

reported by both the household and the pharmacy, half of these cases had exactly the same out-of-pocket payments for the last prescription filled; for the remaining cases, the average discrepancy is low.

2.5.10.8 Experiences with Public Plans Variables (GDCPBM42 – RTPLNT42)

The variables GDCPBM42 through RTPLNT42 contain responses to the satisfaction with plans supplement, which was administered in the second and fourth interviews of the MEPS HC. Question wording is based on questions in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®), an AHRQ-sponsored family of survey instruments designed to measure quality from the consumer's perspective. There are two sets of variables, one for TRICARE/CHAMPVA and the other for Medicaid, SCHIP, or other state or local government hospital/physician coverage, because families may have both types of insurance. Family respondents who reported any current family member had TRICARE/CHAMPVA in that round were asked about the family's experiences with TRICARE/CHAMPVA. These family- (RU-) level responses do not vary across RU members with TRICARE/CHAMPVA at any time during the round; for RU members without TRICARE/CHAMPVA during the round, the values are set to inapplicable.

Family respondents who reported any current family member had Medicaid, SCHIP, or other state or local government hospital/physician coverage in that round were asked about the family's experiences with that coverage. These RU-level responses do not vary across RU members who at any time during the round had Medicaid, SCHIP, or other state or local government hospital/physician coverage. For RU members without these types of public insurance during the round, the values are set to inapplicable.

The variables address the following topics: difficulty getting a personal doctor or nurse (GDCPBM42 and GDCPBT42), needing approval for treatment and delays associated with waiting for approval (APRTRM42, APRDLM42, APRTRT42, APRDLT42), looking for information on how plan works and problems finding information (LKINFM42, PBINFM42, LKINFT42, PBINFT42), calling customer service and problems getting help from customer service (CSTSVM42, PBSVCM42, CSTSVT42, PBSVCT42), filling out paperwork for the plan and problems with the paperwork (PPRWKM42, PBPWKM42, PPRWKT42, PBPWKT42), rating of experience with plan (RTPLNM42 and RTPLNT42).

Variables for experiences with private plans are on the 2007 Person Round Plan file, PUF HC-111. On that file, each person has a separate record for each private plan, and each record has variables with the family's experiences with that specific plan.

2.5.11 Utilization, Expenditures and Source of Payment Variables (TOTTC07-RXOSR07)

The MEPS Household Component (HC) collects data in each round on use and expenditures for office- and hospital-based care, home health care, dental services, vision aids, and prescribed medicines. Data were collected for each sample person at the event level (e.g., doctor visit,

hospital stay) and summed across Rounds 3-5 for Panel 11 (excluding 2006 events covered in Round 3) and across Rounds 1-3 for Panel 12 (excluding 2008 events covered in Round 3) to produce the annual utilization and expenditure data for 2007. In addition, the MEPS Medical Provider Component (MPC) is a follow-back survey that collected data from a sample of medical providers and pharmacies that were used by sample persons in 2007. Expenditure data collected in the MPC are generally regarded as more accurate than information collected in the HC and were used to improve the overall quality of MEPS expenditure data in this file (see below for description of methodology used to develop expenditure data).

This file contains utilization and expenditure variables for several categories of health care services. In general, there is one utilization variable (based on HC responses only), 13 expenditure variables (derived from both HC and MPC responses), and one charge variable for each category of health care service. The utilization variable is typically a count of the number of medical events reported for the category. The 13 expenditure variables consist of an aggregate total payments variable, 10 main component source of payment category variables, and two additional source of payment category variables (see below for description of source of payment categories). Expenditure variables for all categories of health care combined are also provided. These variables generally represent a full year of use and expenditures. However, for persons who were not in scope for the entire year, these variables reflect the period of eligibility.

The table in Appendix 1 provides an overview of the utilization and expenditure variables included in this file. For each health service category, the table lists the corresponding utilization variable(s) and provides a general key to the expenditure variable names (13 per service category). The first three characters of the expenditure variable names reflect the service category (except only two characters for prescription medicines) while the subsequent three characters (***) in table) reflect the naming convention for the source of payment categories described below (except only two characters for Veterans Administration). The last two positions of all utilization and expenditure variable names reflect the survey year (i.e., 07). More details are provided on the utilization and expenditure variables in sections 2.5.11.1 and 2.5.11.2 below.

2.5.11.1 Expenditures Definition

Expenditures on this file refer to what is paid for health care services. More specifically, expenditures in MEPS are defined as the sum of direct payments for care provided during the year, including out-of-pocket payments and payments by private insurance, Medicaid, Medicare, and other sources. Payments for over-the-counter drugs are not included in MEPS total expenditures. Indirect payments not related to specific medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, are also not included.

The definition of expenditures used in MEPS is somewhat different from the 1987 NMES and 1987 NMCES surveys where charges rather than sum of payments were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990s due to the increasingly common practice of discounting charges. Another change from the two prior surveys is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not

counted as expenditures because there are no payments associated with those classifications.

While the concept of expenditures in MEPS has been operationalized as payments for health care services, variables reflecting charges for services received are also provided on the file (see below). Analysts should use caution when working with the charge variables because they do not typically represent actual dollars exchanged for services or the resource costs of those services.

Data Sources on Expenditures

The expenditure data included on this file were derived from the MEPS Household and Medical Provider Components. Only HC data were collected for nonphysician visits, dental and vision services, other medical equipment and services, and home health care not provided by an agency while data on expenditures for care provided by home health agencies were only collected in the MPC. In addition to HC data, MPC data were collected for some office-based visits to physicians (or medical providers supervised by physicians), hospital-based events (e.g., inpatient stays, emergency room visits, and outpatient department visits), and prescribed medicines. For these types of events, MPC data were used if complete; otherwise, HC data were used if complete. Missing data for events where HC data were not complete and MPC data were not collected or complete were derived through an imputation process (see below).

A series of logical edits were applied to both the HC and MPC data to correct for several problems including, but not limited to, outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out-of-pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMOs and private HMOs as payment sources. Data were not edited to insure complete consistency between the health insurance and source of payment variables on the file.

Imputation for Missing Expenditures and Data Adjustments

Expenditure data were imputed to 1) replace missing data, 2) provide estimates for care delivered under capitated reimbursement arrangements, and 3) to adjust household-reported insurance payments because respondents were often unaware that their insurer paid a discounted amount to the provider. This section contains a general description of the approaches used for these three situations. A more detailed description of the editing and imputation procedures is provided in the documentation for the MEPS event-level files.

Missing data on expenditures were imputed using a weighted sequential hot-deck procedure for most medical visits and services. In general, this procedure imputes data from events with complete information to events with missing information but similar characteristics. For each event type, selected predictor variables with known values (e.g., total charge, demographic characteristics, region, provider type, and characteristics of the event of care, such as whether it involved surgery) were used to form groups of donor events with known data on expenditures, as well as identical groups of recipient events with missing data. Within such groups, data were assigned from donors to recipients, taking into account the weights associated with the MEPS complex survey design. Only MPC data were used as donors for hospital-based events while data from both the HC and MPC were used as donors for office-based physician visits. The

general approach that was used to impute missing expenditure data on prescribed medicines is described in section 2.5.11.2 below.

Because payments for medical care provided under capitated reimbursement arrangements and through public clinics and Veterans' Hospitals are not tied to particular medical events, expenditures for events covered under those types of arrangements and settings were also imputed. Events covered under capitated arrangements were imputed from events covered under managed care arrangements that were paid based on a discounted fee-for-service method, while imputations for visits to public clinics and Veterans' Hospitals were based on similar events that were paid on a fee-for-service basis. As for other events, selected predictor variables were used to form groups of donor and recipient events for the imputations.

An adjustment was also applied to some HC reported expenditure data because an evaluation of matched HC/MPC data showed that respondents who reported that charges and payments were equal were often unaware that insurance payments for the care had been based on a discounted charge. To compensate for this systematic reporting error, a weighted sequential hot-deck imputation procedure was implemented to determine an adjustment factor for HC reported insurance payments when charges and payments were reported to be equal. As for the other imputations, selected predictor variables were used to form groups of donor and recipient events for the imputation process.

Methodology for Flat Fee Expenditures

Most of the expenditures for medical care reported by MEPS participants are associated with single medical events. However, in some situations there is one charge that covers multiple contacts between a medical provider and patient (e.g., obstetrician services, orthodontia). In these situations (generally called flat or global fees), total payments for the flat or global fee were included if the initial service was provided in 2007. For example, all payments for an orthodontist's fee that covered multiple visits over three years were included if the initial visit occurred in 2007. However, if a visit in 2007 to an orthodontist was part of a flat fee in which the initial visit occurred in 2006, then none of the payments for the flat fee were included.

The approach used to count expenditures for flat fees may create what appear to be inconsistencies between utilization and expenditure variables. For example, if several visits under a flat fee arrangement occurred in 2007 but the first visit occurred in 2006, then none of the expenditures were included, resulting in low expenditures relative to utilization for that person. Conversely, the flat fee methodology may result in high expenditures for some persons relative to their utilization. For example, all of the expenditures for an expensive flat fee were included even if only the first visit covered by the fee had occurred in 2007. On average, the methodology used for flat fees should result in a balance between overestimation and underestimation of expenditures in a particular year.

Zero Expenditures

There are some medical events reported by respondents where the payments were zero. This could occur for several reasons including (1) free care was provided, (2) bad debt was incurred, (3) care was covered under a flat fee arrangement beginning in an earlier year, or (4) follow-up

visits were provided without a separate charge (e.g., after a surgical procedure). In summary, these types of events have no impact on the person-level expenditure variables contained in this file.

Source of Payment Categories

In addition to total expenditures, variables are provided that itemize expenditures according to the major source of payment categories. These categories are:

1. Out of pocket by patient or patient's family (SLF);
2. Medicare (MCR);
3. Medicaid (MCD);
4. Private Insurance (PRV);
5. Veterans' Administration, excluding CHAMPVA (VA);
6. TRICARE (TRI);
7. Other Federal Sources--includes Indian Health Service, Military Treatment Facilities, and other care provided by the Federal government (OFD);
8. Other State and Local Source--includes community and neighborhood clinics, State and local health departments, and State programs other than Medicaid (STL);
9. Worker's Compensation (WCP);
10. Other Unclassified Sources--includes sources such as automobile, homeowner's, liability, and other miscellaneous or unknown sources (OSR).

Two additional source of payment variables were created to classify payments for particular persons that appear inconsistent due to differences between the survey questions on health insurance coverage and sources of payment for medical events. These variables include:

11. Other Private (OPR) - any type of private insurance payments reported for persons not reported to have any private health insurance coverage during the year as defined in MEPS (i.e., for hospital and physician services); and
12. Other Public (OPU) - Medicaid payments reported for persons who were not reported to be enrolled in the Medicaid program at any time during the year.

Though relatively small in magnitude, users should exercise caution when interpreting the expenditures associated with the OPR and OPU categories. While these payments stem from apparent inconsistent responses to the health insurance and source of payment questions in the survey, some of these inconsistencies may have logical explanations. For example, private insurance coverage in MEPS is defined as having a major medical plan covering hospital and physician services. If a MEPS sample person did not have such coverage but had a single service type insurance plan (e.g., dental insurance) that paid for a particular episode of care, those payments may be classified as "other private." Some of the "other public" payments may stem from confusion between Medicaid and other state and local programs or may be for persons who were not enrolled in Medicaid, but were presumed eligible by a provider who ultimately received payments from the program.

Please note, unlike the other events, the prescribed medicine events do have some remaining

inconsistent responses between the insurance section of the HC and sources of payment from the PC (more specifically, discrepancies between Medicare only household insurance responses and Medicaid sources of payment provided by pharmacy providers). These inconsistencies remain unedited because there was strong evidence from the PC that these were indeed Medicaid payments. All of these types of HC events were exact matches to events in the PC, and in addition, all of these types of events were purchases by persons with positive weights.

The naming conventions used for the source of payment expenditure variables are shown in parentheses in the list of categories above and in the key to the attached table in Appendix 1. In addition, total expenditure variables (EXP in key) based on the sum of the 12 source of payment variables above are provided.

Charge Variables

In addition to the expenditure variables described above, a variable reflecting total charges is provided for each type of service category (except prescribed medicines). This variable represents the sum of all fully established charges for care received and usually does not reflect actual payments made for services, which can be substantially lower due to factors such as negotiated discounts, bad debt, and free care (see above). The naming convention used for the charge variables (TCH) is also included in the key to the attached table in Appendix 1. The total charge variable across services (TOTTCH07) excludes prescribed medicines.

2.5.11.2 Utilization and Expenditure Variables by Type of Medical Service

The following sections summarize definitional, conceptual, and analytic considerations when using the utilization and expenditure variables in this file. Separate discussions are provided for each MEPS medical service category.

Medical Provider Visits (i.e., Office-Based Visits)

Medical provider visits consist of encounters that took place primarily in office-based settings and clinics. Care provided in other settings such as a hospital, nursing home, or a person's home are not included in this category.

The total number of office-based visits reported for 2007 (OBTOTV07) as well as the number of such visits to physicians (OBDRV07) and nonphysician providers (OBOTHV07) are contained in this file. For a small proportion of sample persons, the sum of the physician and nonphysician visit variables (OBDRV07+OBOTHV07) is less than the total number of office-based visits variable (OBTOTV07) because OBTOTV07 contains reported visits where the respondent did not know the type of provider. Nonphysician visits (OBOTHV07) include visits to the following types of providers: chiropractors, midwives, nurses and nurse practitioners, optometrists, podiatrists, physician's assistants, physical therapists, occupational therapists, psychologists,

social workers, technicians, receptionists/clerks/secretaries, or other medical providers. Separate utilization variables are included for selected types of more commonly seen nonphysician providers including chiropractors (OBCHIR07), nurses/nurse practitioners (OBNURS07), optometrists (OBOPTO07), physician assistants (OBASST07), and physical or occupational therapists (OBTHER07).

Expenditure variables associated with all medical provider visits, physician visits, and non physician visits in office-based settings can be identified using the attached table in Appendix 1. As for the corresponding utilization variables, the sum of the physician and non physician visit expenditure variables (e.g. OBDEXP07+OBOEXP07) is less than the total office-based expenditure variable (OBVEXP07) for a small proportion of sample persons. This can occur because OBVEXP07 includes visits where the respondent did not know the type of provider seen.

