

Attachment 1-MEPS-HC Section Summary and Changes

Summary of questionnaire sections and changes for the MEPS-HC since the previous OMB clearance. The first section includes all new additions to the MEPS instrument for the Affordable Care Act (ACA). Then, the sections are listed in alphabetical order, not the order which they occur in the instrument.

Questions added to the MEPS instrument related to the ACA

Item	Changes/Reason	Text/Source	Population
HP04A	Item added to support new state exchange names	Is this coverage through {STATE EXCHANGE NAME-A}{, [which may also be known as {ALIAS B} {or {ALIAS C}}]}? Source: Adapted from CPS	All RUs with private coverage that is likely exchange
HP14A	Item added to acknowledge new state SHOP program	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? Source: Original question to MEPS based on assessing ACA component.	All establishment-policyholder pairs that is through a small employer
HX11A	Item added to ascertain if Medicaid is purchased through state exchange program	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}}]}? Source: Adapted from CPS	All RUs with Medicaid
HX15A	Item added to ascertain if Medicaid is purchased through state exchange program	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}}]}? Source: Adapted from CPS	All RUs identifying Medicaid-like coverage
HX45A	Item added to record with family members have a monthly premium for coverage	Which family members have a monthly premium for that coverage? PROBE: Anyone else? Source: Adapted from CPS	All RUs with Medicaid or Medicaid-like coverage
HX46B	Item added to ascertain if the cost of the premium is subsidized based on family income	{PLAN NAME: {NAME OF PLAN FROM HX44}} Is the cost of the premium subsidized based on family income? Source: Adapted from CPS	All RUs with Medicaid or Medicaid-like coverage
HX47 (number reused)	New item to collect metal plan name for exchange insurance	Is {the {NAME OF PLAN FROM HX44} plan/this plan} a platinum, gold, silver, bronze or catastrophic plan? Source: Adapted from BLSCEQ	All RUs with Medicaid-like coverage that is through an exchange
HX60A (number reused)	New item to collect metal plan name for exchange insurance	Is {your/{PERSON}'s} {INSURER RECORDED AT HX51} plan a platinum, gold, silver, bronze or catastrophic plan? Source: Adapted from BLSCEQ	All establishment-policyholder pairs with private exchange coverage
HX62A	Item added to ascertain if the cost of the premium is subsidized based on family income	Is the cost of the premium subsidized based on family income? Source: Adapted from CPS	All establishment-policyholder pairs with private coverage that is likely exchange
HX81	New question regarding medical debt	When answering the next questions, think about money that your family has spent on out of pocket expenses for medical care. We do	All RUs in Rounds 2 and 4

Item	Changes/Reason	Text/Source	Population
		<p>not want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for.</p> <p>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.</p> <p>Source: NHIS</p>	
HX82	New question regarding medical debt	<p>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.</p> <p>Source: NHIS</p>	All RUs in Rounds 2 and 4
HX83	New question regarding medical debt	<p>Does anyone in your family currently have any medical bills that you are unable to pay at all?</p> <p>Source: NHIS</p>	All RUs in Rounds 2 and 4
OE08B	New item added to acknowledge new state SHOP program	<p>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?</p> <p>Source: Source: Original question to MEPS based on assessing ACA component.</p>	All establishment-policyholder pairs from a previous round that is through a small employer
OE35AA2	New item added to collect information on subsidized insurance	<p>Is the cost of the premium subsidized based on family income?</p> <p>Source: Adapted from CPS</p>	All establishment-policyholder pairs from a previous round with private coverage that is likely exchange
OE38B (reused number)	New item to collect metal plan name for exchange insurance	<p>Is {your/{PERSON}'s} {INSURER RECORDED AT OE38} plan a platinum, gold, silver, bronze or catastrophic plan?</p> <p>Source: Adapted from BLSCEQ</p>	All establishment-policyholder pairs from a previous round with private exchange coverage
PR16A	Item added to record which family members have a monthly premium for coverage	<p>Which family members have a monthly premium for that coverage?</p> <p>PROBE: Anyone else?</p> <p>Source: Adapted from CPS</p>	All RUs with Medicaid coverage in a previous round
PR17A	Item added to record if cost of premium is subsidized based on family income	<p>{PLAN NAME: {NAME OF PLAN FROM PR15}}</p> <p>Is the cost of the premium subsidized based on family income?</p> <p>Source: Adapted from CPS</p>	All RUs with Medicaid coverage in a previous round
PR32A	Item added to record which family members have a monthly premium for coverage	<p>Which family members have a monthly premium for that coverage?</p> <p>PROBE: Anyone else?</p> <p>Source: Adapted from CPS</p>	All RUs with Medicaid-like coverage in a previous round
PR33A	Item added to record if cost of premium is subsidized based on family income	<p>{PLAN NAME: {NAME OF PLAN FROM PR31}}</p> <p>Is the cost of the premium subsidized based on family income?</p>	All RUs with Medicaid-like coverage in a previous round

Item	Changes/Reason	Text/Source	Population
		Source: Adapted from CPS	
PR34 (number reused)	New item to collect metal plan name for exchange insurance	Is {the {NAME OF PLAN FROM PR31} plan/this plan} a platinum, gold, silver, bronze or catastrophic plan? Source: Adapted from BLSCEQ	All RUs with Medicaid- like coverage in a previous round that is through an exchange

