IV THERAPY ..... 7 {MV11}  DRUG OR ALCOHOL TREATMENT ..... 8 {MV11}  ALLERGY SHOT ..... 9 {MV11}  PSYCHOTHERAPY/COUNSELING ..... 10 {MV11}  SHOTS, OTHER THAN ALLERGY ..... 11 {MV11}  NO TREATMENTS RECEIVED ..... 95 {MV11}  REF ..... -7 {MV11}  DK ..... -8 {MV11}</p>

**Old Employment/ Private Related Insurance (OE)**

For RU members that still hold the same job in Rounds 2 through 5 that was reported during the previous round as providing health insurance, this section collects information about the continuation of insurance coverage. Included are questions about whether the policyholder was responsible for any amount of the charge, whether there was an additional name for the insurance, and payments to out-of-network providers were added.

Item	Changes	Year	Text
OE08B	New item added to acknowledge new state SHOP program	2014	In {RU STATE}, {STATE SHOP NAME-A}{, [which may also be known as {ALIAS B} {or {ALIAS C}}],} is a {new} program where small businesses will be able to shop for health insurance plans for their employees. Is {your/{POLICYHOLDER}'s} health insurance coverage through {ESTABLISHMENT} related at all to a program like that?
OE09AAA	Omitted	2014	Who {else} pays {some of/for} the premium or cost

Item	Changes	Year	Text
			<p>of this insurance?</p> <p>CHECK ALL THAT APPLY.</p> <p>FEDERAL GOVERNMENT ..... 1  STATE GOVERNMENT ..... 2  LOCAL GOVERNMENT ..... 3  SOME GOVERNMENT ..... 4  EMPLOYER ..... 5  UNION ..... 6  OTHER ..... 91 {OE09AAAOV}  REF ..... -7 {BOX_08AA}  DK ..... -8 {BOX_08AA}</p>
OE09AAAO V	Omitted	2014	<p>[Enter Other Specify] ..... {BOX_08AA}  REF ..... -7 {BOX_08AA}  DK ..... -8 {BOX_08AA}</p>
OE11A	Omitted	2014	<p>Is there any other name for the {INSURANCE COMPANY OR HMO NAME} policy, such as Option A, \$100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?</p> <p>YES, ANOTHER NAME ..... 1 {OE11AOV}  NO OTHER NAME ..... 2 {BOX_09A}  REF ..... -7 {BOX_09A}  DK ..... -8 {BOX_09A}</p>
OE11AOV	Omitted	2014	<p>[Enter Policy Name] ..... {BOX_09A}  REF ..... -7 {BOX_09A}  DK ..... -8 {BOX_09A}</p>
OE11B	Omitted	2014	<p>Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are <b>not</b> part of {your/his/her} HMO, even if {you/he/she} {do/does} <b>not</b> have a referral?</p> <p>YES ..... 1 {END_LP04}  NO ..... 2 {END_LP04}  REF ..... -7 {END_LP04}  DK ..... -8 {END_LP04}</p>
OE23AAA	Omitted	2014	<p>Who {else} pays {some of/for} the premium or cost of this insurance?</p> <p>CHECK ALL THAT APPLY.</p> <p>FEDERAL GOVERNMENT ..... 1  STATE GOVERNMENT ..... 2  LOCAL GOVERNMENT ..... 3  SOME GOVERNMENT ..... 4  EMPLOYER ..... 5  UNION ..... 6  OTHER ..... 91  REF ..... -7 {BOX_17AA}  DK ..... -8 {BOX_17AA}</p>
OE23AAAO V	Omitted	2014	<p>[Enter Other Specify] ..... {BOX_17AA}  REF ..... -7 {BOX_17AA}  DK ..... -8 {BOX_17AA}</p>
OE25AA	Omitted	2014	<p>Is there any other name for the {INSURANCE COMPANY OR HMO NAME} policy, such as Option A, \$100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?</p> <p>YES, ANOTHER NAME ..... 1 {OE25AAOV}</p>

