

## DATA COLLECTION SCHEDULE FOR MEPS QUESTIONS NOT COLLECTED IN EACH ROUND

Supplemental Sections, Questions Within Sections, Paper Instruments, Permission Forms, and Health Insurance Booklets

Panel Number and Year Panel Began	Panel 1, 1996					Panel 2, 1997					Panel 3, 1998					Panel 4, 1999				
	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5
<b>Supplemental Sections</b>																				
Access to care (AC)		X					X	X				X		X			X		X	
Alternative/Preventive Care (AP)*			X					X	X				X							
Assets (AS)					X				X						X					X
Caregiver (CG) and Caregiver Roster (CR)				X			X		X			X								
Child Preventive Health (CS)																				
Income (IN)			X		X			X	X				X		X			X		X
Long term care (LC)				X			X		X			X								
Preventive care (AP)*																				X
Priority Conditions (Quality) (PC)																				X
Satisfaction with Health Plan (SP)		X					X		X			X		X			X		X	
<b>Questions within Sections</b>																				
Other Medical Expenses (OM) - #glasses/contact lenses																			X	
Event Roster (EV) - additional other medical expenses			X		X			X	X				X		X			X		X
Health Status (HE) - problems with functional and physical activities	X		X		X	X		X	X	X	X		X		X	X		X		X
Health Status (HE) - vision and hearing		X		X			X		X			X		X			X		X	
Health Status (HE) - childcare					X				X				X		X			X		X
Health Status (HE) - child health status		X		X			X		X			X		X			X		X	
Priority Conditions Enumeration (PE) - standard enumeration																				
Priority Conditions Enumeration (PE) - new RU members																				
<b>Paper Instruments</b>																				
Adult self administered questionnaire (SAQ)		X																	X	
Parent administered questionnaire (PAQ)																			X	
Diabetes Care Survey (DCS)																				X
<b>Permission forms and booklets</b>																				
IC sample identification	X		X			X		X			X		X			X		X		
IC permission forms-first sample		X					X													
IC permission forms-second IC sample				X																
MPC permission forms-all eligible events		X	X	X	X		X	X	X	X		X	X	X	X		X	X	X	X
MPC permission forms-hospital based events (ER, HS, and OP) only	X					X					X					X				
Pharmacy permission forms			X		X			X	X				X		X			X		X
HIPA Policy booklets-first sample	X					X														
HIPA Policy booklets-second sample			X																	

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Panel Number and Year Panel Began	Panel 5, 2000					Panel 6, 2001					Panel 7, 2002					Panel 8, 2003				
Round	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5
<b>Supplemental Sections</b>																				
Access to care (AC)		x		x			x		x			x		x			x		x	
Alternative/Preventive Care (AP)*																				
Assets (AS)					x					x					x					x
Caregiver (CG) and Caregiver Roster (CR)																				
Child Preventive Health (CS)				x			x		x			x		x			x		x	
Income (IN)			x		x			x		x			x		x			x		x
Long term care (LC)																				
Preventive care (AP)*			x		x			x		x			x		x			x		x
Priority Conditions (Quality) (PC)			x		x			x		x			x		x			x		x
Satisfaction with Health Plan (SP)		x		x			x		x			x		x			x		x	
<b>Question Groups within Sections</b>																				
Other Medical Expenses (OM) - #glasses/contact lenses			x					x					x					x		
Event Roster (EV) - additional other medical expenses			x		x			x		x			x		x			x		x
Health Status (HE) - problems with functional and physical activities	x		x		x	x		x		x	x		x		x	x		x		x
Health Status (HE) - vision and hearing		x		x			x		x			x		x			x		x	
Health Status (HE) - childcare			x		x			x		x			x		x			x		x
Health Status (HE) - child health status and preventive care		x																		
Priority Conditions Enumeration (PE) - standard enumeration																				
Priority Conditions Enumeration (PE) - new RU members																				
<b>Paper Instruments</b>																				
Adult self administered questionnaire (SAQ)		x		x			x		x			x		x			x		x	
Parent administered questionnaire (PAQ)		x																		
Diabetes Care Survey (DCS)			x		x			x		x			x		x			x		x
<b>Permission forms and booklets</b>																				
IC sample identification	x		x			x		x			x		x			x		x		
IC permission forms-first sample																				
IC permission forms-second IC sample																				
MPC permission forms-all eligible events		x	x	x	x		x	x	x	x		x	x	x	x		x	x	x	x
MPC permission forms-hospital based events only	x					x					x					x				
Pharmacy permission forms			x		x			x		x			x		x			x		x
HIPA Policy booklets-first sample																				
HIPA Policy booklets-second sample																				





## DATA COLLECTION SCHEDULE FOR MEPS QUESTIONS NOT COLLECTED IN EACH ROUND

Supplemental Sections, Questions Within Sections, Paper Instruments, Permission Forms, and Health Insurance Booklets

Panel Number and Year Panel Began	Panel 17, 2012				
Round	R1				
<b>Supplemental Sections</b>					
Access to care (AC)					
Alternative/Preventive Care (AP)*					
Assets (AS)					
Caregiver (CG) and Caregiver Roster (CR)					
Child Preventive Health (CS)					
Income (IN)					
Long term care (LC)					
Preventive care (AP)*					
Priority Conditions (Quality) (PC)					
Satisfaction with Health Plan (SP)					
<b>Question Groups within Sections</b>					
Other Medical Expenses (OM) - #glasses/contact lenses					
Event Roster (EV) - additional other medical expenses activities	x				
Health Status (HE) - vision and hearing					
Health Status (HE) - childcare					
Health Status (HE) - child health status and preventive care					
Priority Conditions Enumeration (PE) - standard enumeration	x				
Priority Conditions Enumeration (PE) - new RU members					
Health Care Premiums (HX and PR)	x				
Flexible Spending Accounts (FSA) (HX)	x				
<b>Paper Instruments</b>					
Adult self administered questionnaire (SAQ)					
Parent administered questionnaire (PAQ)					
Diabetes Care Survey (DCS)					
Cancer self administered questionnaire (CSAQ)†					
<b>Permission forms and booklets</b>					
IC sample identification	x				
IC permission forms-first sample					
IC permission forms-second sample					
MPC permission forms-all eligible events					
MPC permission forms-hospital based events only	x				
Pharmacy permission forms					
HIPA Policy booklets-first sample					
HIPA Policy booklets-second sample					

\* Beginning with Panel 4 Round 5, alternative/complementary care questions were omitted from the Alternative/Preventive Care (AP) section, and the section title changed to Preventive Care.

† Cancer self administered questionnaire distributed only in Panel 16 Round 3 and Panel 15 Round 5.