Hospital Events

Separate utilization variables for hospital care are provided for each type of setting (inpatient, outpatient department, and emergency room) along with three expense variables per setting: one for basic hospital facility expenses, one for payments to physicians who billed separately for services provided at the hospital (referred to as “separately billing doctor” or SBD expenses) and one that aggregates the facility and SBD expenses (aggregated variable not included in files prior to 2007).

Hospital facility expenses include all expenses for direct hospital care, including room and board, diagnostic and laboratory work, x-rays, and similar charges, as well as any physician services included in the hospital charge. SBD expenses typically cover services provided to patients in hospital settings by providers like radiologists, anesthesiologists, and pathologists, whose charges are often not included in hospital bills.

Hospital Outpatient Visits

Variables for the total number of reported visits to hospital outpatient departments in 2007 (OPTOTV07) as well as the number of outpatient department visits to physicians (OPDRV07) and non-physician providers (OPOTHV07) are contained in this file. For a small proportion of sample persons, the sum of the physician and non physician visit variables (OPDRV07+OPOTHV07) is less than the total number of outpatient visits variable (OPTOTV07) because OPTOTV07 contains reported visits where the respondent did not provide information on the type of provider seen.

Expenditure variables (both facility and SBD) associated with all medical provider visits, physician visits, and non physician visits in outpatient departments can be identified using the attached table in Appendix 1. As for the corresponding utilization variables, the sum of the physician and non physician expenditure variables (e.g., OPVEXP07+OPOEXP07 for facility expenses) is less than the variable for total outpatient department expenditures (OPFEXP07) for a small proportion of sample persons. This can occur because OPFEXP07 includes visits where the respondent did not know the type of provider seen. No expenditure variables are provided for

health care consultations that occurred over the telephone.

Hospital Emergency Room Visits

The variable ERTOT07 represents a count of all emergency room visits reported for the survey year. Expenditure variables associated with ERTOT07 are identified in the attached table in Appendix 1. It should be noted that hospitals usually include expenses associated with emergency room visits that immediately result in an inpatient stay with the charges and payments for the inpatient stay. Therefore, to avoid the potential for double counting when imputing missing expenses, separately reported facility expenditures for emergency room visits that were identified in the MPC as directly linked to an inpatient stay were included as part of the inpatient stay only (see below). This strategy to avoid double counting resulted in \$0 facility expenditures for these emergency room visits. However, these \$0 emergency room visits are still counted as separate visits in the utilization variable ERTOT07.

Hospital Inpatient Stays

Two measures of total inpatient utilization are provided on the file: (1) total number of hospital discharges (IPDIS07) and (2) the total number of nights associated with these discharges (IPNGTD07). Please note that the variable IPNGTD07 is an imputed version of the IPNGT07 variable released earlier on HC-107. For the 76 cases that were missing length of stay information, data were imputed using a weighted sequential hot-deck procedure. IPDIS07 includes hospital stays where the dates of admission and discharge were reported as identical. These “zero-night stays” can be included or excluded from inpatient analyses at the user’s discretion (see last paragraph of this section).

Expenditure variables associated with hospital inpatient stays are identified in the attached table in Appendix 1. To the extent possible, payments associated with emergency room visits that immediately preceded an inpatient stay are included with the inpatient expenditures (see above) and payments associated with healthy newborns are included with expenditures for the mother (see next paragraph for more detail).

Data used to construct the inpatient utilization and expenditure variables for newborns were edited to exclude stays where the newborn left the hospital on the same day as the mother. This edit was applied because discharges for infants without complications after birth were not consistently reported in the survey, and charges for newborns without complications are typically included in the mother’s hospital bill. However, if the newborn was discharged at a later date than the mother was discharged, then the discharge was considered a separate stay for the newborn when constructing the utilization and expenditure variables.

Some analysts may prefer to exclude zero-night stays from inpatient analyses and/or count these stays as ambulatory visits. Therefore, a separate use variable is provided that contains a count of the number of inpatient events where the reported dates of admission and discharge were the same (IPZERO07). This variable can be subtracted from IPDIS07 to exclude zero-night stays from inpatient utilization estimates. In addition, separate expenditure variables are provided for zero-night facility expenses (ZIFEXP07) and for separately billing doctor expenses

(ZIDEXP07). Analysts who choose to exclude zero-night stays from inpatient expenditure analyses need to subtract the zero-night expenditure variable from the corresponding expenditure variable for total inpatient stays (e.g., IPFEXP07-ZIFEXP07 for facility expenses, IPDEXP07-ZIDEXP07 for separately billing doctor expenses).

Dental Care Visits

The total number of dental visits variable (DVTOT07) includes those to any person(s) for dental care including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists. Additional variables are provided for the numbers of dental visits to general dentists (DVGEN07) and to orthodontists (DVORTH07). For a small proportion of sample persons, the sum of the general dentist and orthodontist visit variables (DVGEN07+DVORTH07) is greater than the total number of dental visits (DVTOT07). This result can only occur for persons who were reported to have seen both a general dentist and orthodontist in the same visit(s). When this occurred, expenditures for the visit were included as orthodontist expenses but not as general dentist expenses. Expenditure variables for all three categories of dental providers can be identified using the attached table in Appendix 1.

Home Health Care

In contrast to other types of medical events where data were collected on a per visit basis, information on home health care utilization is collected in MEPS on a per month basis. Variables are provided that indicate the total number of days in 2007 where home health care was received by the following: from any type of paid or unpaid caregiver (HHTOTD07), from agencies, hospitals, or nursing homes (HHAGD07), from self-employed persons (HHINDD07), and from unpaid informal caregivers not living with the sample person (HHINFD07). The number of provider days represents the sum across months of the number of days on which home health care was received, with days summed across all providers seen. For example, if a person received care in one month from one provider on 2 different days, then the number of provider days would equal 2. The number of provider days would also equal 2 if a person received care from 2 different providers on the same day. However, if a person received care from 1 provider 2 times in the same day, then the provider days would equal 1. These variables were assigned missing values if the number of provider days could not be computed for any month in which the specific type of home health care was received.

Separate expenditure variables are provided for agency-sponsored home health care (includes care provided by home health agencies, hospitals, and nursing homes) and care provided by self-employed persons. The attached table in Appendix 1 identifies the home health care utilization and expenditure variables contained in the file.

Vision Aids

Expenditure variables for the purchase of glasses and/or contact lenses are identified in the attached table in Appendix 1. Due to the data collection methodology, it was not possible to determine whether vision items that were reported in Round 3 had been purchased in 2006 or 2007. Therefore, expenses reported in Round 3 were only included if more than half of the

person's reference period for the round was in 2007.

Other Medical Equipment and Services

This category includes expenditures for ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, alterations/modifications, and other miscellaneous items or services that were obtained, purchased, or rented during the year. On this file, diabetic supplies and insulin are not considered to be medical equipment. All use and expenditure information for these items are included in the prescribed medicine variables. Respondents were only asked once (in Round 3) about their total annual expenditures and were not asked about their frequency of use of these services. Expenditure variables representing the combined expenses for these supplies and services are identified in the Appendix 1 table.

Prescribed Medicines

There is one total utilization variable (RXTOT07) and 13 expenditure variables included on the 2007 full-year file relating to prescribed medicines. These 13 expenditure variables include an annual total expenditure variable (RXEXP07) and 12 corresponding annual source of payment variables (RXSLF07, RXMCR07, RXMCD07, RXPRV07, RXVA07, RXTRI07, RXOFD07, RXSTL07, RXWCP07, RXOSR07, RXOPR07, and RXOPU07). The total utilization variable is a count of all prescribed medications purchased during 2007, and includes initial purchases and refills. The total expenditure variable sums all amounts paid out-of-pocket and by third party payers for each prescription purchased in 2007. No variables reflecting charges for prescription medicines are included because a large proportion of respondents to the pharmacy component survey did not provide charge data (see below).

Prescribed Medicines Data Collected

Data regarding prescription drugs were obtained through the household questionnaire and a pharmacy component survey. During each round of the MEPS-HC, all respondents were asked to supply the name of any prescribed medication they or their family members purchased or otherwise obtained during that round. For each medication and in each round, the following information was collected: whether any free samples of the medication were received; the name(s) of any health conditions the medication was prescribed for; the number of times the prescription drug was obtained or purchased; the year, month, and day on which the person first used the medication; and a list of the names, addresses, and types of pharmacies that filled the household's prescriptions. Also, during the Household Component, respondents were asked if they send in claim forms for their prescriptions (self-filers) or if their pharmacy providers do this automatically for them at the point of purchase (non-self-filers). For non-self-filers, charge and payment information was collected in the pharmacy component survey, unless the purchase was an insulin or diabetic supply/equipment event. However, charge and payment information was collected for self-filers in the household questionnaire, because payments by private third party payers for self-filers' purchases would not be available from the pharmacy component. Uninsured persons were treated as those whose pharmacies filed their prescription claims at the

point of purchase. Persons who said they did not know if they sent in their own prescription claim forms were treated as those who did send in their own prescription claim forms.

Pharmacy providers identified by the household were contacted by telephone in the pharmacy component if permission was obtained in writing from the person with the prescription to release their pharmacy records. The signed permission forms were provided to the various establishments prior to making any requests for information. Each establishment was informed of all persons participating in the survey that had prescriptions filled there in 2007 and a computerized printout containing information about these prescriptions was sought. For each medication listed, the following information was requested: date filled; national drug code (NDC); medication name; strength of medicine (amount and unit); quantity (package size and amount dispensed); and payments by source.

When diabetic supplies, such as syringes and insulin, were reported in the other medical supply section of the MEPS-HC questionnaire as having been obtained during the round, the interviewer was directed to collect information on these items in the prescription drug section of MEPS. Charge and payment information was asked for these events.

Prescribed Medicines Data Editing and Imputation

The general approach to preparing the household prescription data for this file was to utilize the pharmacy component prescription data to assign expenditure values to the household drug mentions. For events that charge and payment data were collected from the household in the HC, information on payment sources was retained to the extent that these data were reported. A matching program was adopted to link pharmacy component drugs and the corresponding drug information to household drug mentions. To improve the quality of these matches, all drugs on the household and pharmacy files were coded based on the medication names provided by the household and pharmacy, and when available, the national drug code (NDC) provided in the pharmacy survey. Considerable editing was done prior to the matching to correct data inconsistencies in both data sets and fill in missing data and correct outliers on the pharmacy file.

Drug price per unit outliers were analyzed on the pharmacy file by first identifying the average wholesale unit price (AWUP) of the drug by linkage through the NDC to a proprietary data base. In general, prescription drug unit prices were deemed to be outliers by comparing unit prices reported in the pharmacy data base to the AWUP and were edited, as necessary. Beginning with the 2007 data, the rules used to identify outlier prices for prescription medications in the PC changed. New outlier thresholds were established based on the distribution of the ratio of retail unit prices relative to the AWUP in the 2006 MarketScan Outpatient Pharmaceutical Claims data base. As a result, compared with earlier years of the MEPS, starting with 2007 there is a somewhat lower proportion of spending on drugs is by families, as opposed to third-party payers.

For those rounds that spanned two years, drugs mentioned in that round were allocated between the years based on the number of times the respondent said the drug was purchased in the respective year, the year the person started taking the drug, the length of the person's round, the dates of the person's round, and the number of drugs for that person in the round. In addition, a "folded" version of the PC on an event level, as opposed to an acquisition level, was used for

these types of events to assist in determining how many acquisitions of the drug should be allocated between the years.

Collapsed Source of Payment Variables (not included prior to 2007)

Starting in 2007, two additional source of payment variables were added for each health care service category to the Full Year Consolidated File as a convenience to data users since they are common analytic groupings of the payment sources. The first (**PRT07 series) is the sum of the private and Tricare payer categories (i.e., $***PRT07=***PRV07+***TRI07$). The second (**OTH07 series) is the sum of the least common source of payment categories including: 1) other federal (**OFD07), 2) state and local (**STL07), 3) other private (**OPR07), 4) other public (**OPU07), and 5) other sources (**OSR07). Since the **PRT07 and **OTH07 variable series represent combined totals of existing individual source of payment variables, analysts should exercise caution to avoid inappropriate double counting of expenditures when working with these variables.

2.6 Linking to Other Files

2.6.1 Event and Condition Files

Records on this file can be linked to 2007 MEPS-HC public use event and condition files by the sample person identifier (DUPERSID). The Panel 11 cases on this file (PANEL=11) can also be linked back to the 2006 MEPS-HC public use event and condition files.

2.6.2 National Health Interview Survey

The set of households selected for MEPS is a subsample of those participating in the National Health Interview Survey (NHIS), thus, each MEPS panel can also be linked back to the previous year's NHIS public use data files. For information on obtaining MEPS/NHIS link files please see www.meps.ahrq.gov/data_stats/more_info_download_data_files.jsp.

2.6.3 Pooling Annual Files

To facilitate analysis of subpopulations and/or low prevalence events, it may be desirable to pool together more than one year of data to yield sample sizes large enough to generate reliable estimates. For each data year preceding 2002 that is being pooled, it is necessary to obtain appropriate strata and psu variables for variance estimation by linking to the Pooled Estimation Linkage File (HC-036). For more details see pooling MEPS data files see www.meps.ahrq.gov/data_stats/download_data_files_detail.jsp?cboPufNumber=HC-036.

Starting in Panel 9, values for DUPERSID from previous panels will be re-used. Therefore, it is necessary to use the panel variable (PANEL) in combination with DUPERSID to ensure unique person-level identifiers across panels. Creating unique records in this manner is advised when pooling MEPS data across multiple annual files that have one or more identical values for DUPERSID.