Item	Changes	Year	Text
			NO OTHER NAME ..... 2 {BOX_18A} REF ..... -7 {BOX_18A} DK ..... -8 {BOX_18A}
OE25AAOV	Omitted	2014	[Enter Policy Name] ..... {BOX_18A} REF ..... -7 {BOX_18A} DK ..... -8 {BOX_18A}
OE25B	Omitted	2014	Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are <b>not</b> part of {your/his/her} HMO, even if {you/he/she} {do/does} <b>not</b> have a referral?  YES ..... 1 {END_LP08} NO ..... 2 {END_LP08} REF ..... -7 {END_LP08} DK ..... -8 {END_LP08}
OE35AA2	New item added to collect information on subsidized insurance	2014	Is the cost of the premium subsidized based on family income?
OE35AAA	Omitted	2014	Who {else} pays {some of/for} the premium or cost of this insurance?  CHECK ALL THAT APPLY.  FEDERAL GOVERNMENT ..... 1 STATE GOVERNMENT ..... 2 LOCAL GOVERNMENT ..... 3 SOME GOVERNMENT ..... 4 EMPLOYER ..... 5 UNION ..... 6 OTHER ..... 91 {OE35AAAOV} REF ..... -7 {BOX_26AA} DK ..... -8 {BOX_26AA}
OE35AAOV	Omitted	2014	[Enter Other Specify] ..... {BOX_26AA} REF ..... -7 {BOX_26AA} DK ..... -8 {BOX_26AA}
OE38A	Omitted	2014	Is there any other name for the {INSURANCE COMPANY OR HMO NAME} policy, such as Option A, \$100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?  YES, ANOTHER NAME ..... 1 {OE38AOV} NO OTHER NAME ..... 2 {BOX_28A} REF ..... -7 {BOX_28A} DK ..... -8 {BOX_28A}
OE38AOV	Omitted	2014	[Enter Policy Name] ..... {BOX_28A} REF ..... -7 {BOX_28A} DK ..... -8 {BOX_28A}
OE38B	Omitted	2014	Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are <b>not</b> part of {your/his/her} HMO, even if {you/he/she} {do/does} <b>not</b> have a referral?  YES ..... 1 {END_LP12} NO ..... 2 {END_LP12} REF ..... -7 {END_LP12} DK ..... -8 {END_LP12}
OE38B (reused number)	New item to collect metal plan name for exchange insurance	2015	Is {your/{PERSON}'s} {INSURER RECRODED AT OE38} plan a platinum, gold, silver, bronze or catastrophic plan?

**Old Public Related Insurance (PR)**

For RU members who were covered during the previous round by Medicare, Medicaid/SCHIP, CHAMPUS/CHAMPVA (now TRICARE/CHAMPVA), or other state or local government sponsored programs, this section collects information about the continuation of coverage provided through these public programs.

Item	Changes	Year	Text
PR02	Omitted	2014	<p>During the last interview, it was recorded that {you/{PERSON}} {were/was} enrolled in Medicare. We would like to update information about {your/his/her} Medicare coverage.</p> <p>Is the name of {your/{PERSON}'s} insurance plan through Medicare{, as of {END DATE},} listed on this card?</p> <p>YES ..... 1 {PR02OV}            NO ..... 2 {PR03}            REF ..... -7 {PR03}            DK ..... -8 {PR03}</p>
PR02OV	Omitted	2014	<p>Which insurance plan {is/was} {your/his/her} Medicare managed care plan {as of {END DATE}}?</p> <p>CODE LETTER OF PLAN FROM SHOW CARD.</p> <p>[Enter Plan Letter From Card] ..... {PR05}</p>
PR12	Omitted	2014	<p>Is the name of the health insurance through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {, between {START DATE} and {END DATE},} listed on this card?</p> <p>YES ..... 1 {PR12OV}            NO ..... 2 {PR13}            REF ..... -7 {PR13}            DK ..... -8 {PR13}</p>
PR12OV	Omitted	2014	<p>Which plan is the health insurance through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}?</p> <p>CODE LETTER OF PLAN FROM SHOW CARD.</p> <p>[Enter Plan Letter From Card] ..... {BOX_04A}</p>
PR16A	Item added to record which family members have a monthly premium for coverage	2014	<p>Which family members have a monthly premium for that coverage?</p> <p>PROBE: Anyone else?</p>
PR17A	Item added to record if cost of premium is subsidized based on family income	2014	<p>{PLAN NAME: {NAME OF PLAN FROM PR15}}</p> <p>Is the cost of the premium subsidized based on family income?</p>
PR18	Omitted	2014	<p>Who {else} pays {some of/for} the premium or cost of this insurance?</p> <p>CHECK ALL THAT APPLY.</p> <p>FEDERAL GOVERNMENT ..... 1            STATE GOVERNMENT ..... 2            LOCAL GOVERNMENT ..... 3            SOME GOVERNMENT ..... 4            OTHER ..... 91 {PR18OV}            REF ..... -7 {BOX_05}            DK ..... -8 {BOX_05}</p>