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/Reason	Text	Population
AC01	Omitted / Version moved to RE (DHHS standards)	What language is spoken in your home most of the time?	All RU members
AC02	Omitted / Version moved to RE (DHHS standards)	Are all members of your household comfortable conversing in English?	All RU members
AC02A	Omitted / Version moved to RE (DHHS standards)	Who is not comfortable conversing in English?	All RU members
AC03	Omitted / Version moved to RE	{Were/Was} {you/{PERSON}} born in the United States?	All RU members
AC04	Omitted / Version moved to RE	How long {have/has} {you/{PERSON}} lived in the United States?	All RU members
AC12	Omitted / No longer needed analytically. Already have an objective measure in AC13	How {do/does} {you/{PERSON}} usually get to {PROVIDER}?	All providers selected as a Usual Source of Care
AC14	Omitted / No longer needed analytically. Already have an objective measure in AC13	How difficult is it for {you/{PERSON}} to get to {PROVIDER}?	All RU members who have selected a Usual Source of Care 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 / No longer needed analytically, rarely used	OTHER RACE: [Enter Other Specify] {AC20} REF -7 {AC20} DK -8 {AC20}	All providers selected as a Usual Source of Care
AC35	Omitted / No longer needed analytically, not being used in any research internal or external	How much of a problem was it that {you/{PERSON}} did not get medical care, tests, or treatments {you/he/she} or a doctor believed necessary?	All current RU members with an unmet need for medical care
		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 / No longer needed analytically, not being used in any research internal or external	How much of a problem was it that {you/{PERSON}} {were/was} delayed in getting medical care, tests, or treatments {you/he/she} or a doctor believed necessary?	All current RU members with an unmet need for medical care

Item	Changes/Reason	Text	Population
		<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 / No longer needed analytically, not being used in any research internal or external	<p>How much of a problem was it that {you/{PERSON}} did not get dental 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>	All current RU members with an unmet need for dental care
AC47	Omitted / No longer needed analytically, not being used in any research internal or external	<p>How much of a problem was it that {you/{PERSON}} {were/was} delayed in getting dental 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>	All current RU members with an unmet need for dental care
AC51	Omitted / No longer needed analytically, not being used in any research internal or external	<p>How much of a problem was it that {you/{PERSON}} did not get prescription medicines {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>	All current RU members with an unmet need for prescription meds
AC55	Omitted/ No longer needed analytically, not being used in any research internal or external	<p>How much of a problem was it that {you/{PERSON}} {were/was} delayed in getting prescription medicines {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>	All current RU members with an unmet need for prescription meds

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/Reason	Text	Population
CP01C	Omitted / Not needed analytically; higher nonresponse and limited use in Pmed editing	How much did {you/{PERSON}} pay out-of-pocket for {your/his/her} last prescription?	All RU members with prescriptions
CP24	Omitted / high burden	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.	All event-provider pairs where charges and payments differed by 3% or \$5
CP26	Omitted / high burden	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.	All event-provider pairs where charges and payments differed by 3% or \$5

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/Reason	Text	Population
CS01	Omitted / Not needed analytically; not used in NHQR or NHDR	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	All current RU members <=17 years of age.
CS01_01	Omitted / Not needed analytically; not used in NHQR or NHDR	a. {I/He/She} seem{s} to be less healthy than other children that I know.	All current RU members <=17 years of age.

Item	Changes/Reason	Text	Population
CS02_02	Omitted/ Not needed analytically; not used in NHQR or NHDR	b. {I/He/She} {have/has} has never been seriously ill.	All current RU members <=17 years of age.
CS03_03	Omitted / Not needed analytically; not used in NHQR or NHDR	c. When there is something going around, {I/he/she} usually catch{es} it.	All current RU members <=17 years of age.
CS04_04	Omitted/ Not needed analytically; not used in NHQR or NHDR	d. I expect {I/he/she} will have a very healthy life.	All current RU members <=17 years of age.
CS05_05	Omitted / Not needed analytically; not used in NHQR or NHDR	e. I worry more about {my/his/her} health than otherpeople worry about their children's health.	All current RU members <=17 years of age.

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/Reason	Text/Source	Population
CL40AA	New item to collect Preventative Care SAQ (developed for AHRQ Center for Primary Care, Prevention, and Clinical Partnerships) / Item needed for operational purposes	(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. Source: MEPS SAQ Items	Current RU members in Panel 18 Round 5 only that are =>35 years of age and selected for preventive care sample.
CL40AAA	New item to record Preventative Care SAQ status / Item needed for operational purposes	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: Source: MEPS SAQ Items	Current RU members in Panel 18 Round 5 only that are =>35 years of age and selected for preventive care sample.
CL40AAA OV	New overlay for item CL40AAA OV / Item needed for operational purposes	SPECIFY: Source: MEPS SAQ Items	Current RU members in Panel 18 Round 5 only that are =>35 years of age and selected for preventive care sample.
CL40AAAA	New item to collect reason for Preventative Care SAQ refusal / Item needed for operational purposes	SELECT MAIN REASON FOR REFUSAL: Source: MEPS SAQ Items	Current RU members in Panel 18 Round 5 only that are =>35 years of age and selected for preventive care sample.