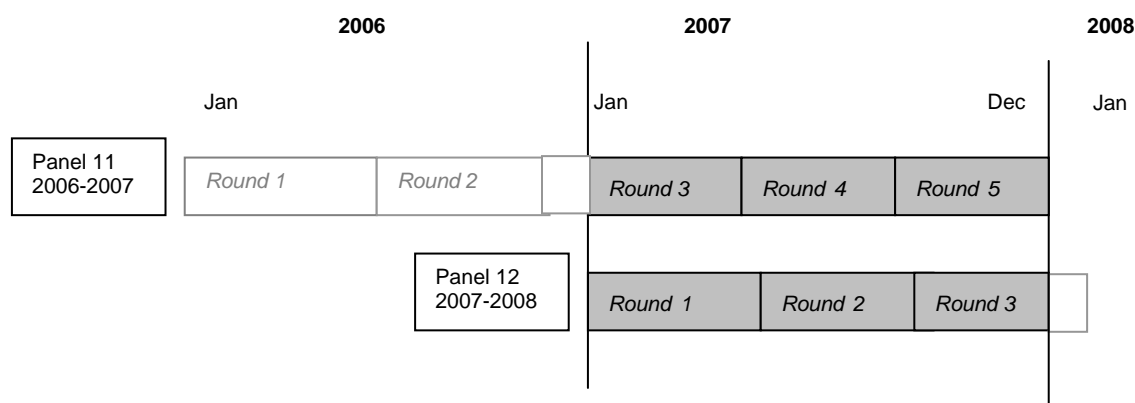
2.6.4 Longitudinal Analysis

For Panels 1-8, panel-specific files (called Longitudinal Weight Files) containing estimation variables to facilitate longitudinal analysis are available for downloading in the data section of the MEPS Web site. To create longitudinal files for these panels, it is necessary to link data from two subsequent annual files that contain data for the first and second years of the panel, respectively. Starting with Panel 9, it is not necessary to link files for longitudinal analysis because Longitudinal Data Files have been constructed and are available for downloading on the web.

3.0 Survey Sample Information

3.1 Background on Sample Design and Response Rates

The MEPS is designed to produce estimates at the national and regional level over time for the civilian, noninstitutionalized population of the United States and some subpopulations of interest. The data in this public use file pertain to calendar year 2007. The data were collected in Rounds 1, 2, and 3 for MEPS Panel 12 and Rounds 3, 4, and 5 for MEPS Panel 11. (Note that Round 3 for a MEPS panel is designed to overlap two calendar years, see illustration below.)



Variables convey the same information for this full-year file that has been provided for the full-year files associated with years 1996–2006 of MEPS.

The only utilization data that appear on this file are those associated with health care events occurring in calendar year 2007. All such utilization data associated with calendar year 2007 as

reported by MEPS respondents have been included in this database for both panels and their corresponding rounds.

3.1.1 References on MEPS Sample Design

There have been some published reports on the MEPS sample design. For detailed information on the MEPS sample design for Panel 1, see Cohen, S. Sample Design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. MEPS Methodology Report, No. 2. AHCPR Pub. No. 97-0027. For detailed information on the MEPS sample design for Panel 2, see Cohen, S., Sample Design of the 1997 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Healthcare Research and Quality; 2000. MEPS Methodology Report, No. 11. AHRQ Pub No. 01-0001; Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. Sample Design of the Medical Expenditure Panel Survey Household Component, 1998-2007, Methodology Report, No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD.

3.1.2 MEPS--Linked to the National Health Interview Survey (NHIS)

Changes in the NHIS Sample Design and its Impact on MEPS

First note that the 2006 MEPS database is the last one to be based solely on the NHIS sample design first implemented in 1995. Beginning in 2006, the NHIS implemented a new, though similar, sample design. Thus, Panel 12 of MEPS, first fielded in 2007, became the first panel reflecting the new NHIS sample design. As a result, the 2007 full year file contains a MEPS panel sampled under the new design as well as a panel selected under the old one. This is actually advantageous statistically in that some gains in precision for sample estimates are expected to result due to reduced clustering of the sample compared to having both panels representing subsamples from the same set of NHIS PSUs and segments (second stage sampling units). This reduction in clustering means that the full 2007 MEPS sample was more spread out geographically than usual, so there were some increases in costs associated with fielding this sample that will be eliminated when both panels are associated with the same NHIS sample design, as will be the case for the 2008 MEPS data base.

To review the MEPS sample design in more detail, traditionally, the sample for the NHIS is redesigned and redrawn about every ten years. From 1995 to 2005, the NHIS used the same sample design and thus, the MEPS, which began in 1996, was based, through 2006, on a single NHIS design. Since in the NHIS the same PSUs and second stage sampling units are used each year, the MEPS sample from 1996 to 2006 was clustered within the same sampling units. However, a new sample design for the NHIS was implemented in 2006. The fundamental structure of the new 2006 NHIS sample design is very similar to the previous 1995-2005 NHIS sample design. The sample PSUs and second stage sampling units for the new NHIS design were selected independent of the sample selection process under the previous design. Of course, there

is some overlap between the area populations covered by the sampled PSUs selected under the two designs, mostly the larger ones selected with certainty. As households selected for MEPS participation are selected from among the previous year's NHIS respondents, the MEPS Panel 12, fielded in 2007, was the first MEPS Panel based on the new NHIS sample design. There are several implications with respect to this design change that should be noted.

With two independent samples, a new set of variance strata and PSUs had to be developed for use with Panel 12, while those associated with the old design were retained for Panel 11. Thus, for the 2007 data there were more variance strata and PSUs available for estimation purposes, and more degrees of freedom, than for earlier files under the old NHIS sample design or for subsequent files under the new NHIS design. Also, the degree of clustering of the 2007 file sample was lessened since the two MEPS panels (Panel 11 and Panel 12) were not sampled from the same set of PSUs and secondary sample units. As a result, as previously mentioned, with the reduction of the clustering of the sample, standard errors are expected to be generally lower than they would otherwise be for estimates where people living in the same vicinity tend to have similar responses to questionnaire items. In addition, as with any change in sample or study design, MEPS estimates have been and will continue to be assessed to determine if any substantial change in the survey estimates might be associated with a change in design (e.g., as could arise due to increased coverage of the target populations with an updated sample design based on data from the latest Census).

Other Details on the MEPS Subsample of Responding Households from the NHIS

The households in this 2007 MEPS database are related to a subsample of households participating in the NHIS in 2005 and 2006. The households (occupied DUs) selected for MEPS Panel 11 were a subsample of the 2005 NHIS responding households under the old sample design, while those in MEPS Panel 12 were a subsample of 2006 NHIS respondents under the new sample design. A household may contain one or more family units, each consisting of one or more individuals. Analysis can be undertaken using either the individual or the family as the unit of analysis.

There were 9,464 households (occupied DUs) selected for inclusion in MEPS Panel 11, of which 9,434 were eligible for fielding (college dormitories were eliminated). They were selected as a nationally representative subsample of the households responding to the 2005 NHIS. A subsample of 7,319 households was selected for MEPS Panel 12 from among households responding to the 2006 NHIS, of which 7,294 were fielded after the elimination of college dorms.

The NHIS is a complex multi-stage sample design. A brief and simplified description of the NHIS design follows. The first stage of sample selection is an area sample of PSUs, where PSUs generally consist of one or more counties. Within PSUs, density strata are formed, generally reflecting the density of minority populations for single or groups of blocks or block equivalents that are assigned to the strata. Within each such density stratum "supersegments" are formed, consisting of clusters of housing units. Samples of supersegments are selected for use over a 10-

year data collection period for the NHIS. Households within supersegments are selected for each calendar year the NHIS is carried out.

Under the old NHIS design households containing Hispanics and Blacks were oversampled at rates of approximately 2 and 1.5 times, respectively, the rate of remaining households. Under the new NHIS sample design Asians are also oversampled. The estimated oversampling rates of the three minorities under the new NHIS design have not yet been reported.

The only major difference in eligibility status for housing units between NHIS and MEPS is that college dorms represent ineligible housing units for MEPS. College aged students living away from home during the school year were interviewed at their place of residence for the NHIS but were identified by and linked to their parents' household for MEPS. (There is also a person-level stage of sampling for the NHIS, but that does not have a direct impact on the MEPS sample design.)

3.1.3 Sample Weights and Variance Estimation

In the database "MEPS HC-113: 2007 Full Year Consolidated Data File," weight variables are provided for generating MEPS estimates of totals, means, percents, and rates for persons and families in the civilian noninstitutionalized population. The weight variables (PERWT07F, FAMWT07F, SAQWT07F, and DIABWT07F) provided in this file supersede the weight variables provided in the 2007 Full Year Population Characteristic File (HC-107). Procedures and considerations associated with the construction and interpretation of person and family-level estimates using these and other variables are discussed below.

3.2 The MEPS Sampling Process and Response Rates: An Overview

For most MEPS panels, a sample representing about three-eighths of the NHIS responding households is made available for use in MEPS. The MEPS Panel 11 sample was selected from among a "three-eighths" sample of NHIS responding households, while the Panel 12 sample was selected from a "one-fourth" sample.

A subsample of the NHIS responding households is then drawn for MEPS interviewing. Because the MEPS subsampling has to be done soon after NHIS responding households are identified, a small percentage of the NHIS households initially characterized as NHIS respondents are later classified as nonrespondents for the purposes of NHIS data analysis. This actually serves to increase the overall MEPS response rate slightly since the percentage of NHIS households designated for use in MEPS (all those characterized initially as respondents from the NHIS panels and quarters used by MEPS for a given year) is slightly larger than the final NHIS household-level response rate and some NHIS nonresponding households do participate in MEPS. However, as a result, these NHIS nonrespondents who are MEPS participants have no NHIS data available to link with MEPS data.

Once the MEPS sample is selected from among the NHIS households characterized as NHIS respondents, RUs representing students living in student housing or consisting entirely of military personnel are deleted from the sample. For the NHIS, college students living in student housing are sampled independently from their families. For MEPS, such students are identified through the sample selection of their parents' RU. Removing from MEPS those college students found in college housing sampled for the NHIS eliminates the opportunity of multiple chances of selection for MEPS for these students. Military personnel not living in the same RU as civilians are ineligible for MEPS. After such exclusions, all RUs associated with households selected from among those identified as NHIS responding households are then fielded in the first round of MEPS.

Table 3.1 shows in Rows A, B, and C the three informational components just discussed. Row A indicates the percentage of NHIS households eligible for MEPS. Row B indicates the number of NHIS households sampled for MEPS. Row C indicates the number of sampled households actually fielded for MEPS (after dropping the students and military members discussed above).

Table 3.1. Sample Size and Response Rates for 2007 Full Year Data File (Panel 12 Rounds 1-3/Panel 11, Rounds 3-5)

		Panel 11	Panel 12	2007 Combined
A.	Percentage of NHIS households designated for use in MEPS (those characterized as responding)	87.3%	88.1%	
B.	Number of households sampled from the NHIS	9,464	7,319	
C.	Number of Households sampled from the NHIS and fielded for MEPS	9,434	7,294	
D.	Round 1 – Number of RUs eligible for interviewing	9,972	7,712	
E.	Round 1 – Number of RUs with completed interviews	7,585	5,901	
F.	Round 2 – Number of RUs eligible for interviewing	7,834	6,058	
G.	Round 2 – Number of RUs with completed interviews	7,276	5,584	
H.	Round 3 – Number of RUs eligible for interviewing	7,423	5,686	
I.	Round 3 – Number of RUs with completed interviews	7,007	5,383	
J.	Round 4 – Number of RUs eligible for interviewing	7,122		
K.	Round 4 – Number of RUs with completed interviews	6,898		
L.	Round 5 – Number of RUs eligible for interviewing	6,905		
M.	Round 5 – Number of RUs with completed interviews	6,781		
Overall response rates Full Year 2007				
P12: $A \times (E/D) \times (G/F) \times (I/H)$		55.4%	58.8%	56.9%
P11: $A \times (E/D) \times (G/F) \times (I/H) \times (K/J) \times (M/L)$		(Panel 11 through Round 5)	(Panel 12 through Round 3)	
Combined: $0.56 \times P11 + 0.44 \times P12$				

3.2.1 Response Rates

In order to produce annual health care estimates for calendar year 2007 based on the full MEPS sample, data from the MEPS Panel 11 and Panel 12 samples are combined. More specifically, full calendar year 2007 data collected in Rounds 3 through 5 for the MEPS from the Panel 11 sample are combined with data from the first three rounds of data collection for the MEPS Panel 12 sample. The general approach is described below.

To understand the calculation of MEPS response rates, some features related to MEPS data collection should be noted. When an RU is visited for a round of data collection, changes in RU membership are identified. Such changes include RU members who have moved to another location in the U.S., thus creating a new RU to be interviewed for MEPS, and student RUs. Thus, the number of RUs eligible for MEPS interviewing in a given round can only be determined after data collection is fully completed. The ratio of the number of RUs completing the MEPS interview in a given round to the number of RUs characterized as eligible to complete the interview for that round represents the "conditional" response rate for that round expressed as a proportion. It is "conditional" in that it pertains to the set of RUs characterized as eligible for MEPS for that round, and thus is "conditioned" on prior participation rather than representing the overall response rate through that round. For example, in Table 3.1, for Panel 11, Round 2 the ratio of 7,276 (Row G) to 7,834 (Row F) multiplied by 100 represents the percentage response rate for the round (92.9 percent when computed), conditioned on the set of RUs characterized as eligible for MEPS for that round. Taking the product of the percentage of the NHIS sample eligible for MEPS (Row A) with the product of the ratios for a consecutive set of MEPS rounds beginning with round one produces the overall response rate through the last MEPS round specified.

The overall response rate for the combined sample of Panels 11 and 12 for 2007 was obtained by computing the products of the relative sample sizes and the corresponding overall panel response rates and then summing the two products. Panel 12 represents about 44.0 percent of the combined sample size while Panel 11 represents the remaining 56.0 percent. Thus, the combined response rate of 56.9 percent has been computed as 0.44 times the overall Panel 12 response rate through Round 3 plus 0.56 times the overall Panel 11 response rate through Round 5.

3.2.2 Panel 12 Response Rates

For MEPS Panel 12, Round 1, 7,294 households were fielded in 2007 (Row C of Table 3.1), a nationally representative subsample of the households responding to the 2006 National Health Interview Survey (NHIS).

Table 3.1 shows the number of RUs eligible for interviewing in each Round of Panel 12 as well as the number of RUs completing the MEPS interview. Computing the individual Round "conditional" response rates as described in section 3.2.1 and then taking the product of these three response rates and the factor 88.1 (the percentage of the NHIS sampled households

designated for use in selecting a sample of households for MEPS) yields an overall response rate of 58.8 percent for Panel 12 through Round 3.

3.2.3 Panel 11 Response Rates

For MEPS Panel 11, 9,434 households were fielded in 2006 (as indicated in Row C of Table 3.1), a nationally representative subsample of the households responding to the 2005 National Health Interview Survey (NHIS).