Item	Changes	Year	Text
PR18OV	Omitted	2014	[Enter Other Specify] ..... {BOX_05} REF ..... -7 {BOX_05} DK ..... -8 {BOX_05}
PR22A	Omitted	2014	Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?  [Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]  YES ..... 1 {PR22B} NO ..... 2 {BOX_08} REF ..... -7 {BOX_08} DK ..... -8 {BOX_08}
PR22B	Omitted	2014	How much does anyone in the family pay for the coverage through TRICARE or CHAMPVA?  [Enter Amount in Dollars] ..... {PR22BOV1} REF ..... -7 {BOX_08} DK ..... -8 {BOX_08}
PR22BOV 1	Omitted	2014	Is that per year, per month, per week, or what?  UNIT OF COVERAGE:  PER YEAR ..... 1 {BOX_08} QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX_08} BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX_08} PER MONTH ..... 4 {BOX_08} PER WEEK ..... 5 {BOX_08} BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX_08} SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX_08} SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX_08} OTHER ..... 91 {PR22BOV2} REF ..... -7 {BOX_08} DK ..... -8 {BOX_08}
PR22BOV 2	Omitted	2014	[Enter Other Specify] ..... {BOX_08} REF ..... -7 {BOX_08} DK ..... -8 {BOX_08}
PR28	Omitted	2014	Is the name of the health insurance through the program sponsored by a state or local government agency which provides hospital and physician benefits{, between {START DATE} and {END DATE},} listed on this card?  YES ..... 1 {PR28OV} NO ..... 2 {PR29} REF ..... -7 {PR29} DK ..... -8 {PR29}
PR28OV	Omitted	2014	Which plan is the health insurance through this program?  CODE LETTER OF PLAN FROM SHOW CARD.  [Enter Plan Letter From Card] ..... {PR32}
PR32A	Item added to record which family members have a monthly premium for coverage	2014	Which family members have a monthly premium for that coverage?  PROBE: Anyone else?
PR33A	Item added to record if cost of premium is subsidized	2014	{PLAN NAME: {NAME OF PLAN FROM PR31}}

Item	Changes	Year	Text
	based on family income		Is the cost of the premium subsidized based on family income?
PR34 (number reused)	New item to collect metal plan name for exchange insurance	2015	Is [the {NAME OF PLAN FROM PR31} plan/this plan] a platinum, gold, silver, bronze or catastrophic plan?
PR34OV	Omitted	2014	[Enter Other Specify] ..... {BOX_11} REF ..... -7 {BOX_11} DK ..... -8 {BOX_11}

**Other Medical Expenses (OM)**

This section serves to direct the CAPI program to other sections in cases where respondents report expenses for glasses or contact lenses or for insulin and other diabetic equipment or supplies.

**Changes: None**

**Outpatient Department (OP)**

If any outpatient visits were made during the reference period, this section obtains details on the nature of the contact, type of care received, health conditions requiring outpatient services, treatments and services performed, surgical procedures, prescribed medicines, and the physicians and surgeons providing outpatient services. This section collects physicians and surgeons who are not already on the provider roster. It also probes for any follow up or repeat visits that cost the same amount as the original outpatient visit.

OP10	Omitted	2014	Looking at this card, which of these treatments, if any, did {you/{PERSON}} receive during this visit?  CHECK ALL THAT APPLY.  PHYSICAL THERAPY ..... 1 {OP11} OCCUPATIONAL THERAPY ..... 2 {OP11} SPEECH THERAPY ..... 3 {OP11} CHEMOTHERAPY ..... 4 {OP11} RADIATION THERAPY ..... 5 {OP11} KIDNEY DIALYSIS ..... 6 {OP11} IV THERAPY ..... 7 {OP11} DRUG OR ALCOHOL TREATMENT ..... 8 {OP11} ALLERGY SHOT ..... 9 {OP11} PSYCHOTHERAPY/COUNSELING ..... 10 {OP11} SHOTS, OTHER THAN ALLERGY ..... 11 {OP11} NO TREATMENTS RECEIVED ..... 95 {OP11} REF ..... -7 {OP11} DK ..... -8 {OP11}
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**Overall Structure of Employment (EM-O)**

Because most private health insurance is provided through employment, the MEPS interview collects detailed information on jobs held by each person in the household aged 16 or older. This section functions to direct the CAPI program through the loop of employment-related questions for each person 16 or older.