Item	Changes/Reason	Text/Source	Population
CL40_40V	New overlay for item CL40AAAA/ Item needed for operational purposes	OTHER REASON FOR REFUSAL: Source: MEPS SAQ Items	Current RU members in Panel 18 Round 5 only that are =>35 years of age and selected for preventive care sample.
CL42A	New item to confirm respondent email from a previous round/ Item needed for operational purposes	Is this still the best email address to contact you to schedule appointments and send MEPS interview reminders? Source: Original question for MEPS administrative purpose	All current round respondents and proxies
CL42B	New item added to collect respondent e-mail/ Item needed for operational purposes	Do you send or receive emails? Source: NHIS	All current round respondents and proxies
CL42C	New item added to collect respondent e-mail/ Item needed for operational purposes	{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?} Source: NHIS	All current round respondents and proxies
CL42D	New item added to collect respondent e-mail/ Item needed for operational purposes	Is that your personal e-mail, work e-mail, a family or shared e-mail address, or some other type of email account? Source: Original question for MEPS administrative purpose	All current round respondents and proxies
CL42DOV	New overlay for item CL42D/ Item needed for operational purposes	SPECIFY TYPE OF EMAIL ACCOUNT: Source: Original question for MEPS administrative purpose	All current round respondents and proxies
CL42E	New item added to collect respondent e-mail/ Item needed for operational purposes	How often do you check this email account? PROBE: How many times per day, per week, per month, per year do you check this email account? Source: NHIS	All current round respondents and proxies

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/Reason	Text	Population
CN06	Omitted / Not critical to analyses; most responses are in current year	Let's talk about {CONDITION}. When did the accident or injury happen? {PROBE IF ANY EVENTS LISTED: The dates we have recorded for	All RU members with conditions selected as accidents or injuries

Item	Changes/Reason	Text	Population
		the medical care for {CONDITION} include (READ EVENT DATES BELOW). [Enter Year-4] REF -7 {CN06A} DK -8 {CN06A}	
CN06A	Omitted / Not critical to analyses; most responses are in current year	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}	All RU members with conditions selected as accidents or injuries
CN06OV1	Omitted / Not critical to analyses; most responses are in current year	MONTH: [Enter Month-2] REF -7 {BOX_05} DK -8 {BOX_05}	All RU members with conditions selected as accidents or injuries
CN06OV2	Omitted	CN06OV2 DAY: [Enter Day-2] {BOX_05} REF -7 {BOX_05} DK -8 {BOX_05}	All RU members with conditions selected as accidents or injuries

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/Reason	Text	Population
DD03	Omitted / Not needed analytically; condition doesn't align with number of days missed	What are the health problems that caused {you/{PERSON}} to miss work on those days?	All RU members => 16 years of age
DD04	Omitted / Low analytic utility	Of those days, how many did {you/{PERSON}} stay in bed for a half day or more? [Enter Number of Days] REF -7	All RU members => 16 years of age

Item	Changes/Reason	Text	Population
		DK -8	
DD04A	Omitted / Low analytic utility	Of those days, how many were in {YEAR}? [Enter Number of Days] REF -7 DK -8	All RU members => 16 years of age
DD06	Omitted / Not needed analytically; condition doesn't align with number of days missed	What are the health problems that caused {you/{PERSON}} to miss school on those days?	All RU members 3-22 years of age
DD07	Omitted / Low analytic utility	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}	All RU members 3-22 years of age
DD07A	Omitted / Low analytic utility	Of those days, how many were in {YEAR}? [Enter Number of Days] REF -7 DK -8	All RU members 3-22 years of age
DD08	Omitted / Low analytic utility	{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}	All RU members => 1 year of age
DD08A	Omitted / Low analytic utility	Of those days, how many were in {YEAR}? [Enter Number of Days] {DD09} REF -7 {DD09} DK -8 {DD09}	All RU members => 1 year of age
DD09	Omitted / Not needed analytically; condition doesn't align with number of days missed	What are the health problems that caused {you/{PERSON}} to spend a halfday or more in bed on those days?	All RU members => 1 year of age

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.

Item	Changes/Reason	Text	Population
ER01	Omitted / Not needed analytically; poor reliability	Did {you/{PERSON}} see a medical doctor during this particular visit? YES 1 {ER02} NO 2 {ER02} REF -7 {ER02} DK -8 {ER02}	All ER event-provider pairs

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/Reason	Text	Population
EM103	Omitted / Not critical to MEPS purpose or mandate	{Do/Does} {you/{PERSON}} expect to be recalled or return to {EMPLOYER} within the next 30 days? YES 1 {EM104} NO 2 {EM104} REF -7 {EM104} DK -8 {EM104}	All RU members 16+ with no current job
EM115B	Omitted / Not critical to MEPS purpose or mandate	{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? HASN'T WORKED LONG ENOUGH 1 {EM116} DOESN'T WORK ENOUGH HOURS 2 {EM116} ON CALL 3 {EM116} MEDICAL PROBLEM 4 {EM116} SOME OTHER REASON 91 {EM115BOV} REF -7 {EM116} DK -8 {EM116}	All person-employer pairs created during current round
EM115BO V	Omitted / Not critical to MEPS purpose or mandate; not released to public	[Enter Other Specify] {EM116} REF -7 {EM116} DK -8 {EM116}	All person-employer pairs created during current round
EM123	Omitted / Not critical to MEPS purpose or mandate; not released to public	How many other household members {now work/worked} regularly at this business? [Enter Number of HH Members] {EM124} REF -7 {EM124} DK -8 {EM124}	All person-employer pairs created during current round where employer is self-employed
EM125	Omitted / No analytic interest; not released to public	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}	All RU members 16+ with no jobs during reference period
EM127	Omitted/ Not needed analytically	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	All RU members 16+ with no jobs during reference period