Table 3.1 shows the number of RUs eligible for interviewing and the number completing the interview for all five rounds of Panel 11. The overall response rate for Panel 11 has been computed in a similar fashion to that of Panel 12 but covering all five rounds of MEPS interviewing as well the factor representing the percentage of NHIS sampled households eligible for MEPS. The overall response rate for Panel 11 through Round 5 is 55.4 percent.

3.2.4 Combined Panel Response Rate

A combined response rate for the survey respondents in this data set is obtained by taking a weighted average of the panel specific response rates. The Panel 11 response rate was weighted by a factor of 0.56 and that of Panel 12 was weighted by a factor of 0.44, reflecting approximately the distribution of the overall sample between the two panels. The resulting combined response rate for the combined panels has been computed as (0.44×58.8) plus (0.56×55.4) or 56.9 percent (as shown in Table 3.1).

3.2.5 Oversampling in MEPS

Oversampling is a feature of the MEPS sample design, helping to increase the precision of estimates for some subgroups of interest. Before going into details related to MEPS, the concept of oversampling will be discussed.

In a sample where all persons in a population are selected with the same probability and survey coverage of the population is high, the sample distribution is expected to be proportionate to the population distribution. For example, if Hispanics represent 15 percent of the general population, one would expect roughly 15 percent of the persons sampled to be Hispanic. However, in order to improve the precision of estimates for specific subgroups of a population, one might decide to select samples from those subgroups at higher rates than the remainder of the population. Thus, one might select Hispanics at twice the rate (i.e., at double the probability) of persons not oversampled. As a result, an oversampled subgroup comprises a higher proportion of the sample than it represents in the general population. Sample weights ensure that population estimates are not distorted by a disproportionate contribution from oversampled subgroups. Base sample weights for oversampled groups will be smaller than for the portion of the population not

oversampled. For example, if a subgroup is sampled at roughly twice the rate of sample selection for the remainder of the population not oversampled, members of the oversampled subgroup will receive base or initial sample weights (prior to nonresponse or poststratification adjustments) that are roughly half the size of the group not oversampled.

As mentioned above, oversampling is implemented to increase the sample sizes and thus improve the precision of survey estimates for particular subgroups of the population. The “cost” of oversampling is that the precision of estimates for the general population and subgroups not oversampled will be reduced to some extent compared to the precision one could have achieved if the same overall sample size were selected without any oversampling.

The oversampling of Hispanic and Black households for the NHIS carries over to MEPS through the set of NHIS responding households eligible for sample selection for MEPS. In the NHIS under the old sample design, Hispanic households were oversampled at a rate of roughly 2 to 1. That is, the probability of selecting a Hispanic household for participation in the NHIS was roughly twice that for households in the general population that were not oversampled. The oversampling rate for Black households under the old design was roughly 1.5 to 1. Under the new NHIS sample design Asians, as well as Hispanics and Blacks, are oversampled. The oversampling rates for the three minority groups have not yet been reported.

For both the MEPS Panel 11 sample and the MEPS Panel 12 sample, the NHIS responding households eligible for MEPS that contained either Asians or families predicted to have an income under 200 percent of the poverty level (based on a statistical model) were sampled with certainty. In addition, households containing Blacks that were not among those households selected with certainty were also oversampled. The sampling rate for the Black stratum was 75 percent for Panel 11 and about 90 percent for Panel 12. For Panel 11 the only remaining sample domain (or stratum) was “Other”, sampled at a rate of about 50 percent. For Panel 12 a separate domain was established for Hispanics, in addition to the “Other” domain. Sampling rates for both strata were about 90 percent. The main reason for the high sampling rate for the “Other” domain in Panel 12 compared to most other years is that only the first two quarters of the two NHIS sample panels available for MEPS were used. Typically, the first three quarters are used and a higher degree of oversampling is undertaken. As a result, the sample allocation is somewhat different for Panel 12 compared to Panel 11 and unweighted comparisons (e.g., response rates) should be viewed from that perspective. Specifically, with respect to response rates Panel 12 included proportionately more households in groups typically with lower propensities to respond. Also, because the Black, Hispanic, and Other domains all were sampled at about the same rate and this rate was close to 1, the variation in weights for Panel 12 is somewhat lower than that for previous panels with a corresponding reduction in the contribution of weight variation to the variation in the MEPS estimates.

Within each domain/stratum systematic samples of the MEPS-eligible households were selected from among the NHIS household respondents made available for MEPS sample selection purposes.

3.3 Background on Person-Level Estimation Using this MEPS Public Use File

3.3.1 Overview

There is a single person-level weight variable called PERWT07F. However, care should be taken in its application as it permits both “point-in-time” and “range of time” estimates, depending on the variables used to define the set of persons of interest for analysis. A person-level weight was assigned to each key, inscope person who responded to MEPS for the full period of time that he or she was inscope during the MEPS (recall that a person is inscope whenever he or she is a member of the civilian, noninstitutionalized portion of the U.S. population). Since Panel 11 began in 2006, persons were required to provide data while inscope for both 2006 and 2007. Since Panel 12 persons began in 2007, the requirement only pertains to 2007.

3.3.2 Developing Person-Level Estimates

The data in this file can be used to develop estimates on persons in the civilian, noninstitutionalized population at any time during 2007 and for the slightly smaller population of persons in the civilian, noninstitutionalized population on December 31, 2007. To obtain a cross-sectional (point-in-time) estimate for inscope persons living in the country on December 31, 2007, the analysis should be restricted to cases where INSC1231=1 (the person is inscope on December 31, 2007). The weight variable PERWT07F must be applied to the analytic variable(s) of interest to obtain either type of national estimate. Table 3.2 contains a summary of cases to include and sample sizes for the two populations described above.

Table 3.2 Identifying Populations of Interest at the Person Level and Corresponding Sample Sizes

Population of Interest	Cases to Include	Sample Size
Civilian, Noninstitutionalized Population over the course of 2007	PERWT07F>0	29,370
Civilian, Noninstitutionalized Population on December 31, 2007	PERWT07F>0 and INSC1231=1	29,052

3.4 Details on Person-Level Weights Construction

3.4.1 Overview

The person-level weight PERWT07F that appears on this 2007 Full Year Consolidated Data File was developed in several stages. The starting point was the person-level weight that was developed for the earlier released 2007 Full Year Population Characteristic File. The Full Year Population Characteristic File for a given year provides a subset of the variables that can be made available earlier than the Full Year Consolidated Data File which replaces it. The person-

level weight as developed for the earlier file involved the establishment of two separate person-level weights, one for each of the two individual panels. The two individual panel weights were composited and raked to CPS control figures. More specifically, this was accomplished as follows.

The person-level weight for Panel 11 was developed, including both an adjustment for nonresponse over time and raking. The raking involved calibrating the nonresponse adjusted weights to sets of marginal control totals reflecting Current Population Survey (CPS) population estimates based on the cross-classification of several combinations of five different demographic and geographic variables (race/ethnicity, sex, age, region, and MSA status). The person-level weight for Panel 11 was created in the same fashion. Next, a composite weight was formed from the resulting Panel 11 and Panel 12 weights by multiplying the individual panel weights by factors corresponding to the relative sample size of the two panels. A further raking was then undertaken on this composite weight variable, again based on the same five CPS variables used for the individual panels. The weight variable PERWT07F for use with variables on this 2007 Full Year Consolidated Data File was created using this raked, composite weight when a MEPS variable identifying the poverty status of each individual became available. Marginal control totals reflecting CPS population estimates were established based on the cross-classification of six different demographic and geographic variables: the original five (race/ethnicity, sex, age, region, and MSA status) as well as poverty status. The earlier raked, composite weight was raked one last time, with the expanded set of marginal totals, producing the final weight variable PERWT07F.

Additional details of the weighting for each individual panel are provided in the following sections.

3.4.2 MEPS Panel 11

The person-level weight for MEPS Panel 11 was developed using the 2006 full-year weight for an individual as a “base” weight for survey participants in 2006. For key, inscope respondents who joined an RU some time in 2007 after being out-of-scope in 2006, the “base” weight was taken to be the 2006 family weight associated with the family the person joined. The weighting process included an adjustment for nonresponse over Rounds 4 and 5 as well as raking to population control totals for December 2007 for key, responding persons inscope on December 31, 2007. These control totals were derived by scaling back the population distribution obtained from the March 2008 CPS to reflect the December 31, 2007 estimated population total (estimated based on Census projections for January 1, 2008). Variables used for person-level raking included: Census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, Black but non-Hispanic, Asian, and other); sex; and age. Key responding persons not inscope on December 31, 2007 but inscope earlier in the year retained, as their final Panel 11 weight, the weight after the nonresponse adjustment.

3.4.3 MEPS Panel 12

The person-level weight for MEPS Panel 12 was developed using the MEPS Round 1 person-level weight as a “base” weight. For key, inscope respondents who joined an RU after Round 1, the Round 1 family weight served as a “base” weight. The weighting process included an adjustment for nonresponse over the remaining data collection rounds in 2007 as well as raking to the same population control figures for December 2007 used for the MEPS Panel 11 weights for key, responding persons inscope on December 31, 2007. The same five variables employed for Panel 11 raking (Census region, MSA status, race/ethnicity, sex, and age) were also used for Panel 12 raking. As with Panel 11, Panel 12 key, responding persons not inscope on December 31, 2007 but inscope earlier in the year retained the weight after nonresponse adjustment as their final Panel 12 weight.

Note that the MEPS Round 1 weights for both panels incorporated factors reflecting the following components: the original household probability of selection for the NHIS; the proportion of the 16 NHIS panel-quarter combinations eligible for MEPS; the oversampling of certain subgroups for MEPS among the NHIS household respondents eligible for MEPS; ratio-adjustment to NHIS-based national population estimates at the household (occupied DU) level; adjustment for nonresponse at the DU-level for Round 1; and poststratification to U.S. civilian noninstitutionalized population estimates at the family and person level obtained from the corresponding March CPS data bases.

3.4.4 Raking

Beginning with the Full Year 2002 files, “raking” has been employed for the “Full Year” MEPS weighting to calibrate survey weights to match designated population control totals, replacing the poststratification process previously employed. Raking is a commonly used process for adjusting survey weights so that estimates of subpopulation totals match more stable figures available from independent sources. It can be thought of as multi-dimensional poststratification that requires an iterative solution. Survey weights are poststratified to several sets of control figures (dimensions) in a sequential and continuous fashion until convergence is achieved. Convergence is the state where survey weights satisfy the criteria that the sums of the survey weights for the subgroups represented by the various dimensions are simultaneously within a specified distance of the corresponding control figures (e.g., within 1, 10, 100, 500, etc. of the control totals). For instance, if one dimension in a raking effort was sex by MSA status and the specified distance was 10, then, after convergence has been achieved, the sum of the survey weights for males in MSA areas would be within 10 of the control figure for males in MSA areas, etc.

3.4.5 The Weight for the 2007 Full Year Population Characteristic File

The sample weight appearing on the 2007 Full Year Population Characteristic File, prior to the availability of the MEPS poverty status variable, was created as follows. First, the two weight variables developed for Panels 11 and 12 as described above were composited using a factor

representing their relative sample sizes. This composited weight variable was then raked to a set of marginal control totals based on CPS population estimates. Variables used in this raking process of the person-level weights were: Census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, Black but non-Hispanic, Asian, and other); sex, and age. Persons included in the raking process were those inscope on December 31, 2007.

In addition, the weights of some persons out-of-scope on December 31, 2007 were poststratified. Specifically, the weights of persons out-of-scope on December 31, 2007 that were inscope some time during the year and also entered a nursing home during the year were poststratified to a corresponding control total obtained from the 1996 MEPS Nursing Home Component. The weights of persons who died while inscope during 2007 were poststratified to corresponding estimates derived using data obtained from the Medicare Current Beneficiary Survey (MCBS) and Vital Statistics information provided by the National Center for Health Statistics (NCHS). Separate control totals were developed for the “65 and older” and “under 65” civilian, noninstitutionalized decedent populations.

3.4.6 The Final Poverty-Adjusted Person Level Weight for 2007

When poverty status classifications based on MEPS data were available for all MEPS respondents, an additional raking effort was undertaken. More specifically, the sample weight developed for the 2007 Full Year Population Characteristic File was raked again, this time to CPS control figures that reflected poverty status, in addition to the five variables mentioned above. The five poverty status categories were: under poverty; 100-124 percent of poverty; 125-199 percent of poverty; 200-399 percent of poverty; 400 percent of poverty and above. This raking produced the final person level weight assigned to the variable PERWT07F.

Overall, the weighted population estimate for the civilian, noninstitutionalized population over the course of the year (based on PERWT07F>0) is 301,309,149 (see Table 3.3). The weighted population for the population that was in-scope for the survey on December 31, 2007 (based on PERWT07F>0 and INSC1231=1) is 297,823,930.

Table 3.3. Persons with a person weight >0 for the 2007 Full Year Consolidated Data File

	Panel 11	Panel 12	Combined	Population estimate (weighted total of combined sample)
Number	16,170	12,882	29,370	301,309,149

3.4.7 MEPS Population Estimates

Beginning with the 2001 Full Year data, MEPS transitioned to 2000 census-based population estimates for poststratification and raking. Prior to 2001, 1990-census-based estimates were used. In addition, MEPS population estimates have undergone some “discontinuities”, due to adjustments made to the 2003 CPS estimates (CPS is the source of the control figures used for raking and poststratification in MEPS). More specifically, MEPS estimates for the civilian, noninstitutionalized population from the full year 2001 public use files compared to those from previous years show a sizeable increase in population in 2001. In previous years the percentage increase had been slightly under one percent, while between the 2000 and 2001 MEPS population estimates it was roughly two percent. The MEPS file for full year 2001 was the first where CPS figures reflected 2000 Census figures instead of projections from figures obtained from the 1990 Census. The projections were somewhat low compared to 2000 Census figures. Some subgroups were particularly affected. For example, the CPS figures reflecting 2000 Census figures provide population estimates for Hispanics that are roughly 8 percent higher than previous projections suggested. For the full year 2003 files there was another discontinuity. The March, 2003 CPS database, the basis of the MEPS full year 2002 control figures, experienced a one time population adjustment of roughly 941,000, reflecting current information and research on net migration. This had a large impact on the Hispanic population (roughly a 1.7 percent increase), a minor impact on the white population (a .4 percent increase), and no change at all in Black population estimates.