**Changes: None**

**Prescribed Medicines (PM)**

The Prescribed Medicines section obtains details on prescribed medicines reported in earlier medical events sections as well as additional prescriptions reported in this section. Questions determine whether free pharmaceutical samples were obtained, the specific health problems for which the medicine was prescribed, the number of refills obtained during the reference period, the first date of use of each medicine, and the name and address of the pharmacy that filled each prescription.

**Changes: None**

**Preventive Care (AP)**

The Preventive Care supplemental section, asked in Round 3 and 5, gathers information on any preventive care received. Questions ask about frequency of dental and physical check-ups, flu shots, and other preventative health exams.

Item	Changes	Year	Text
AP15OV	Omitted	2014	<p>About how long ago in months has it been (blood pressure checked by a doctor, nurse or other health professional)?</p> <p>IF LESS THAN ONE MONTH AGO, ENTER 0.</p> <p>NUMBER:</p> <p>[Enter Small Number] ..... {AP16}</p> <p>REF ..... -7 {AP16}</p> <p>DK ..... -8 {AP16}</p>

**Priority Conditions (Quality Supplement) (PC)**

The Priority Conditions section collects information about diabetes and asthma. This is a supplemental section asked in Rounds 3 and 5.

**Changes: None**

**Priority Conditions Enumeration (PE)**

The Priority Conditions Enumeration section includes questions which obtain a summary assessment of each person's physical and mental health. Additionally, information is collected about a select group of medical conditions including attention deficit hyperactivity disorder, attention deficit disorder, diabetes, asthma, high cholesterol, hypertension, coronary heart disease, angina, heart attacks, other heart disorders, strokes, emphysema, chronic bronchitis, cancer, joint pain, and arthritis. Using this information, this section creates a roster of conditions and health problems reported for each family member. Later in the interview, this roster links with health care utilization and disability day information.

**Changes: None**

**Private Health Insurance Detail (HP)**

This section collects additional detail on each private health insurance policy, including the name of the insurance company, the policyholder of each plan identified, and the household members covered by each policy. Informed consent information regarding contacting employers who provide health insurance is obtained.

HP04A	Item added to support new state exchange names	2014	Is this coverage through {STATE EXCHANGE NAME-A}{, [which may also be known as {ALIAS B} {or {ALIAS C}}]}?
HP14A	Item added to acknowledge new state SHOP program	2014	In {RU STATE}, {STATE SHOP NAME-A}{, [which may also be known as {ALIAS B} {or {ALIAS C}}],} is a {new} program where small businesses will be able to shop for health insurance plans for their employees. Is {your/{POLICYHOLDER}'s} health insurance coverage through {ESTABLISHMENT} related at all to a program like that?

**Provider Directory (PD)**

The Provider Directory section compiles a directory of all medical persons and medical facilities reported by MEPS respondents. It clarifies the relationship of each medical provider to the person's insurance plan and verifies the name, address, and telephone number of the provider.

**Changes: None**



## Provider Probes (PP)

The Provider Probes section collects the information required to create a medical event in the database, i.e., the type of event, the person incurring the event, the health care provider, and the date(s) of the event. This section links with the Event Roster, Provider Roster, and Event Driver sections. Included are questions about independent labs/testing facilities and alternative care.

Item	Changes	Year	Text
PP10	New item to collect health care received in an overnight facility	2015	{Since {START DATE}/Between {START DATE} and {END DATE}}, has anyone in the family received health care in a place like those listed on this card, where they stayed overnight?  IF NECESSARY, SAY: Do not include assisted living or other permanent residences.
PP11	New item to collect health care received in an overnight facility not already discussed	2015	{Have/Has} {you/{PERSON'S FIRST MIDDLE AND LAST NAME}} received any other health care where {you/he/she} stayed overnight? Or has anyone in the family received health care in a place like those listed on this card where they stayed overnight? [Please include any health care we have not yet talked about.]

## Provider Roster (PV)

This section creates a roster to display the name and street address of each provider and/or facility associated with each person's medical events detailed in the Event Roster. This information is strictly confidential.