Item	Changes/Reason	Text	Population
		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/ Not needed analytically	[Enter Other Specify] {BOX_34} REF -7 {BOX_34} DK -8 {BOX_34}	All RU members 16+ with no jobs during reference period
EM129	Omitted / Not critical to MEPS purpose or mandate; not released to public	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}	All RU members 16+ with at least 1 job during reference period
EM130	Omitted / Not critical to MEPS purpose or mandate; not released to public	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}	All RU members 16+ with at least 1 job during reference period
EM131	Omitted / Not critical to MEPS purpose or mandate; not released to public	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}	All RU members 16+ with at least 1 job during reference period
EM132	Omitted / Not critical to MEPS purpose or mandate; not released to public	What was the main 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} 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}	All RU members 16+ with at least 1 job during reference period
EM132OV	Omitted / Not critical to MEPS purpose or mandate; not released to public	[Enter Other Specify] {EM133} REF -7 {EM133} DK -8 {EM133}	All RU members 16+ with at least 1 job during reference period
EM133	Omitted / Not critical to MEPS purpose or mandate; not released to public	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	All RU members 16+ with at least 1 job during reference period

Item	Changes/Reason	Text	Population
		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 / Not critical to MEPS purpose or mandate; not released to public	[Enter Other Specify] {END_LP04} REF -7 {END_LP04} DK -8 {END_LP04}	All RU members 16+ with at least 1 job during reference period
EM134	Omitted / Not critical to MEPS purpose or mandate; not released to public	{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}	All RU members 16+ with at least 1 job during reference period
EM135	Omitted / Not critical to MEPS purpose or mandate; not released to public	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}	All RU members 16+ with at least 1 job during reference period
EM136	Omitted / Not critical to MEPS purpose or mandate; not released to public	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}	All RU members 16+ with at least 1 job during reference period
EM137	Omitted / Not critical to MEPS purpose or mandate; not released to public	How many different periods of time did {you/{PERSON}} have unpaid leave {since {START DATE}/between {START DATE} and {END DATE}}? [Enter Number of Periods] {LOOP_05} REF -7 {LOOP_05} DK -8 {LOOP_05}	All RU members 16+ with at least 1 job during reference period
EM138	Omitted / Not critical to MEPS purpose or mandate; not released to public	What was the main 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}	All RU members 16+ with at least 1 job during reference period
EM138OV	Omitted / Not critical to MEPS purpose or mandate;	[Enter Other Specify] {EM139} REF -7 {EM139}	All RU members 16+ with at least 1 job during

Item	Changes/Reason	Text	Population
	not released to public	DK -8 {EM139}	reference period
EM139	Omitted / Not critical to MEPS purpose or mandate; not released to public	<p>PERIOD OF UNPAID LEAVE {NN} OF {NN} Were there any other reasons?</p> <p>CHECK ALL THAT APPLY.</p> <p>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}</p>	All RU members 16+ with at least 1 job during reference period
EM139OV	Omitted / Not critical to MEPS purpose or mandate; not released to public	<p>[Enter Other Specify] {END_LP05} REF -7 {END_LP05} DK -8 {END_LP05}</p>	All RU members 16+ with at least 1 job during reference period
EM140	Omitted / Not critical to MEPS purpose or mandate; not released to public	<p>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?</p> <p>YES 1 {EM141} NO 2 {BOX_36A} REF -7 {BOX_36A} DK -8 {BOX_36A}</p>	All RU members 22 to 64 years of age and ever worked
EM141	Omitted / Not critical to MEPS purpose or mandate; not released to public	<p>Please think about all of the years {you/{PERSON}} {have/has} been out of work since {you/he/she} {were/was} 21 years old.</p> <p>For what reasons {were/was} {you/he/she} without a job for more than a year?</p> <p>CHECK ALL THAT APPLY.</p> <p>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 {EM141OV} REF -7 {EM142} DK -8 {EM142}</p>	All RU members 22 to 64 years of age and ever worked
EM141OV	Omitted / Not critical to MEPS purpose or mandate; not released to public	<p>[Enter Other Specify] {EM142} REF -7 {EM142} DK -8 {EM142}</p>	All RU members 22 to 64 years of age and ever worked
EM142	Omitted / Not critical to MEPS purpose or mandate; not released to public	<p>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?</p> <p>[Enter Number of Years] {BOX_36A} REF -7 {BOX_36A} DK -8 {BOX_36A}</p>	All RU members 22 to 64 years of age and ever worked

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/Reason	Text	Population
EW06	Omitted / Not critical to MEPS purpose or mandate	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}	All person-employer pairs not paid hourly or salaried
EW19	Omitted / Not critical to MEPS purpose or mandate	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}	All person-employer pairs paid hourly
EW19OV1	Omitted / Not critical to MEPS purpose or mandate	[Enter \$ Per Hour] {EW23}	All person-employer pairs paid hourly
EW19OOV 2	Omitted / Not critical to MEPS purpose or mandate; not released to public	[Enter Other Specify] {EW23} REF -7 {EW23} DK -8 {EW23}	All person-employer pairs paid hourly