For more information about these recent changes in CPS population estimates, see “Revisions to the Current Population Survey Effective in January 2003” in the January 2003 issue of the monthly Labor Review (authored by Mary Bowler, Randy E. Ilg, Stephen Miller, Ed Robison, and Anne Polivka, all at the Bureau of Labor Statistics). Recent changes in the definition of racial categories are also noted in this report.

3.4.8 MEPS Population Coverage

The target population associated with this MEPS database is the 2007 U.S. civilian, noninstitutionalized population. However, the MEPS sampled households are a subsample of the NHIS households interviewed in 2005 (Panel 11) and 2006 (Panel 12). New households created after the NHIS interviews for the respective Panels and consisting exclusively of persons who entered the target population after 2005 (Panel 11) or after 2006 (Panel 12) are not covered by MEPS. Neither are previously out-of-scope persons who join an existing household but are unrelated to the current household residents. Persons not covered by a given MEPS panel thus include some members of the following groups: immigrants; persons leaving the military; U.S. citizens returning from residence in another country; and persons leaving institutions. Those not covered represent only a small proportion of the MEPS target population.

Some evaluation of NHIS coverage has been undertaken, comparing coverage of households before and after the NHIS redesign. There is evidence of improved coverage overall and for some subpopulations.

3.5 Background on Family-Level Estimation Using This MEPS Public Use File

3.5.1 Overview

There are two family weight variables provided in this release: FAMWT07F and FAMWT07C. FAMWT07F can be used to make estimates for the cross-section of families in the U.S. civilian noninstitutionalized population on December 31, 2007 where families are identified based on the MEPS definition of a family unit. Estimates can include MEPS families that existed at some time during 2007 but whose members became out-of-scope prior to the end of the year (e.g., all family members moved out of the country, died, etc.) as well as MEPS families in existence on December 31, 2007. FAMWT07C can be used to make estimates for the cross-section of families in the U.S. civilian, noninstitutionalized population on December 31, 2007 where families are identified based on the CPS definition of a family unit.

3.5.2 Definition of “Family” for Estimation Purposes

A MEPS family generally consists of two or more persons living together in the same household who are related by blood, marriage, or adoption, as well as foster children (foster children are not included as members under the CPS definition of a family). MEPS also defines as a family unmarried persons living together who consider themselves a family unit (these are not families under the CPS definition). Single persons who do not live with a relative nor a person identified as a “significant other” have also been assigned a family ID value and a family-level weight and thus can be included or excluded from family-level estimates, as desired. Relatives identified as usual residents of the household who were not present at the time of the interview, such as college students living away from their parents’ home during the school year, were considered as members of the family that identified them.

To make estimates at the family level, it is necessary to prepare a family-level file containing one record per family (see instructions below), family-level summary characteristics, and the family-level weight variable (FAMWT07F or FAMWT07C). Each MEPS family unit is uniquely identified by the combination of the variables DUID and FAMIDYR while each CPS family unit is uniquely identified by the combination of the variables DUID and CPSFAMID. The number of persons in a MEPS sample family ranges from 1 to 13 and the number in the CPS families ranges from 1 to 13. Only persons with positive nonzero family weight values are candidates for inclusion in family estimates.

Two sets of families for whom estimates can be obtained are defined in table 3.4 below (along with respective sample sizes). Persons with FMRS1231=1 were inscope for the survey on 12/31/07 and therefore part of a MEPS family on 12/31/07. The more expansive definition of families (second row in table 3.4) includes families and members of families who were not inscope at the end of the year. While MEPS includes individual persons as family units (about one-third of all units), analysts may restrict their analyses to families with two or more members using the family size variables shown in table 3.4 (for example, to limit consideration to the

cross-section of families with two or more members on December 31, 2007, analyze only families where FAMS1231 is 2 or more). Estimates can also be made for the cross-section of CPS families on December 31, 2007 based on the 11,873 sample CPS families in this data file.

Table 3.4 Identifying MEPS Families and Corresponding Sample Sizes

Population of Interest	Cases to Include	Sample Size (Includes single person units)	Family Size Variable
Cross-section of Families in the Civilian Noninstitutionalized Population on 12/31/07	FAMWT07F>0 & FMRS1231=1	11,513	FAMS1231
Families in the Civilian Noninstitutionalized Population on 12/31/07 <u>plus</u> families and members of families in existence earlier in 2007 who were not part of the civilian noninstitutionalized population on 12/31/07	FAMWT07F>0	11,615	FAMSZEYR

3.5.3 Instructions to Create Family Estimates

The following is a summary of the steps and the variables to be used for family-level estimation based on the MEPS definition of families.

- Concatenate the variables DUID and FAMIDYR into a new variable (e.g., DUIDFAMY).
- To create a family-level file, sort by DUIDFAMY and then subset to one record per DUIDFAMY value by retaining only the reference person record (FAMRFPYR=1) for each value of DUIDFAMY. Some family-level measures needed for analytic purposes (e.g., means or totals) can be obtained after aggregating person-level information across all members of a family. For other types of measures, analysts frequently use the characteristics of the reference person to characterize his or her family unit (e.g., the race/ethnicity, marital status, or age of the reference person).
- Apply the weight FAMWT07F to the analytic variable(s) of interest to obtain national MEPS family estimates.

The following is a summary of the steps and the variables to be used for family-level estimation based on the CPS definition of families.

- Concatenate the variables DUID and CPSFAMID into a new variable (e.g., DUIDFAMC).
- To create a family-level file, sort by DUIDFAMC and then subset to one record per DUIDFAMC value by retaining only the reference person record (FCRP1231=1) for

each value of DUIDFAMC. Some family-level measures needed for analytic purposes (e.g., means or totals) can be obtained after aggregating person-level information across all members of a family. For other types of measures, analysts frequently use the characteristics of the reference person to characterize his or her family unit (e.g., the race/ethnicity, marital status, or age of the reference person).

- Apply the weight FAMWT07C to the analytic variable(s) of interest to obtain national CPS family estimates.

3.5.4 Details on Family Weight Construction and Estimated Number of Families

Because health care related decisions are influenced by a family's economic status, poverty status is incorporated into the poststratification component of the weighting process. However, poverty status is defined based on the CPS definition of a family, which differs from the MEPS family definition in two ways: foster children are not considered family members and unmarried partners living together are considered separate family units. Since data are collected in MEPS family units (RUs), prior to poststratification MEPS families in existence on December 31, 2007 containing either unmarried partners living together or foster children were partitioned into units that correspond to CPS families (families with no unmarried partners or foster children are defined as family units in both MEPS and CPS).

The process of calibrating the family weights to achieve consistency with CPS control figures was carried out in several steps. First, all CPS-like family units were assigned an initial family-level weight based on the person-level weight (PERWT07F) of the family reference person (FAMRFPYR=1) of the MEPS family with which they were associated. These CPS family-level weights (FAMWT07C) were obtained by raking to population control figures derived from CPS estimates for December 2007 (derived by scaling the family population totals from the March 2008 CPS back to reflect December 31, 2007). In addition to poverty status, the calibration process for the family-level weights incorporated the following variables: Census region; MSA status; race/ethnicity of reference person (Hispanic, black but non Hispanic, Asian, and other); family type (reference person married, living with spouse; male reference person, unmarried or spouse not present; female reference person, unmarried or spouse not present); age of reference person; and family size on December 31, 2007. The family level weight variable for MEPS families (FAMWT07F) was then constructed by putting MEPS families that consisted of more than one CPS-like family back together and assigning the MEPS family level weight based on the CPS family weight of the MEPS family reference person.

The weighted population estimate for CPS families on December 31, 2007 based on 11,873 CPS families in the sample is 130,346,831. Overall, the weighted population estimate for the 11,513 MEPS family units containing at least one member of the U.S. civilian, noninstitutionalized population on December 31, 2007 (those families whose members have FAMWT07F>0 and FMRS1231=1) is 126,531,625. The inclusion of families whose members left the inscope population prior to December 31, 2007 increases the estimated total number of families represented by the 11,615 MEPS responding families (whose members have FAMWT07F>0) to

127,885,890.

Table 3.5. Families with a family weight >0 for the 2007 Full Year Consolidated Data File

	Panel 11	Panel 12	Combined	Population estimate (weighted total of combined sample)
Number	6,456	5,159	11,615	127,885,890

3.6 Analysis Using Health Insurance Eligibility Units

To construct a weight for use in analysis using Health Insurance Eligibility Units, as identified by the variable HIEUIDX:

1. Identify the HIEU head by your analytic intent, i.e. if only studying health insurance unit with female heads of households, choose the female adult as head of household.
2. If the weight of the HIEU head is non-zero, use the weight of the HIEU head for all members of that HIEU; or

If the weight of the HIEU head is zero, delete the case.

3.7 Weights and Response Rates for the Self-Administered Questionnaire (SAQ)

For analytic purposes, a single person-level weight variable, SAQWT07F, has been provided for use with the data obtained from the Self-Administered Questionnaire (SAQ). This questionnaire was administered in Panel 12, Round 2 and Panel 11, Round 4 and was to be completed by each adult (person aged 18 or older) in the family. Thus, the target population for the SAQ is adults in the civilian, noninstitutionalized population at the time data were collected for Rounds 2/4.

As with the development of the final 2007 full year person-level weight, the final 2007 SAQ weight builds on the development of the SAQ weight established for the 2007 Full Year Population Characteristic File. This latter weight variable was developed by first adjusting for questionnaire non-response. Variables used in the nonresponse adjustment process were region, MSA status, family size, marital status, level of education, health status, health insurance status, age, sex and race/ethnicity. Then the weights were raked to Current Population Survey (CPS) estimates corresponding to December 2007 (the same source of control figures used for the full year person weights). The variables used to form control figures were region, MSA status, age, sex, and race/ethnicity, as were used for the full year person weights. The only difference was that age categories were developed after excluding ages under 18, since only adults were eligible for the SAQ. This produced the SAQ weight assigned to the 2007 Full year Population Characteristic File.

The final 2007 SAQ weight for this consolidated data file was obtained by raking this weight to CPS estimates that were based on poverty status as well as the five aforementioned variables. This final weight was assigned the variable name SAQWT07F.

In all, there were 19,067 persons assigned a SAQ weight with the sum of the weights being 223,520,906 (an estimate of the civilian, noninstitutionalized population aged 18 or older at the time the SAQ was administered).

The Panel 11 response rate for the 2007 SAQ was 92.6 percent, while the Panel 12 response rate for the 2007 SAQ was 90.7 percent. Pooled response rates for the survey respondents have been computed by taking a weighted average of the panel-specific response rates, where the weights were the relative proportion of persons with sample weights associated with each panel (a value of .56 was associated with Panel 11 and a value of .44 was associated with Panel 12). The pooled response rate for the combined panels for the 2007 SAQ is 91.8 percent.

3.8 Weights and Response Rates for the Diabetes Care Survey

A person-level weight, DIABW07F, was developed for use with the data obtained from the Diabetes Care Survey (DCS). This weight was assigned to each person with a SAQ weight who was also classified as having diabetes (thus, no one aged 17 or under receives a DCS weight).

To determine this classification, the RU respondent was asked to identify any family member in the residence having diabetes. Then, those identified with diabetes were asked if a doctor had ever indicated that the person had diabetes. Those who responded affirmatively to that question and who also had a SAQ weight were assigned a DCS weight.

However, the process changed somewhat for Panel 12 compared to previous MEPS Panels. Prior to Panel 12, the identification by the RU respondent took place in Round 3 for the first calendar year of the panel and Round 5 of the second year. Beginning in Panel 12 questions were posed to the RU respondent about whether persons in an RU had diabetes beginning in Round 1, providing a more expansive approach to identifying people with diabetes. It should also be noted that with this new approach, if, at a later date, an RU respondent volunteered that someone previously identified with diabetes did not actually have diabetes, that person did not receive a DCS questionnaire.

In all, 1,747 people were assigned a DCS weight ($DIABW07F > 0$). The sum of the DCS weights is 19,320,394, an estimate of the adult population self-reporting as having been diagnosed with diabetes as identified by the two step process described above. This estimate likely understates the number of persons with diabetes because occasionally a family member with diabetes may not have been identified by the RU respondent. In addition, persons who joined an RU in Round 3 of Panel 12 or Round 5 of Panel 11, some of whom may have diabetes, were not eligible for the SAQ and thus not eligible for a DCS weight.

The Panel 11 response rate for the 2007 DCS was 89.1 percent. The Panel 12 response rate for the 2007 DCS was 90.0 percent. The pooled response rate for the combined panels for the DCS is 89.5 percent. The pooled response rate is a weighted average for the two panels, reflecting their relative sample sizes (roughly 44.0 percent of the respondents are from Panel 12, the remaining 56.0 percent from Panel 11).

3.9 Variance Estimation

MEPS is based on a complex sample design. To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for MEPS estimates, analysts need to take into account the complex sample design of MEPS for both person-level and family-level analyses. Several methodologies have been developed for estimating standard errors for surveys with a complex sample design, including the Taylor-series linearization method, balanced repeated replication, and jackknife replication. Various software packages provide analysts with the capability of implementing these methodologies. Replicate weights have not been developed for the MEPS data. Instead, the variables needed to calculate appropriate standard errors based on the Taylor-series linearization method are included on this file as well as all other MEPS public use files. Software packages that permit the use of the Taylor-series linearization method include SUDAAN, Stata, SAS (version 8.2 and higher), and SPSS (version 12.0 and higher). For complete information on the capabilities of each package, analysts should refer to the corresponding software user documentation.

Using the Taylor-series linearization method, variance estimation strata and the variance estimation PSUs within these strata must be specified. The variables VARSTR and VARPSU on this MEPS data file serve to identify the sampling strata and primary sampling units required by the variance estimation programs. Specifying a “with replacement” design in one of the previously mentioned computer software packages will provide estimated standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the number available. For variables of interest distributed throughout the country (and thus the MEPS sample PSUs), one can generally expect to have at least 100 degrees of freedom associated with the estimated standard errors for national estimates based on this MEPS database.

Prior to 2002, MEPS variance strata and PSUs were developed independently from year to year, and the last two characters of the strata and PSU variable names denoted the rounds. However, beginning with the 2002 Point-in-Time PUF, the variance strata and PSUs were developed to be compatible with all future PUF until the NHIS design changed. Thus, when pooling data across years 2002 through the Panel 11 component of the 2007 files, the variance strata and PSU variables provided can be used without modification (except for the necessary renumbering of the 2007 variance strata and PSU values, as discussed below) for variance estimation purposes

for estimates covering multiple years of data. There were 203 variance estimation strata, each stratum with either two or three variance estimation PSUs.