**Changes: None**

## RU Information Screen (RS)

To assist in conducting subsequent interviews, the interviewer records helpful information in this section, such as special instructions, special problems, locating directions, difficulties with the CAPI administration, and whether the household moved.

RS01A	Question added to ascertain if the interview was completed on travel	2013	WAS THIS INTERVIEW COMPLETED WHILE ON TRAVEL?
RS04A	New item added to collect RU specific information on data collecting and record keeping tips	2013	DO YOU HAVE ANY TIPS ABOUT THE RU OR THE RESPONDENT THAT CAN HELP WITH COLLECTING BETTER DATA IN THE NEXT ROUND? INCLUDE NOTES ABOUT ADDITIONAL HELPFUL RECORDS THAT YOU DIDN'T HAVE THIS ROUND, THINGS YOU DID OR SAID TO MOTIVATE THE RESPONDENT TO GET RECORDS, ETC.
RS04B	New item added to collect RU specific information on data collecting and record keeping tips	2013	ENTER RECORD KEEPING AND OTHER DATA QUALITY TIPS:
RS04AA	New item added to collect Data Quality Risk information	2014	HOW CONFIDENT ARE YOU THAT THE RESPONDENT GAVE YOU ALL HEALTH CARE FOR ALL RU MEMBERS?
RS04BB	New item added to collect Data Quality Risk information	2014	ENTER COMMENTS OR DESCRIBE THE SITUATION THAT LED YOU TO BELIEVE THIS.

RS17OV (number reused)	Item added to collect specific information on converting a refusal	2013	WHICH OF THE FOLLOWING STRATEGIES, IF ANY, HELPED YOU CONVERT THIS REFUSAL?
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### Reenumeration-A (RE-A)

Reenumeration refers to the process of collecting eligibility and demographic data on each person associated with a household participating in MEPS. The Reenumeration section has two parts, Reenumeration-A and Reenumeration-B. RE-A -- Reenumeration-A Part A includes questions RE01 through RE75, which identify and define the eligibility status for each person and family unit living within each MEPS sampled household, as well as any family members who are temporarily living away from the household. Part A identifies the reference period for each family unit and the person that serves as the primary respondent for the family is identified. It also obtains age, gender, and marital status for each person.

Item	Changes	Year	Text
RE11	Item added to obtain respondent consent for CARI recording	2013	Some of this interview will be recorded for quality control purposes. I'd like to continue now, unless you have any questions.  IF THE RESPONDENT HAS QUESTIONS, PLEASE PRESS F1 TO REFER TO THE FAQs IN THE HELP SCREEN.
RE35A	Item added to confirm that RU member meets the definition of institutionalized	2015	Is {PERSON} expected to stay in the institution 100 days or less or more than 100 days?

### Reenumeration-B (RE-B)

Reenumeration-B Part B of the Reenumeration section includes questions RE76 through RE112. This section details how family members are related to one another and the size of the family unit. Race, ethnicity, educational attainment, and military status for each person are specified.

Item	Changes	Year	Text
RE104	Item added to follow-up on high school diploma/GED status	2015	{{Do/Does/Did}/As of December 31, {YEAR} did} {you/{PERSON}} have a high school diploma or {{have/has/had}/had} {you/{PERSON}} passed the GED equivalency test?
RE105	Item added to follow-up on highest degree received	2015	What is the highest educational degree {you/{PERSON}} obtained {as of December 31, {YEAR}}?

### Review of Employment Information (RJ)

In Rounds 2 through 5, the Review of Employment Information reviews employment information for any current job identified during the previous round. It collects updated information on job status, salary where changes in wages occur, full- or part-time work, health insurance benefits, and size of employment establishment if the jobholder is self employed. Questions are asked about whether the person's job was temporary or seasonal, and additional questions are asked about health insurance, including whether it was offered to the person, whether it was offered to any employee, and why the person was not eligible.