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/Reason	Text	Population
HX31	Omitted / Unnecessary detail and burden	<p>Is the name of {your/{PERSON}'s} insurance plan through Medicare{, as of {END DATE},} listed on this card?</p> <p>YES 1 {HX31OV} NO 2 {HX32} REF -7 {HX32} DK -8 {HX32}</p>	All establishment-person pairs with Medicare and created during the current round
HX31OV	Omitted / Unnecessary detail and burden	<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] {HX33A}</p>	All establishment-person pairs with Medicare and created during the current round
HX41	Omitted / Unnecessary detail and burden	<p>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?</p> <p>YES 1 {HX41OV} NO 2 {HX42} REF -7 {HX42} DK -8 {HX42}</p>	All RUs with Medicaid or Medicaid-like coverage and created during the current round
HX41OV	Omitted / Unnecessary detail and burden	<p>Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/that program)?</p> <p>LETTER OF PLAN FROM SHOW CARD:</p> <p>[Enter Plan Letter From Card]</p>	All RUs with Medicaid or Medicaid-like coverage and created during the current round
HX47	Omitted / Unnecessary detail and burden	<p>Who {else} pays {some of/for} the premium or cost of this insurance?</p> <p>FEDERAL GOVERNMENT 1 STATE GOVERNMENT 2 LOCAL GOVERNMENT 3 SOME GOVERNMENT 4 OTHER 91 {HX47OV} REF -7 {BOX_31C} DK -8 {BOX_31C}</p>	All RUs with Medicaid or Medicaid-like coverage and created during the current round
HX47OV	Omitted / Unnecessary detail and burden	<p>[Enter Other Specify] {BOX_31C}</p> <p>REF -7 {BOX_31C}</p> <p>DK -8 {BOX_31C}</p>	All RUs with Medicaid or Medicaid-like coverage and created during the current round
HX47A	Omitted / Unnecessary detail and burden	<p>[Now, let's talk about the coverage someone in the family has through TRICARE or CHAMPVA.]</p> <p>Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?</p> <p>[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]</p> <p>YES 1 {HX47B} NO 2 {BOX_32} REF -7 {BOX_32}</p>	All RUs with Tricare coverage and created during the current round

Item	Changes/Reason	Text	Population
		DK -8 {BOX_32}	
HX47B	Omitted / Unnecessary detail and burden	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}	All RUs with Tricare coverage and created during the current round
HX47BOV1	Omitted / Unnecessary detail and burden	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}	All RUs with Tricare coverage and created during the current round
HX47BOV2	Omitted / Unnecessary detail and burden	[Enter Other Specify] {BOX_32} REF -7 {BOX_32} DK -8 {BOX_32}	All RUs with Tricare coverage and created during the current round
HX50	Omitted / Unnecessary detail and burden	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}	All establishment-person pairs with Medigap coverage and created during the current round
HX50OV	Omitted / Unnecessary detail and burden	[Enter Insurance Company or HMO] {END_LP13} REF -7 {END_LP13} DK -8 {END_LP13}	All establishment-person pairs with Medigap coverage and created during the current round
HX59	Omitted / Unnecessary detail and burden	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}	All establishment-person pairs with coverage from the federal government and created during the current round
HX59OV	Omitted / Unnecessary detail and burden	Which insurance plan is {your/his/her} {ESTABLISHMENT} insurance? CODE LETTER OF PLAN FROM SHOW CARD: [Enter Plan Letter From Card] {BOX_40}	All establishment-person pairs with coverage from the federal government and created during the current round
HX60A	Omitted / Unnecessary detail and burden	Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are not part of {your/his/her} HMO, even if {you/he/she} {do/does} not have a referral? YES 1 {END_LP17} NO 2 {END_LP17} REF -7 {END_LP17}	All establishment-person pairs with Medigap or major medical coverage and created during the current round

Item	Changes/Reason	Text	Population
		DK -8 {END_LP17}	
HX63	Omitted / Unnecessary detail and burden	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 {HX63OV} REF -7 {BOX_44B} DK -8 {BOX_44B}	All establishment-person pairs with Medigap or major medical coverage and created during the current round
HX63OV	Omitted / Unnecessary detail and burden	[Enter Other Specify] {BOX_44B} REF -7 {BOX_44B} DK -8 {BOX_44B}	All establishment-person pairs with Medigap or major medical coverage and created during the current round

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/Reason	Text	Population
HE03A	Omitted / Not needed analytically; not much variation	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}	All RU members =>13 years with IADL
HE06A	Omitted / Not needed analytically; not much variation	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}	All RU members =>13 years with ADL
HE18A	Omitted / Not needed analytically; not much variation	{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}	All RU members =>13 years with difficulty moving

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/Reason	Text	Population
HS06B	Omitted / Limited utility; low frequency	Did {you/{PERSON}} receive an epidural or a 'spinal' for pain? YES 1 {HS08} NO 2 {HS08} REF -7 {HS08} DK -8 {HS08}	All HS event-provider pairs where giving birth is reason for stay