For the 2007 Full Year file, there are 368 variance strata available for variance estimation with either two or three variance estimation PSUs per stratum. There are more strata in 2007 than in recent years because the 2007 Full Year file consists of two panels that were selected under two independent NHIS sample designs, as described earlier. There are 165 variance strata associated with Panel 12 in the 2007 file and 203 associated with Panel 11, 368 strata in total. Those numbered 1001-1165 are associated with Panel 12 while those numbered 1-203 are associated with Panel 11.

If analyses call for pooling MEPS data across several years, in order to ensure that variance strata are identified appropriately for variance estimation purposes, one can proceed as follows:

1. When pooling any year from 2002 or later, one can use the variance strata numbering as is.
2. When pooling any year from 1996 to 2001 with any year from 2002 or later, use the H36 file.
3. The H36 file is updated every year to allow pooling of any year from 1996 to 2001 with any year from 2002 up to the latest year.

3.10 Guidelines for Determining which Weight to Use for Analysis Involving Data/Variables from Multiple Sources and Supplements

Decisions on which weight variable to use are based on a hierarchy.

For person level analyses not involving variables from the SAQ or DCS, PERWT07F should always be used.

For person-level analysis involving variables from the SAQ but not the DCS, the SAQWT07F should be used. For example, if examining access to care or quality of care variables from the SAQ by social-demographics, health status, or health insurance, SAQWT07F is the appropriate weight even though person level socio-demographic, health status, and health insurance variables are part of the core person level questionnaire. Whenever data from the Diabetes Care Survey (DCS) are used, alone or in conjunction with data from other questionnaires, the weight variable DIABW07F should be used for those eligible to provide DCS data.

For all family-level analyses, FAMWT07F or FAMWT07C should be used.

3.11 Using MEPS Data for Trend Analysis

MEPS began in 1996 and the utility of the survey for analyzing health care trends expands with each additional year of data; however, it is important to consider a variety of factors when examining trends over time using MEPS. Statistical significance tests should be conducted to assess the likelihood that observed trends are not attributable to sampling variation. The length of time being analyzed should also be considered. In particular, large shifts in survey estimates over short periods of time (e.g. from one year to the next) that are statistically significant should be interpreted with caution, unless they are attributable to known factors such as changes in public policy, economic conditions, or MEPS survey methodology. In particular, beginning with the 2007 data, the rules used to identify outlier prices for prescription medications became much less stringent than in prior years. Starting with 2007, there is less editing of prices and quantities reported by pharmacies, and a somewhat lower proportion of spending on drugs is by families, as opposed to third-party payers. Therefore users should be cautious in the types of comparisons they make about prescription drug spending before and after 2007. For other time periods or other variables, looking at changes over longer periods of time can provide a more complete picture of underlying trends. Analysts of MEPS data may wish to consider using techniques to evaluate, smooth, or stabilize estimates of trends. Such techniques include comparing pooled time periods (e.g. 1996-97 versus 2005-06), working with moving averages, or using modeling techniques with several consecutive years of MEPS data to test the fit of specified patterns over time. Finally, researchers should be aware of the impact of multiple comparisons on Type I error (i.e., the chance of declaring an observed difference to be statistically significant when there is no difference in the population parameters). Performing numerous statistical significance tests increases the likelihood of a Type I error.

D. Variable-Source Crosswalk

SURVEY ADMINISTRATION VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DUID	Dwelling Unit ID	Assigned in Sampling
PID	Person Number	Assigned in Sampling or by CAPI
DUPERSID	Person ID (DUID + PID)	Assigned in Sampling
PANEL	Panel Number	Constructed
FAMID31	Family ID (Student Merged In) – R3/1	CAPI Derived
FAMID42	Family ID (Student Merged In) – R4/2	CAPI Derived
FAMID53	Family ID (Student Merged In) – R5/3	CAPI Derived
FAMID07	Family ID (Student Merged In) – 12/31/07	CAPI Derived
FAMIDYR	Annual Family Identifier	Constructed
CPSFAMID	CPS-Like Family Identifier	Constructed
HIEUIDX	Health Insurance Eligibility Unit Identifier	Constructed
FCSZ1231	Family Size Responding 12/31 CPS Family	Constructed
FCRP1231	Ref Person of 12/31 CPS Family	Constructed
RULETR31	RU Letter – R3/1	CAPI Derived
RULETR42	RU Letter – R4/2	CAPI Derived
RULETR53	RU Letter – R5/3	CAPI Derived
RULETR07	RU Letter as of 12/31/07	CAPI Derived
RUSIZE31	RU Size – R3/1	CAPI Derived
RUSIZE42	RU Size – R4/2	CAPI Derived
RUSIZE53	RU Size – R5/3	CAPI Derived
RUSIZE07	RU Size as of 12/31/07	CAPI Derived
RUCLAS31	RU fielded as: Standard/New/Student – R3/1	CAPI Derived
RUCLAS42	RU fielded as: Standard/New/Student – R4/2	CAPI Derived
RUCLAS53	RU fielded as: Standard/New/Student – R5/3	CAPI Derived
RUCLAS07	RU fielded as: Standard/New/Student-12/31/07	CAPI Derived
FAMSZE31	RU Size Including Students – R3/1	CAPI Derived
FAMSZE42	RU Size Including Students – R4/2	CAPI Derived
FAMSZE53	RU Size Including Students – R5/3	CAPI Derived
FAMSZE07	RU Size Including Students as of 12/31/07	CAPI Derived
FMRS1231	Member of Responding 12/31 Family	Constructed
FAMS1231	Family Size of Responding 12/31 Family	Constructed
FAMSZEYR	Size of Responding Annualized Family	Constructed
FAMRFPYR	Reference Person of Annualized Family	Constructed
REGION31	Census Region – R3/1	Assigned in Sampling
REGION42	Census Region – R4/2	Assigned in Sampling
REGION53	Census Region – R5/3	Assigned in Sampling
REGION07	Census Region as of 12/31/07	Assigned in Sampling
MSA31	MSA Status – R3/1	Assigned in Sampling
MSA42	MSA Status – R4/2	Assigned in Sampling
MSA53	MSA Status – R5/3	Assigned in Sampling
MSA07	MSA Status as of 12/31/07	Assigned in Sampling
REFPRS31	Reference Person at - R3/1	RE 42-45
REFPRS42	Reference Person at - R4/2	RE 42-45

VARIABLE	DESCRIPTION	SOURCE
REFPRS53	Reference Person at - R5/3	RE 42-45
REFPRS07	Reference Person as of 12/31/07	RE 42-45
RESP31	1st Respondent Indicator for R3/1	RE 6, 8
RESP42	1st Respondent Indicator for R4/2	RE 6, 8
RESP53	1st Respondent Indicator for R5/3	RE 6, 8
RESP07	1st Respondent Indicator as of 12/31/07	RE 6, 8
PROXY31	Was Respondent a Proxy in R3/1	RE 2
PROXY42	Was Respondent a Proxy in R4/2	RE 2
PROXY53	Was Respondent a Proxy in R5/3	RE 2
PROXY07	Was Respondent a Proxy as of 12/31/07	RE 2
INTVLANG	Language Interview Was Completed	CL62A
BEGRFM31	R3/1 Reference Period Begin Date: Month	CAPI Derived
BEGRFY31	R3/1 Reference Period Begin Date: Year	CAPI Derived
ENDRFM31	R3/1 Reference Period End Date: Month	CAPI Derived
ENDRFY31	R3/1 Reference Period End Date: Year	CAPI Derived
BEGRFM42	R4/2 Reference Period Begin Date: Month	CAPI Derived
BEGRFY42	R4/2 Reference Period Begin Date: Year	CAPI Derived
ENDRFM42	R4/2 Reference Period End Date: Month	CAPI Derived
ENDRFY42	R4/2 Reference Period End Date: Year	CAPI Derived
BEGRFM53	R5/3 Reference Period Begin Date: Month	CAPI Derived
BEGRFY53	R5/3 Reference Period Begin Date: Year	CAPI Derived
ENDRFM53	R5/3 Reference Period End Date: Month	CAPI Derived
ENDRFY53	R5/3 Reference Period End Date: Year	CAPI Derived
ENDRFM07	2007 Reference Period End Date: Month	RE Section
ENDRFY07	2007 Reference Period End Date: Year	RE Section
KEYNESS	Person Key Status	RE Section
INSCOP31	Inscope – R3/1	RE Section
INSCOP42	Inscope – R4/2	RE Section
INSCOP53	Inscope – R5/3	RE Section
INSCOP07	Inscope – R5/3 Start through 12/31/07	RE Section
INSC1231	Inscope Status on 12/31/07	Constructed
INSCOPE	Was Person Ever Inscope in 2007	RE Section
ELGRND31	Eligibility – R3/1	RE Section
ELGRND42	Eligibility – R4/2	RE Section
ELGRND53	Eligibility – R5/3	RE Section
ELGRND07	Eligibility Status as of 12/31/07	RE Section
PSTATS31	Person Disposition Status – R3/1	RE Section
PSTATS42	Person Disposition Status – R4/2	RE Section
PSTATS53	Person Disposition Status – R5/3	RE Section
RURSLT31	RU Result – R3/1	Assigned by CAPI
RURSLT42	RU Result – R4/2	Assigned by CAPI
RURSLT53	RU Result – R5/3	Assigned by CAPI

DEMOGRAPHIC VARIABLES

VARIABLE	DESCRIPTION	SOURCE
AGE31X	Age – R3/1 (Edited/Imputed)	RE 12, 57-66
AGE42X	Age – R4/2 (Edited/Imputed)	RE 12, 57-66
AGE53X	Age – R5/3 (Edited/Imputed)	RE 12, 57-66
AGE07X	Age as of 12/31/07 (Edited/Imputed)	RE 12, 57-66
DOBMM	Date of Birth: Month	RE 12, 57-66
DOBY	Date of Birth: Year	RE 12, 57-66
SEX	Sex	RE 12, 57, 61
RACEX	Race (Edited/Imputed)	RE 101A
RACEAX	Asian Among Races Rptd (Edited/Imputed)	RE 101A
RACEBX	Black Among Races Rptd (Edited/Imputed)	RE 101A
RACEWX	White Among Races Rptd (Edited/Imputed)	RE 101A
RACETHNX	Race/Ethnicity (Edited/Imputed)	RE 98A-100A
HISPANX	Hispanic Ethnicity (Edited/Imputed)	RE 98A-101A
HISPCAT	Specific Hispanic Ethnicity Group	RE 98A-101A
MARRY31X	Marital Status – R3/1 (Edited/Imputed)	RE 13, 97
MARRY42X	Marital Status – R4/2 (Edited/Imputed)	RE 13, 97
MARRY53X	Marital Status – R5/3 (Edited/Imputed)	RE 13, 97
MARRY07X	Marital Status–12/31/07 (Edited/Imputed)	RE 13, 97
SPOUID31	Spouse ID – R3/1	RE 13, 76, 77, 97
SPOUID42	Spouse ID – R4/2	RE 13, 76, 77, 97
SPOUID53	Spouse ID – R5/3	RE 13, 76, 77, 97
SPOUID07	Spouse ID – 12/31/07	RE 13, 76, 77, 97
SPOUIN31	Marital Status w/ Spouse Present – R3/1	RE 13, 76, 77, 97
SPOUIN42	Marital Status w/ Spouse Present – R4/2	RE 13, 76, 77, 97
SPOUIN53	Marital Status w/ Spouse Present – R5/3	RE 13, 76, 77, 97
SPOUIN07	Marital Status w/Spouse Present–12/31/07	RE 13, 76, 77, 97
EDUCYR	Years of Educ When First Entered MEPS	RE 103-105
HIDEG	Highest Degree When First Entered MEPS	RE 103-105
FTSTU31X	Student Status if Ages 17-23 – R3/1	RE 11A, 106-108
FTSTU42X	Student Status if Ages 17-23 – R4/2	RE 11A, 106-108
FTSTU53X	Student Status if Ages 17-23 – R5/3	RE 11A, 106-108
FTSTU07X	Student Status if Ages 17-23 – 12/31/07	RE 11A, 106-108
ACTDTY31	Military Full-Time Active Duty – R3/1	RE 14, 94A-96B1
ACTDTY42	Military Full-Time Active Duty – R4/2	RE 14, 96B1
ACTDTY53	Military Full-Time Active Duty – R5/3	RE 14, 96B1
HONRDC31	Honorably Discharged from Military	RE 18A, 96F-G
HONRDC42	Honorably Discharged from Military	RE 18A, 96G
HONRDC53	Honorably Discharged from Military	RE 18A, 96G
RFREL31X	Relation to Ref Pers – R3/1 (Edit/Imp)	RE 76-77
RFREL42X	Relation to Ref Pers – R4/2 (Edit/Imp)	RE 76-77
RFREL53X	Relation to Ref Pers – R5/3 (Edit/Imp)	RE 76-77
RFREL07X	Relation to Ref Pers – 12/31/07 (Edit/Imp)	RE 76-77
MOPID31X	PID of Person's Mom – RD 3/1	RE 76-77
MOPID42X	PID of Person's Mom – RD 4/2	RE 76-77
MOPID53X	PID of Person's Mom – RD 5/3	RE 76-77

VARIABLE	DESCRIPTION	SOURCE
DAPID31X	PID of Person's Dad – RD 3/1	RE 76-77
DAPID42X	PID of Person's Dad – RD 4/2	RE 76-77
DAPID53X	PID of Person's Dad – RD 5/3	RE 76-77