RJ01AA	Omitted	2014	Some people are in temporary jobs that last only for a limited time or until the completion of a project. {Is/Was} {your/{PERSON}}'s
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			<p>job at {EMPLOYER} temporary?</p> <p>YES ..... 1 {RJ01AAA}  NO ..... 2 {RJ01AAA}  REF ..... -7 {RJ01AAA}  DK ..... -8 {RJ01AAA}</p>
RJ01AAA	Omitted	2014	<p>{Is/Was} {your/{PERSON}'s} job at {EMPLOYER} a year round job or {is/was} it only available during certain times of the year?</p> <p>[Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.]</p> <p>YEAR ROUND ..... 1 {BOX_03A}  NOT YEAR ROUND ..... 2 {BOX_03A}  REF ..... -7 {BOX_03A}  DK ..... -8 {BOX_03A}</p>
RJ03	Omitted	2014	<p>Wages can change for many reasons. What is the <b>main</b> reason there has been a change in the amount {you/{PERSON}} {make/makes} through {ESTABLISHMENT}?</p> <p>PROMOTION OR DEMOTION ..... 1 {BOX_04}  CHANGE IN RESPONSIBILITIES ..... 2 {BOX_04}  PAY RAISE OR PAY DECREASE ..... 3 {BOX_04}  ANNUAL COST OF LIVING INCREASE ..... 4 {BOX_04}  NEW CONTRACT ..... 5 {BOX_04}  CHANGE IN NUMBER OF HOURS WORKED ..... 6 {BOX_04}  CHANGE IN SHIFT TIME ..... 7 {BOX_04}  RECEIVED AN EDUCATIONAL DEGREE ..... 8 {BOX_04}  TOOK SPECIAL CLASSES ..... 9 {BOX_04}  OTHER ..... 91 {RJ03OV}  REF ..... -7 {BOX_04}  DK ..... -8 {BOX_04}</p>
RJ03OV	Omitted	2014	<p>[Enter Other Specify] ..... {BOX_04}  REF ..... -7 {BOX_04}  DK ..... -8 {BOX_04}</p>
RJ06A	Omitted	2014	<p>Some people are in temporary jobs that last only for a limited time or until the completion of a project. {Is/Was} {your/{PERSON}'s} job at {EMPLOYER} temporary?</p> <p>YES ..... 1 {RJ06AA}  NO ..... 2 {RJ06AA}  REF ..... -7 {RJ06AA}  DK ..... -8 {RJ06AA}</p>
RJ06AA	Omitted	2014	<p>{Is/Was} {your/{PERSON}'s} job at {EMPLOYER} a year round job or {is/was} it only available during certain times of the year?</p> <p>[Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.]</p> <p>YEAR ROUND ..... 1 {BOX_05AA}  NOT YEAR ROUND ..... 2 {BOX_05AA}  REF ..... -7 {BOX_05AA}  DK ..... -8 {BOX_05AA}</p>
RJ08AAAA	Omitted	2014	<p>{Were/Was} {you/{PERSON}} not eligible for insurance because {you/he/she} {have/has} not worked long enough, because {you/he/she} {don't/doesn't} work enough hours, because {you/he/she} {are/is} on call, because of medical problems, or because of some other reason?</p> <p>IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.</p>

			HASN'T WORKED LONG ENOUGH ..... 1 {BOX_05A} DOESN'T WORK ENOUGH HOURS ..... 2 {BOX_05A} ON CALL ..... 3 {BOX_05A} MEDICAL PROBLEM ..... 4 {BOX_05A} SOME OTHER REASON ..... 91 {RJ08AAOV} REF ..... -7 {BOX_05A} DK ..... -8 {BOX_05A}
RJ08AAOV	Omitted	2014	[Enter Other Specify] ..... {BOX_05A} REF ..... -7 {BOX_05A} DK ..... -8 {BOX_05A}

**Satisfaction with Health Plan (SP)**

The Satisfaction with Health Plan section collects satisfaction information for private insurance, Medigap, Medicare managed care programs, Medicaid/SCHIP, and TRICARE insurance. The information collected includes ease of access to medical care, need to seek approval for medical treatments and delays in care experienced while waiting for approval, ease of access to understandable plan information and repercussions of poor access, need to complete paperwork and problems filling out paperwork, and an overall rating of the health plan.

Item	Changes	Year	Text
Entire Section	Omitted	2013	

**Time Period Covered Detail (HQ)**

This section clarifies the timeframe for which each person was covered by each reported health insurance policy. It links to the Health Insurance (HX), Private Health Insurance Detail (HP), and Old Public Related Insurance (PR) sections.

**Changes: None**

**Method of Collection:**

There are no changes to the current data collection methods.

**Estimated Annual Respondent Burden:**

There are no changes to the current burden estimates.

**Estimated Annual Costs to the Federal Government:**

There are no changes to the current cost estimates.