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	Text	Population
IN10	Omitted / Not used in income editing	{Did/Will} {you/{PERSON}} itemize deductions or take the standard deduction? Itemized Deductions 1 {IN14} Standard Deduction 2 {END_LP01} REF -7 {END_LP01} DK -8 {END_LP01}	All RU members filing or planning to file tax return
IN14	Omitted/ Not used in income editing	About how much {was/will be} the total of all the itemized deduction expenses? [Enter \$ Amount] {IN15} REF -7 {IN15} DK -8 {IN15}	All RU members filing or planning to file tax return
IN21	Omitted / Not used to calculate total income or poverty levels	During {YEAR}, how much money did {you/{PERSON}} {and {you/{NAME OF SECONDARY FILER}} receive from refunds of state or local income taxes? {IF NECESSARY, SAY: If any money from a joint return, include only the amount that would be {your/his/her} portion.) [Enter \$ Amount] {IN22} REF -7 {IN22} DK -8 {IN21A}	All RU members 16+ or those filing or planning to file tax return
IN21A	Omitted / Not used to calculate total income or poverty levels	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}]? 1 - 100 1 {IN22} 101 - 500 2 {IN22} 501 - 1,000 3 {IN22} 1,001 - 5,000 4 {IN22} 5,001 - 15,000 5 {IN22} 15,001 OR MORE 6 {IN22} REF -7 {IN22}	All RU members 16+ or those filing or planning to file tax return

Item	Changes	Text	Population
		DK -8 {IN22}	
IN39	Omitted/ Not used in income editing	Did {you/{PERSON}} receive money from Supplemental Security Income because of {your/his/her} own disability or for some other reason? DISABILITY 1 {IN40A} SOME OTHER REASON 2 {IN40A} REF -7 {IN40A} DK -8 {IN40A}	All RUs receiving Supplemental Security Income (SSI)

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/Reason	Text	Population
MC02	Omitted / No longer needed analytically; not used for expenditure editing or imputation; R difficulty answering in validation study	{Does/As of {END DATE}, did} {your/{POLICYHOLDER}'s} insurance plan require {you/him/her} to sign up with a certain primarycare doctor, group of doctors, or a certain clinic which {you/he/she} must go to for all of {your/his/her} routinecare? PROBE: Do not include emergency care or care from a specialist you were referred to. YES 1 {MC04} NO 2 {MC03} REF -7 {MC03} DK -8 {MC03}	All establishment-person-insurer triplets
MC03	Omitted / No longer needed analytically; not used for expenditure editing or imputation; R difficulty answering in validation study	{Is/As of {END DATE}, was} there a book or list of doctors associated with the plan? YES 1 {MC04} NO 2 {BOX_01} REF -7 {BOX_01} DK -8 {BOX_01}	All establishment-person-insurer triplets
MC04	Omitted / No longer needed analytically; not used for expenditure editing or imputation; R difficulty answering in validation study	{Will/As of {END DATE}, would} {your/{POLICYHOLDER}'s} plan pay for anyof the costs of visits to doctors who are not associated with {your/his/her} plan, even if {you/he/she} {{do/does}/did} not have a referral? YES 1 {BOX_01} NO 2 {BOX_01} REF -7 {BOX_01} DK -8 {BOX_01}	All establishment-person-insurer triplets
MC05	Omitted / No longer needed analytically; not used for expenditure editing or imputation; R difficulty answering in validation study	{Will/As of {END DATE}, would} {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are not part of {your/his/her} HMO, even if {you/he/she} {{do/does}/did} not have a referral? YES 1 {BOX_01} NO 2 {BOX_01} REF -7 {BOX_01} DK -8 {BOX_01}	All establishment-person-insurer triplets

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).

Item	Changes/Reason	Text	Population
MV02A	Omitted / poor reliability; high burden	<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>	All MV event-provider pairs
MV10	Omitted / poor reliability; high burden	<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>	All MV event-provider pairs

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/Reason	Text	Population
OE09AA A	Omitted / Unnecessary detail and burden	<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</p>	All establishment-person pairs with insurance from a still current job created during the previous round

Item	Changes/Reason	Text	Population
		STATE GOVERNMENT 2 LOCAL GOVERNMENT 3 SOME GOVERNMENT 4 EMPLOYER 5 UNION 6 OTHER 91 {OE09AAAOV} REF -7 {BOX_08AA} DK -8 {BOX_08AA}	
OE09AA AOV	Omitted / Unnecessary detail and burden	[Enter Other Specify] {BOX_08AA} REF -7 {BOX_08AA} DK -8 {BOX_08AA}	All establishment-person pairs with insurance from a still current job created during the previous round
OE11A	Omitted / Unnecessary detail and burden	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 {OE11AOV} NO OTHER NAME 2 {BOX_09A} REF -7 {BOX_09A} DK -8 {BOX_09A}	All establishment-person pairs with insurance from a still current job created during the previous round
OE11AOV	Omitted / Unnecessary detail and burden	[Enter Policy Name] {BOX_09A} REF -7 {BOX_09A} DK -8 {BOX_09A}	All establishment-person pairs with insurance from a still current job created during the previous round
OE11B	Omitted / Unnecessary detail and burden	Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are not part of {your/his/her} HMO, even if {you/he/she} {do/does} not have a referral? YES 1 {END_LP04} NO 2 {END_LP04} REF -7 {END_LP04} DK -8 {END_LP04}	All establishment-person pairs with insurance from a still current job created during the previous round
OE23AA A	Omitted / Unnecessary detail and burden	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 REF -7 {BOX_17AA} DK -8 {BOX_17AA}	All establishment-person pairs with insurance from a non-current job created during the previous round
OE23AA AOV	Omitted / Unnecessary detail and burden	[Enter Other Specify] {BOX_17AA} REF -7 {BOX_17AA} DK -8 {BOX_17AA}	All establishment-person pairs with insurance from a non-current job created during the previous round
OE25AA	Omitted / Unnecessary detail and burden	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?	All establishment-person pairs with insurance from a non-current job created during the