INCOME VARIABLES

VARIABLE	DESCRIPTION	SOURCE
SSIDIS07	SSI Receipt Due To Disability	IN 39
AFDC07	Did Person's Check Include Tanf	IN 44
FILEDR07	Has Person Filed A Fed Income Tax Return	IN 02
WILFIL07	Will Person File Fed Income Tax Return	IN 03
FLSTAT07	Person's Filing Status	IN 04
FILER07	Primary Or Secondary Filer	IN 04
JTINRU07	Joint Filer's Membership In RU	IN 05
JNTPID07	PID of Joint Filer	IN 05
CLMDEP07	Did/Will Pers Claim Dependents On Return	IN 06
DEPDNT07	Person Is Flagged A Dependent	IN 07
DPINRU07	Dependents In/Out Of RU	IN 07
DPOTSD07	How Many Dependents Live Outside RU	IN 08
TAXFRM07	Tax Form Person Will File	IN 09
DEDUCT07	Itemize Or Standard Deduction	IN 10
TOTDED07	Total Of All Itemized Deductions	IN 14
CLMHIP07	Did/Will Pers Deduct Health Insur Prem	IN 15
EICRDT07	Did/Will Pers Receive Earned Inc Credit	IN 17
FOODST07	Did Anyone Receive Food Stamps	IN 55
FOODMN07	Number Of Months Food Stamps Received	IN 56
FOODVL07	Monthly Value Of Food Stamps	IN 58
TTLP07X	Person's Total Income	Constructed
FAMINC07	Family's Total Income	Constructed
POVCAT07	Family Income As Percent Of Poverty Line - Categorical	Constructed
POVLEV07	Family Income As Percent Of Poverty Line - Continuous	Constructed
WAGEP07X	Person's Wage Income	Constructed
WAGIMP07	Wage Imputation Flag	Constructed
BUSNP07X	Person's Business Income	Constructed
BUSIMP07	Business Income Imputation Flag	Constructed
UNEMP07X	Person's Unemployment Comp Income	Constructed
UNEIMP07	Unemployment Imputation Flag	Constructed
WCMPP07X	Person's Workers' Compensation	Constructed
WCPIMP07	Workers' Comp Imputation Flag	Constructed
INTRP07X	Person's Interest Income	Constructed
INTIMP07	Interest Imputation Flag	Constructed
DIVDP07X	Person's Dividend Income	Constructed
DIVIMP07	Dividend Imputation Flag	Constructed
SALEP07X	Person's Sales Income	Constructed
SALIMP07	Sales Income Imputation Flag	Constructed
PENSP07X	Person's Pension Income	Constructed
PENIMP07	Pension Income Imputation Flag	Constructed
SSECP07X	Person's Social Security Income	Constructed
SSCIMP07	Social Security Imputation Flag	Constructed
TRSTP07X	Person's Trust/Rent Income	Constructed
TRTIMP07	Trust Income Imputation Flag	Constructed
VETSP07X	Person's Veteran's Income	Constructed

VARIABLE	DESCRIPTION	SOURCE
VETIMP07	Veteran's Income Imputation Flag	Constructed
IRASP07X	Person's Ira Income	Constructed
IRAIMP07	Ira Income Imputation Flag	Constructed
REFDP07X	Person's Refund Income	Constructed
REFIMP07	Refund Income Imputation Flag	Constructed
ALIMP07X	Person's Alimony Income	Constructed
ALIIMP07	Alimony Income Imputation Flag	Constructed
CHLDP07X	Person's Child Support	Constructed
CHLIMP07	Child Support Imputation Flag	Constructed
CASHP07X	Person's Other Regular Cash Contrib	Constructed
CSHIMP07	Cash Contribution Imputation Flag	Constructed
SSIP07X	Person's SSI	Constructed
SSIIMP07	SSI Imputation Flag	Constructed
PUBP07X	Person's Public Assistance	Constructed
PUBIMP07	Public Assistance Imputation Flag	Constructed
OTHRP07X	Person's Other Income	Constructed
OTHIMP07	Other Income Imputation Flag	Constructed

PERSON-LEVEL CONDITION VARIABLES - PUBLIC USE

VARIABLE	DESCRIPTION	SOURCE
RTHLTH31	Perceived Health Status – RD 3/1	CE 1/PE00A
RTHLTH42	Perceived Health Status – RD 4/2	CE 1/PE00A
RTHLTH53	Perceived Health Status – RD 5/3	CE 1/PE00A
MNHLTH31	Perceived Mental Health Status – RD 3/1	CE 2/PE00B
MNHLTH42	Perceived Mental Health Status – RD 4/2	CE 2/PE00B
MNHLTH53	Perceived Mental Health Status – RD 5/3	CE 2/PE00B
HIBPDX	High Blood Pressure Diag (>17)	PC09/PE02
BPMLDX	Mult Diag High Blood Press (>17)	PC10/PE04
CHDDX	Coronary Hrt Disease Diag (>17)	PC12_01/PE05
ANGIDX	Angina Diagnosis (>17)	PC12_02/PE07
MIDX	Heart Attack (MI) Diag (>17)	PC12_03/PE09
OHRTDX	Other Heart Disease Diag (>17)	PC12_04/PE11
STRKDX	Stroke Diagnosis (>17)	PC12_05/PE13
EMPHDX	Emphysema Diagnosis (>17)	PC12_06/PE15
CHOLDX	High Cholesterol Diagnosis (>17)	PC11A/PE19
CHLAGE	How Old When Diag w/ Hgh Chol(>17)	PC11B/PE20
DIABDX	Diabetes Diagnosis (>17)	PC02/PE26
JTPAIN31	Joint Pain Last 12 Months (>17) – RD 3/1	PE28
JTPAIN53	Joint Pain Last 12 Months (>17) – RD 5/3	PC18/PE28
ARTHDX	Arthritis Diagnosis (>17)	PC19/PE29
ASTHDX	Asthma Diagnosis	PC04/PE32
ASSTIL31	Does Person Still Have Asthma – RD 3/1	PE33A
ASSTIL53	Does Person Still Have Asthma - RD 5/3	PC04A/PE33A
ASATAK31	Asthma Attack Last 12 Mos– RD 3/1	PE34
ASATAK53	Asthma Attack Last 12 Mos– RD 5/3	PC05/PE34
ASACUT53	Used Acute Pres Inhaler Last 3 Mos-RD5/3	PC05A
ASMRCN53	Used >3Acute Cn Pres Inh Last 3 Mos-RD5/3	PC05B
ASPREV53	Ever Used Prev Daily Asthma Meds -RD5/3	PC06A
ASDALY53	Now Take Prev Daily Asthma Meds - RD 5/3	PC06B
ASPKFL53	Have Peak Flow Meter at Home – RD 5/3	PC08
ASEVFL53	Ever Used Peak Flow Meter - RD 5/3	PC08A
ASWNFL53	When Last Used Peak Flow Meter - RD 5/3	PC08B

HEALTH STATUS VARIABLES - PUBLIC USE

VARIABLE	DESCRIPTION	SOURCE
IADLHP31	IADL Screener – RD 3/1	HE 2-4
IADLHP42	IADL Screener – RD 4/2	HE 2-4
IADLHP53	IADL Screener – RD 5/3	HE 2-4
IADL3M31	IADL Help 3+ Months – RD 3/1	HE 3A
IADL3M42	IADL Help 3+ Months – RD 4/2	HE 3A
IADL3M53	IADL Help 3+ Months – RD 5/3	HE 3A
ADLHLP31	ADL Screener – RD 3/1	HE 5-6
ADLHLP42	ADL Screener – RD 4/2	HE 5-6
ADLHLP53	ADL Screener – RD 5/3	HE 5-6
ADL3MO31	ADL Help 3+ Months – RD 3/1	HE 6A
ADL3MO42	ADL Help 3+ Months – RD 4/2	HE 6A
ADL3MO53	ADL Help 3+ Months – RD 5/3	HE 6A
AIDHLP31	Used Assistive Devices – RD 3/1	HE 7-8
AIDHLP53	Used Assistive Devices – RD 5/3	HE 7-8
WLKLIM31	Limitation in Physical Functioning – RD 3/1	HE 9-18
WLKLIM53	Limitation in Physical Functioning – RD 5/3	HE 9-18
LFTDIF31	Difficulty Lifting 10 Pounds – RD 3/1	HE 11
LFTDIF53	Difficulty Lifting 10 Pounds – RD 5/3	HE 11
STPDIF31	Difficulty Walking up 10 Steps – RD 3/1	HE 12
STPDIF53	Difficulty Walking up 10 Steps – RD 5/3	HE 12
WLKDIF31	Difficulty Walking 3 Blocks – RD 3/1	HE 13
WLKDIF53	Difficulty Walking 3 Blocks – RD 5/3	HE 13
MILDIF31	Difficulty Walking a Mile – RD 3/1	HE 14
MILDIF53	Difficulty Walking a Mile – RD 5/3	HE 14
STNDIF31	Difficulty Standing 20 Minutes – RD 3/1	HE 15
STNDIF53	Difficulty Standing 20 Minutes – RD 5/3	HE 15
BENDIF31	Difficulty Bending/Stooping – RD 3/1	HE 16
BENDIF53	Difficulty Bending/Stooping – RD 5/3	HE 16
RCHDIF31	Difficulty Reaching Overhead – RD 3/1	HE 17
RCHDIF53	Difficulty Reaching Overhead – RD 5/3	HE 17
FNGRDF31	Difficulty Using Fingers to Grasp – RD 3/1	HE 18
FNGRDF53	Difficulty Using Fingers to Grasp – RD 5/3	HE 18
WLK3MO31	Phys Functioning Help 3+ Months – RD 3/1	HE 18A
WLK3MO53	Phys Functioning Help 3+ Months – RD 5/3	HE 18A
ACTLIM31	Any Limitation Work/Housewrk/Schl – RD 3/1	HE 19-20
ACTLIM53	Any Limitation Work/Housewrk/Schl – RD 5/3	HE 19-20
WRKLIM31	Work Limitation – RD 3/1	HE 20A

VARIABLE	DESCRIPTION	SOURCE
WRKLIM53	Work Limitation – RD 5/3	HE 20A
HSELIM31	Housework Limitation – RD 3/1	HE 20A
HSELIM53	Housework Limitation – RD 5/3	HE 20A
SCHLIM31	School Limitation – RD 3/1	HE 20A
SCHLIM53	School Limitation – RD 5/3	HE 20A
UNABLE31	Completely Unable to Do Activity – RD 3/1	HE 21
UNABLE53	Completely Unable to Do Activity – RD 5/3	HE 21
SOCLIM31	Social Limitations – RD 3/1	HE 22-23
SOCLIM53	Social Limitations – RD 5/3	HE 22-23
COGLIM31	Cognitive Limitations – RD 3/1	HE 24-25
COGLIM53	Cognitive Limitations – RD 5/3	HE 24-25
WRGLAS42	Wears Glasses or Contacts – RD 4/2	HE 26-27
SEEDIF42	Diffclty Seeing w/Glasses/Cntcts–RD 4/2	HE 28-29
BLIND42	Person Is Blind – RD 4/2	HE 30
READNW42	Can Read Newsprnt w/Glasses/Cntcts-RD4/2	HE 31
RECPEP42	Can Recgnze People w/Glasses/Cntcts-R4/2	HE 32
VISION42	Vision Impairment (Summary) – RD 4/2	Constructed
HEARAD42	Person Wears Hearing Aid – RD 4/2	HE 33-34
HEARDI42	Any Difficlty Hearing w/Hearing Aid–RD4/2	HE 35-36
DEAF42	Person Is Deaf – RD 4/2	HE 37
HEARMO42	Can Hear Most Conversation – RD 4/2	HE 38
HEARSM42	Can Hear Some Conversation – RD 4/2	HE 39
HEARNG42	Hearing Impairment (Summary) – RD 4/2	Constructed
ANYLIM07	Any Limitation in P11R3,4,5/P12R1,2,3	Constructed
LSHLTH42	Less Healthy than Othr Child (0-17)-R4/2	CS01_01
NEVILL42	Never Been Seriously Ill (0-17)-R4/2	CS01_02
SICEAS42	Child Gets Sick Easily (0-17)-R4/2	CS01_03
HLTHLF42	Child Will Have Healthy Life (0-17)-R4/2	CS01_04
WRHLTH42	Worry More about Health (0-17)-R4/2	CS01_05
CHPMED42	CSHCN: Child Needs Prescrb Med(0-17)-R4/2	CS03
CHPMHB42	CSHCN: Pmed for Hlth/Behv Cond (0-17)-R4/2	CS03OV1
CHPMC42	CSHCN: Pmed Cond Last 12+ Mos (0-17)-R4/2	CS03OV2
CHSERV42	CSHCN: Chld Needs Med&Oth Serv (0-17)-R4/2	CS04
CHSRHB42	CSHCN: Serv for Hlth/Behv Cond(0-17)-R4/2	CS04OV1
CHSRC42	CSHCN: Serv Cond Last 12+ Mos (0-17)-R4/2	CS04OV2
CHLIMI42	CSHCN: Limited in Any Way (0-17)-R4/2	CS05
CHLIHB42	CSHCN: Limt for Hlth/Behv Cond(0-17)-R4/2	CS05OV1
CHLICO42	CSHCN: Limit Cond Last 12+ Mos (0-17)-R4/2	CS05OV2
CHTHER42	CSHCN: Chld Needs Spec Therapy (0-17)-R4/2	CS06
CHTHHB42	CSHCN: Spec Ther for Hlth+Cond(0-17)-R4/2	CS06OV1

