Emergency Room (ER) Section
November 14, 2017

MEPS P21R5/P22R3/P23R1

The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

Emergency Room (ER) Section

BOX_00
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         |  CONTEXT HEADER DISPLAY INSTRUCTIONS:                |
         |  DISPLAY PERS.FULLNAME, PROV.LORPNAME,               |
         |  EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY         |
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ER02
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

SHOW CARD ER-1.

Please look at this card and tell me which category **best** describes
the care {you/{PERSON}} received during the visit to {PROVIDER}
emergency room on {VISIT DATE}.

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    DIAGNOSIS OR TREATMENT ................. 1 {ER03}
    EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2 {ER03}
    PSYCHOTHERAPY OR MENTAL HEALTH
       COUNSELING ........................... 3 {ER03}
    FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4 {ER03}
    IMMUNIZATIONS OR SHOTS ................. 5 {ER03}
    PREGNANCY-RELATED (INCLUDING
       PRENATAL CARE AND DELIVERY) .......... 6 {ER03}
    OTHER ................................. 91 {ER03}
    REF ................................... -7 {ER03}
    DK .................................... -8 {ER03}
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                       [Code One]

      HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.


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         |  IF CODED '6' (PREGNANCY-RELATED (INCLUDING          |
         |  PRENATAL CARE AND DELIVERY)), CHECK THAT PERSON     |
         |  IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE:   |
         |  'CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.'  |
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ER03
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       {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
       PROVIDER} {EVN-DT}

       Was this visit related to any specific health condition or were any
       conditions discovered during this visit?

           YES .... 1 {ER04}
           NO .... 2 {ER05}
           REF .... -7 {ER05}
           DK .... -8 {ER05}

ER04
====

       {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
       PROVIDER} {EVN-DT}

       What conditions were discovered or led {you/{PERSON}} to make this
       visit?

       PROBE: Any other condition?

       IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

         [1. Medical Condition]
         [2. Medical Condition]
         [3. Medical Condition]

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|  DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS      |
|  SCREEN.                                           |
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|  GO TO ER05                                        |
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|  ROSTER DETAILS:                                   |
|  Title: PERS_COND_1                                |
|                                                    |
|  COL #1 HEADER: MEDICAL CONDITION                  |
|  INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION   |
|  (COND.CONDNAM)                                    |
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| ROSTER DEFINITION:                                  |
| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR    |
| THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL   |
| CONDITION(S) ASSOCIATED WITH THIS EVENT.            |
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| ROSTER BEHAVIOR:                                    |
| 1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT    |
|    IMPACT THE ROUND FLAG OF THE CONDITION.          |
|                                                     |
| 2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD  |
|    THE CONDITION NAME.                              |
|                                                     |
| 3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE   |
|    A CONDITION ADDED ON THIS SCREEN AS LONG AS      |
|    CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS   |
|    CONDITION AND THE EVENT.  IF THE INTERVIEWER     |
|    ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS    |
|    NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE:      |
|    "DELETE ALLOWED ONLY WHEN CONDITION IS FIRST     |
|    ENTERED."                                        |
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| ROSTER FILTER:                                      |
| DISPLAY ALL CONDITIONS ON PERSON'S ROSTER; NO       |
| FILTER.                                             |
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ER05
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{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
PROVIDER}   {EVN-DT}

SHOW CARD ER-2.

Looking at this card, which of these services, if any, did {you/
{PERSON}} have during this visit?

CHECK ALL THAT APPLY.

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LABORATORY TESTS ....................... 1 {ER06}
SONOGRAM OR ULTRASOUND ................. 2 {ER06}
X-RAYS ................................. 3 {ER06}
MAMMOGRAM .............................. 4 {ER06}
MRI OR CATSCAN ......................... 5 {ER06}
EKG OR ECG ............................. 6 {ER06}
EEG .................................... 7 {ER06}
VACCINATION ............................ 8 {ER06}
ANESTHESIA ............................. 9 {ER06}
OTHER DIAGNOSTIC TEST ................. 10 {ER06}
THROAT SWAB ........................... 11 {ER06}
NO SERVICES RECEIVED .................. 95 {ER06}
REF ................................... -7 {ER06}
DK .................................... -8 {ER06}
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HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

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| ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS        |
| FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES     |
| 4 THROUGH 9).                                       |
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| ALLOW CODE '95' (NO SERVICES RECEIVED), '-7'        |
| (REFUSED), AND '-8' (DON'T KNOW) ALONE ONLY;        |
| THESE RESPONSES MAY NOT BE SELECTED WITH ANY        |
| OTHER RESPONSE.                                     |
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| NOTE: 'OTHER DIAGNOSTIC TESTS' AND 'NO SERVICES     |
| RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.           |
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| HARD CHECK:                                          |
| EDIT:  IF CODED '95' (NO SERVICES RECEIVED),         |
| NO OTHER SERVICE CATEGORIES CAN BE CODED.  IF        |
| INTERVIEWER SELECTS ANOTHER CODE WITH 'NO            |
| SERVICES', DISPLAY THE FOLLOWING MESSAGE:  "NO       |
| SERVICES RECEIVED CANNOT BE SELECTED WITH OTHER      |
| OPTIONS. VERIFY AND RE-ENTER."                       |
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| NOTE:   CODE '11' (THROAT SWAB) IS DISPLAYED ON      |
| THE SCREEN AND ON THE SHOW CARD BETWEEN CODES '1'    |
| (LABORATORY TESTS) AND '2' (SONOGRAM OR              |
| ULTRASOUND).                                         |
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ER06
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

Was a surgical procedure performed on {you/{PERSON}} during this
visit?

    YES .... 1 {ER08}
    NO .... 2 {ER08}
    REF .... -7 {ER08}
    DK .... -8 {ER08}

    HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

ER08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

During this visit, were any medicines prescribed for {you/{PERSON}}?
Please include only prescriptions which were filled.

    YES .... 1 {ER09}
    NO .... 2 {BOX_03}
    REF .... -7 {BOX_03}
    DK .... -8 {BOX_03}

    HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

ER09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EVN-DT}

Please tell me the names of the prescriptions from this visit that
were filled.

PROBE: Any other prescribed medicines from this visit that were
filled?

        [1. Prescribed Medicine]
        [2. Prescribed Medicine]
        [3. Prescribed Medicine]

        | DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS |
        | SCREEN. |

        | GO TO BOX_03 |

        | ROSTER DETAILS: |
        | TITLE: PERSON'S_PRESCRIBED_MEDICINES_1 |
        | |
        | COL # 1 HEADER: PRESCRIBED MEDICINE |
        | INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE |
        | (DRUG.DRUGNAME) |

        | ROSTER DEFINITION: |
        | THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION- |
        | MEDICINES-ROSTER FOR SELECTION. |

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| ROSTER BEHAVIOR:                                    |
| 1. MULTIPLE SELECT ALLOWED.                         |
|                                                     |
| 2. MULTIPLE ADD ALLOWED.                            |
|                                                     |
| 3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE |
|    A MEDICINE ADDED ON THIS SCREEN AS LONG AS      |
|    CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS |
|    MEDICINE AND THE EVENT.                          |
|                                                     |
| 4. EDIT DISALLOWED.                                 |
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| ROSTER FILTER:                                      |
| DISPLAY ALL MEDICINES ON PERSON'S ROSTER; NO        |
| FILTER.                                             |
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BOX_03
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| IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS         |
| EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE      |
| CHARGE/PAYMENT (CP) SECTION                          |
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| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION     |
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