Item	Changes/Reason	Text	Population
		YES, ANOTHER NAME 1 {OE25AAOV} NO OTHER NAME 2 {BOX_18A} REF -7 {BOX_18A} DK -8 {BOX_18A}	previous round
OE25AA OV	Omitted / Unnecessary detail and burden	[Enter Policy Name] {BOX_18A} REF -7 {BOX_18A} DK -8 {BOX_18A}	All establishment-person pairs with insurance from a non-current job created during the previous round
OE25B	Omitted / Unnecessary detail and burden	Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are not part of {your/his/her} HMO, even if {you/he/she} {do/does} not have a referral? YES 1 {END_LP08} NO 2 {END_LP08} REF -7 {END_LP08} DK -8 {END_LP08}	All establishment-person pairs with insurance from a non-current job created during the previous round
OE35AA A	Omitted / Unnecessary detail and burden	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}	All establishment-person pairs with insurance from other private sources created during the previous round
OE35AA AOV	Omitted / Unnecessary detail and burden	[Enter Other Specify] {BOX_26AA} REF -7 {BOX_26AA} DK -8 {BOX_26AA}	All establishment-person pairs with insurance from other private sources created during the previous round
OE38A	Omitted / Unnecessary detail and burden	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}	All establishment-person pairs with insurance from other private sources created during the previous round
OE38AO V	Omitted / Unnecessary detail and burden	[Enter Policy Name] {BOX_28A} REF -7 {BOX_28A} DK -8 {BOX_28A}	All establishment-person pairs with insurance from other private sources created during the previous round
OE38B	Omitted / Unnecessary detail and burden	Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of visits to doctors who are not part of {your/his/her} HMO, even if {you/he/she} {do/does} not have a referral? YES 1 {END_LP12} NO 2 {END_LP12} REF -7 {END_LP12} DK -8 {END_LP12}	All establishment-person pairs with insurance from other private sources created during the previous round

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/Reason	Text	Population
PR02	Omitted / Unnecessary detail and burden	<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>	All establishment-person pairs with Medicare and created during the previous round
PR02OV	Omitted / Unnecessary detail and burden	<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>	All establishment-person pairs with Medicare and created during the previous round
PR12	Omitted / Unnecessary detail and burden	<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>	All RUs with Medicaid coverage and created during the previous round
PR12OV	Omitted / Unnecessary detail and burden	<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>	All RUs with Medicaid coverage and created during the previous round
PR18	Omitted / Unnecessary detail and burden	<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>	All RUs with Medicaid coverage and created during the previous round
PR18OV	Omitted / Unnecessary detail and burden	<p>[Enter Other Specify] {BOX_05} REF -7 {BOX_05} DK -8 {BOX_05}</p>	All RUs with Medicaid coverage and created during the previous round
PR22A	Omitted / Unnecessary detail and burden	<p>Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?</p> <p>[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]</p>	All RUs with Tricare coverage and created during the previous round

Item	Changes/Reason	Text	Population
		YES 1 {PR22B} NO 2 {BOX_08} REF -7 {BOX_08} DK -8 {BOX_08}	
PR22B	Omitted / Unnecessary detail and burden	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}	All RUs with Tricare coverage and created during the previous round
PR22BOV 1	Omitted / Unnecessary detail and burden	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}	All RUs with Tricare coverage and created during the previous round
PR22BOV 2	Omitted / Unnecessary detail and burden	[Enter Other Specify] {BOX_08} REF -7 {BOX_08} DK -8 {BOX_08}	All RUs with Tricare coverage and created during the previous round
PR28	Omitted / Unnecessary detail and burden	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}	All RUs with Medicaid-like coverage and created during the previous round
PR28OV	Omitted / Unnecessary detail and burden	Which plan is the health insurance through this program? CODE LETTER OF PLAN FROM SHOW CARD. [Enter Plan Letter From Card] {PR32}	All RUs with Medicaid-like coverage and created during the previous round
PR34OV	Omitted / Unnecessary detail and burden	[Enter Other Specify] {BOX_11} REF -7 {BOX_11} DK -8 {BOX_11}	All RUs with Medicaid-like coverage and created during the previous round

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.

Item	Changes/Reason	Text	Population
OP10	Omitted / poor reliability; high burden	<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 {OP11}</p> <p>OCCUPATIONAL THERAPY 2 {OP11}</p> <p>SPEECH THERAPY 3 {OP11}</p> <p>CHEMOTHERAPY 4 {OP11}</p> <p>RADIATION THERAPY 5 {OP11}</p> <p>KIDNEY DIALYSIS 6 {OP11}</p> <p>IV THERAPY 7 {OP11}</p> <p>DRUG OR ALCOHOL TREATMENT 8 {OP11}</p> <p>ALLERGY SHOT 9 {OP11}</p> <p>PSYCHOTHERAPY/COUNSELING 10 {OP11}</p> <p>SHOTS, OTHER THAN ALLERGY 11 {OP11}</p> <p>NO TREATMENTS RECEIVED 95 {OP11}</p> <p>REF -7 {OP11}</p> <p>DK -8 {OP11}</p>	All OP event-provider pairs

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	Text	Population
AP15OV	Omitted / Not needed analytically; not used in NHQR or NHDR	<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>	All RU members 18+

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.

Changes: See change in ACA section

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	Text	Population
PP10	New item to collect health care received in an overnight facility / needed to further differentiate institutional care from hospital stays	{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. Source: Original question to MEPS based on evaluation of estimates	All RUs using records for event reporting
PP11	New item to collect health care received in an overnight facility / needed to further differentiate institutional care from hospital stays	{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.] Source: Original question to MEPS based on evaluation of estimates	All RUs using records for event reporting

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.

Item	Changes	Text	Population
RS01A	Question added to ascertain if the interview was completed on travel / needed for operational purposes	WAS THIS INTERVIEW COMPLETED WHILE ON TRAVEL? Source: Original question for MEPS administrative purpose	All RUs
RS04A	New item added to collect RU specific information on data collecting and record keeping tips / needed for operational purposes	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. Source: Original question for MEPS administrative purpose	All RUs
RS04B	New item added to collect RU specific information on data collecting and record keeping tips / needed for operational purposes	ENTER RECORD KEEPING AND OTHER DATA QUALITY TIPS: Source: Original question for MEPS administrative purpose	All RUs
RS04AA	New item added to collect Data Quality Risk information / needed for operational purposes	HOW CONFIDENT ARE YOU THAT THE RESPONDENT GAVE YOU ALL HEALTH CARE FOR ALL RU MEMBERS? Source: Original question for MEPS administrative purpose	All RUs
RS04BB	New item added to collect Data Quality Risk information / needed for operational purposes	ENTER COMMENTS OR DESCRIBE THE SITUATION THAT LED YOU TO BELIEVE THIS. Source: Original question for MEPS administrative purpose	All RUs
RS17OV (number reused)	Item added to collect specific information on converting a refusal / needed for operational purposes	WHICH OF THE FOLLOWING STRATEGIES, IF ANY, HELPED YOU CONVERT THIS REFUSAL? Source: Original question for MEPS administrative purpose	All RUs

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/Reason	Text	Population
RE11	Item added to obtain respondent consent for CARI recording / needed for operational purposes	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	All RUs

Item	Changes/Reason	Text	Population
		THE FAQs IN THE HELP SCREEN. Source: Westat corporate standard used across many surveys.	
RE35A	Item added to confirm that RU member meets the definition of institutionalized / needed for operational purposes	Is {PERSON} expected to stay in the institution 100 days or less or more than 100 days? Source: Original question to MEPS	All RU members coded as institutionalized

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/Reason	Text	Population
RE104	Item added to follow-up on high school diploma/GED status	{{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? Source:Original question to MEPS used from 1996 to 2011	All RU members 16+
RE105	Item added to follow-up on highest degree received	What is the highest educational degree {you/{PERSON}} obtained{as of December 31, {YEAR}}? Source: Original question to MEPS used from 1996 to 2011	All RU members 16+

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.

Item	Changes/Reason	Text	Population
RJ01AA	Omitted / Not needed analytically	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? YES 1 {RJ01AAA} NO 2 {RJ01AAA} REF -7 {RJ01AAA} DK -8 {RJ01AAA}	All person-employer pairs created during a previous round where employer is a current-main job.
RJ01AAA	Omitted / Not needed analytically	{Is/Was} {your/{PERSON}'s} job at {EMPLOYER} a year round job or {is/was} it only available during certain times of the year? [Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.] YEAR ROUND 1 {BOX_03A} NOT YEAR ROUND 2 {BOX_03A} REF -7 {BOX_03A} DK -8 {BOX_03A}	All person-employer pairs created during a previous round where employer is a current-main job.
RJ03	Omitted / Not critical to MEPS purpose or mandate	Wages can change for many reasons. What is the main reason there has been a change in the amount {you/{PERSON}} {make/makes} through {ESTABLISHMENT}?	All person-employer pairs created during a previous round where

		<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>	employer is a current-main job.
RJ03OV	Omitted / Never edited or released to public	<p>[Enter Other Specify] {BOX_04} REF -7 {BOX_04} DK -8 {BOX_04}</p>	All person-employer pairs created during a previous round where employer is a current-main job.
RJ06A	Omitted / Not needed analytically	<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>	All person-employer pairs created during a previous round where employer is a current-miscellaneous job.
RJ06AA	Omitted / Not needed analytically	<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>	All person-employer pairs created during a previous round where employer is a current-miscellaneous job.
RJ08AAAA	Omitted / Not critical to MEPS purpose or mandate	<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> <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}</p>	All person-employer pairs created during a previous round where employer is a current job.
RJ08AAOV	Omitted / Never edited or released to public	<p>[Enter Other Specify] {BOX_05A} REF -7 {BOX_05A} DK -8 {BOX_05A}</p>	All person-employer pairs created during a previous round where employer is a current job.

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	Text	Population
Entire Section	Omitted / Not needed analytically		All RUs

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.