VARIABLE	DESCRIPTION	SOURCE
CHTHCO42	CSHCN: Ther Cond Last 12+ Mos (0-17)-R4/2	CS06OV2
CHCOUN42	CSHCN: Child Needs Counseling (0-17)-R4/2	CS07
CHEMPB42	CSHCN: Couns Prob Last 12+ Mos (0-17)-R4/2	CS07OV
CSHCN42	CSHCN:Child w/Spec HC Needs (0-17)-R4/2	CS03-CS07OV
MOMPRO42	Problem Getting Along w/Mom (5-17)-R4/2	CS08_01
DADPRO42	Problem Getting Along w/Dad (5-17)-R4/2	CS08_02
UNHAP42	Problem Feeling Unhappy/Sad (5-17)-R4/2	CS08_03
SCHLBH42	Problem Behavior at School (5-17)-R4/2	CS08_04
HAVFUN42	Problem Having Fun (5-17) – R4/2	CS08_05
ADUPRO42	Prblm Getting Along w/Adults (5-17)-R4/2	CS08_06
NERVAF42	Prblm Feeling Nervous/Afraid (5-17)-R4/2	CS08_07
SIBPRO42	Prblm Getting Along w/Sibs (5-17)-R4/2	CS08_08
KIDPRO42	Prblm Getting Along w/Kids (5-17)-R4/2	CS08_09
SPRPRO42	Problem w/Sports/Hobbies (5-17)–R4/2	CS08_10
SCHPRO42	Problem With Schoolwork (5-17)-R4/2	CS08_11
HOMEBH42	Problem w/Behavior at Home (5-17)-R4/2	CS08_12
TRBLE42	Prblm Stay out Of Trouble (5-17)-R4/2	CS08_13
CHILCR42	CAHPS:12Mos: Ill/Inj Need Care (0-17)R4/2	CS09A
CHILWW42	CAHPS:12Mos: Ill Care Whn Wntd (0-17)R4/2	CS10A
CHRTCR42	CAHPS:12Mos: Make Rout Care Apt (0-17)R4/2	CS11A
CHRTWW42	CAHPS:12Mos: Rout Apt Whn Wntd (0-17)R4/2	CS12A
CHAPPT42	CAHPS:12Mos: # of Off/Clin Apts (0-17)R4/2	CS13
CHNDCR42	CAHPS:12Mos:Need Any Care/Trt(0-17)-R4/2	CS14A
CHNECP42	CAHPS:12Mos: Prob Get Nec Care (0-17)R4/2	CS14
CHLIST42	CAHPS:12Mos: Chld Dr Lsn to You (0-17)R4/2	CS15
CHEXPL42	CAHPS:12Mos: Chld Dr Expl Thng (0-17)R4/2	CS16
CHRESP42	CAHPS:12Mos: Chld’s Dr Shw Resp(0-17)R4/2	CS17
CHPRTM42	CAHPS:12Mos: Child Dr Engh Time(0-17)R4/2	CS18
CHHECR42	CAHPS:12Mos: Rate Chld Hlt Care (0-17)R4/2	CS19
CHSPEC42	CAHPS:12Mos: Chld Needed Spec (0-17)R4/2	CS20
CHPRE42	CAHPS:12Mos: Prb w/Rfr to Spec (0-17)R4/2	CS21
MESHGT42	Doctor Ever Measured Height (0-17)-R4/2	CS22
WHNHGT42	When Doctor Measured Height (0-17)-R4/2	CS22OV
MESWGT42	Doctor Ever Measured Weight (0-17)-R4/2	CS24
WHNWGT42	When Doctor Measured Weight (0-17)-R4/2	CS24OV
CHBMIX42	Child’s Body Mass Index (6-17)-R4/2	Constructed
MESVIS42	Doctor Checked Child’s Vision (3-6)-R4/2	CS26
MESBPR42	Dr Checked Blood Pressure (2-17)-R4/2	CS27
WHNBPR42	When Dr Checked Blood Press (2-17)-R4/2	CS27OV
DENTAL42	Dr Advise Reg Dental Checkup (2-17)-R4/2	CS28

VARIABLE	DESCRIPTION	SOURCE
WHNDEN42	When Dr Advise Dent Checkup (2-17)-R4/2	CS28OV
EATHLT42	Dr Advise Eat Healthy (2-17)-R4/2	CS29
WHNEAT42	When Dr Advise Eat Healthy (2-17)-R4/2	CS29OV
PHYSCL42	Dr Advise Exercise (2-17)-R4/2	CS30
WHNPHY42	When Dr Advise Exercise (2-17)-R4/2	CS30OV
SAFEST42	Dr Advise Chld Safety Seat (Wt<=40)-R4/2	CS31
WHNSAF42	When Dr Advise Safety Seat (Wt<=40)-R4/2	CS31OV
BOOST42	Dr Advise Booster Seat (40<Wt<=80)-R4/2	CS32
WHNBST42	Whn Dr Advise Booster Seat(40<Wt<=80)-R4/2	CS32OV
LAPBLT42	Dr Advise Lap/Shoulder Belt (80<Wt)-R4/2	CS33
WHNLAP42	Whn Dr Advise Lap/Shldr Blt (80<Wt)-R4/2	CS33OV
HELMET42	Dr Advise Bike Helmet (2-17)-R4/2	CS34
WHNHEL42	When Dr Advise Bike Helmet (2-17)-R4/2	CS34OV
NOSMOK42	Dr Advise Smkg in Home is Bad(0-17)-R4/2	CS35
WHNSMK42	Whn Dr Advis Smkg in Home Bad(0-17)-R4/2	CS35OV
TIMALN42	Doctor Spend Any Time Alone (12-17)-R4/2	CS36
DENTCK53	How Often Dental Check-up – RD 5/3	AP12
BPCHEK53	Time Snce Lst Blood Pres Chk (>17) – RD 5/3	PC11/AP15
BPMONT53	# Mos Snce Lst Blood Pres Chk (>17) – RD 5/3	PC11OV/AP15OV
CHOLCK53	How Lng Cholest Lst Chck (>17) – RD 5/3	AP16
CHECK53	How Lng Lst Routne Checkup (>17) – RD 5/3	AP17
NOFAT53	Restrict HGH Fat/Choles Food (>17)–RD 5/3	PC13_01/AP17A_01
EXRCIS53	Advised to Exercise More (>17) – RD 5/3	PC13_02/AP17A_02
FLUSHT53	How Lng Last Flu Vaccination (>17) – RD 5/3	AP18
ASPRIN53	Tke Aspirm Every (Othr) Day (>17)–RD 5/3	PC15/AP18A
NOASPR53	Taking Aspirin Unsafe (>17) – RD 5/3	PC16/AP18AA
STOMCH53	Tke Asprn Unsafe B/C Stomch (>17) – RD 5/3	PC17/AP18AAA
LSTETH53	Lost All Uppr And Lowr Teeth (>17) – RD 5/3	AP18B
PSA53	How Long Since Last PSA (>39) – RD 5/3	AP19
HYSTER53	Had a Hysterectomy (>17) – RD 5/3	AP20A
PAPSMR53	How Lng Lst Pap Smear Tst (>17) – RD 5/3	AP20
BRSTEX53	How Lng Snce Lst Breast Exam (>17) – RD 5/3	AP21
MAMOGR53	How Lng Snce Lst Mammogram (>29) – RD 5/3	AP22
STOOL53	Bld Stool Tst Kit/Crds Home (>17) – RD 5/3	AP23
WHENST53	Whn Lst Bld Stool Tst Hme Kit (>17) – RD 5/3	AP24
BOWEL53	Sigmoidoscopy/Colonoscopy (>17) – RD 5/3	AP25
WHNBWL53	Lst Sigmoidoscop/Colonoscop (>17) – RD 5/3	AP26
PHYACT53	Mod/Vig Phys Activ 3X Wk (>17) – RD 5/3	AP28
BMINDX53	Adult Body Mass Index (> 17) - Rd 5/3	Constructed
SEATBE53	Wears Seat Belt (>15) – RD 5/3	AP32

VARIABLE	DESCRIPTION	SOURCE
SAQELIG	Eligibility Status for SAQ	Constructed
ADPRX42	SAQ: Relationship of Proxy to Adult	Constructed
ADILCR42	SAQ 12Mos: Ill/Injury Needing Immed Care	SAQ Q1
ADILWW42	SAQ 12 Mos: Got Care When Needed Ill/Inj	SAQ Q2
ADRTCR42	SAQ 12 Mos: Made Appt Routine Med Care	SAQ Q3
ADRTWW42	SAQ 12 Mos: Got Med Appt When Wanted	SAQ Q4
ADAPPT42	SAQ 12 Mos:# Visits to Med Off for Care	SAQ Q5
ADNDCR42	SAQ 12Mos: Need Any Care, Test, Treatmnt	SAQ Q6
ADNECP42	SAQ 12Mos: Probs Getting Needed Med Care	SAQ Q7
ADLIST42	SAQ 12 Mos: Doctor Listened to You	SAQ Q8
ADEXPL42	SAQ 12 Mos: Doc Explained So Understood	SAQ Q9
ADRESP42	SAQ 12 Mos: Dr Showed Respect	SAQ Q10
ADPRTM42	SAQ 12 Mos: Dr Spent Enuf Time with You	SAQ Q11
ADHECR42	SAQ 12 Mos: Rating of Health care	SAQ Q12
ADSMOK42	SAQ: Currently Smoke	SAQ Q13
ADNSMK42	SAQ 12Mos: Dr Advised to Quit Smoking	SAQ Q14
ADDRBP42	SAQ 2 Yrs: Dr Checked Blood Pressure	SAQ Q15
ADSPEC42	SAQ 12 Mos: Needed to See Specialist	SAQ Q16
ADPRRE42	SAQ 12Mos: Problem Seeing Specialist	SAQ Q17
ADGENH42	SAQ: Health in General SF-12V2	SAQ Q18
ADDAYA42	SAQ: Hlth Limits Mod Activities SF-12V2	SAQ Q19
ADCLIM42	SAQ: Hlth Limits Climbing Stairs SF-12V2	SAQ Q20
ADPALS42	SAQ 4Wks:Accmp Less B/C Phy Prbs SF-12V2	SAQ Q21
ADPWLM42	SAQ 4Wks:Work Limt B/C Phy Probs SF-12V2	SAQ Q22
ADMALS42	SAQ 4Wks:Accmp Less B/C Mnt Prbs SF-12V2	SAQ Q23
ADMWLM42	SAQ 4Wks:Work Limt B/C Mnt Probs SF-12V2	SAQ Q24
ADPAIN42	SAQ 4Wks:Pain Limits Normal Work SF-12V2	SAQ Q25
ADCAPE42	SAQ 4Wks: Felt Calm/Peaceful SF-12V2	SAQ Q26
ADNRGY42	SAQ 4Wks: Had a Lot of Energy SF-12V2	SAQ Q27
ADDOWN42	SAQ 4Wks: Felt Downhearted/Depr SF-12V2	SAQ Q28
ADSOCA42	SAQ 4Wks: Hlth Stopped Soc Activ SF-12V2	SAQ Q29
PCS42	SAQ:Phy Component Summry SF-12V2 Imputed	SAQ Q18 – Q29
MCS42	SAQ:Mnt Component Summry SF-12V2 Imputed	SAQ Q18 – Q29
SFFLAG42	SAQ: PCS/MCS Imputation Flag SF-12V2	SAQ Q18 – Q29
ADNERV42	SAQ 30 Days: How Often Felt Nervous	SAQ Q30
ADHOPE42	SAQ 30 Days: How Often Felt Hopeless	SAQ Q31
ADREST42	SAQ 30 Days: How Often Felt Restless	SAQ Q32
ADSAD42	SAQ 30 Days: How Often Felt Sad	SAQ Q33
ADEFRT42	SAQ 30 Days: How Ofn Everythng an Effort	SAQ Q34
ADWRTH42	SAQ 30 Days: How Often Felt Worthless	SAQ Q35

VARIABLE	DESCRIPTION	SOURCE
K6SUM42	SAQ 30 Days: Overall Rating of Feelings	SAQ Q30 – Q35
ADINTR42	SAQ 2 Wks: Little Interest in Things	SAQ Q36
ADDPRS42	SAQ 2 Wks: Felt Down/Depressed/Hopeless	SAQ Q37
PHQ242	SAQ 2 Wks: Overall Rating of Feelings	SAQ Q36 – Q37
ADINSA42	SAQ: Do Not Need Health Insurance	SAQ Q36
ADINSB42	SAQ: Health Insurance Not Worth Cost	SAQ Q37
ADRISK42	SAQ: More Likely to Take Risks	SAQ Q38
ADOVER42	SAQ: Can Overcome Ills Without Med Help	SAQ Q39
ADCMPM42	SAQ: Date Completed - Month	Constructed
ADCMPD42	SAQ: Date Completed - Day	Constructed
ADCMPY42	SAQ: Date Completed – Year	Constructed
ADLANG42	SAQ: Language of SAQ Interview	Constructed
DSDIA53	DCS: Diabetes Diagnosis By Health Prof	DCS Q1
DSA1C53	DCS: Times Tested for A1c – 2007	DCS Q2
DSCKFT53	DCS: Times Feet Checked for Sores – 2007	DCS Q3
DSEY0853	DCS: Dilated Eye Exam in 2008	DCS Q4
DSEY0753	DCS: Dilated Eye Exam in 2007	DCS Q4
DSEY0653	DCS: Dilated Eye Exam in 2006	DCS Q4
DSEB0653	DCS: Dilated Eye Exam Before 2006	DCS Q4
DSEYNV53	DCS: Never Had Dilated Eye Exam	DCS Q4
DSKIDN53	DCS: Has Diabetes Caused Kidney Problems	DCS Q5
DSEYPR53	DCS: Has Diabetes Caused Eye Probs	DCS Q6
DSDIET53	DCS: Treat Diabetes w/Diet Modification	DCS Q7
DSMED53	DCS: Treat Diabetes w/Meds by Mouth	DCS Q8
DSINSU53	DCS: Treat Diabetes w/Insulin Injections	DCS Q9
PHONE53	DCS: Learned Diab Care from Phone Call	DCS Q10A
NURSE53	DCS: Learned Diab Care from Nurse	DCS Q10B
VISIT53	DCS: Learned Diab Care from Home Visit	DCS Q10C
REFER53	DCS: Learned Diab Care from Specialist	DCS Q10D
CHLCHK53	DCS: How Long Since Cholesterol Check	DCS Q11
FLSHOT53	DCS: How Long Since Last Flu Vaccination	DCS Q12
DSPRX53	DCS: Was Respondent a Proxy	Constructed

DISABILITY DAYS VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DDNWRK31	# Days Missed Work Due to Ill/Inj (RD31)	DD02 DD02A
DDNWRK42	# Days Missed Work Due to Ill/Inj (RD42)	DD02
DDNWRK53	# Days Missed Work Due to Ill/Inj (RD53)	DD02 DD02A
WKINBD31	# Days Missed Work Stayed in Bed (RD31)	DD04 DD04A
WKINBD42	# Days Missed Work Stayed in Bed (RD42)	DD04
WKINBD53	# Days Missed Work Stayed in Bed (RD53)	DD04 DD04A
DDNSCL31	# Days Missd School Due to Ill/Inj(RD31)	DD05 DD05A
DDNSCL42	# Days Missd School Due to Ill/Inj(RD42)	DD05
DDNSCL53	# Days Missd School Due to Ill/Inj(RD53)	DD05 DD05A
SCLNBD31	# Days Missed School Stayd in Bed (RD31)	DD07 DD07A
SCLNBD42	# Days Missed School Stayd in Bed (RD42)	DD07
SCLNBD53	# Days Missed School Stayd in Bed (RD53)	DD07 DD07A
DDBDYS31	# Oth Day Person Spent in Bed Since Start(RD31)	DD08 DD08A
DDBDYS42	# Oth Day Person Spent in Bed Since Start(RD42)	DD08
DDBDYS53	# Oth Day Person Spent in Bed Since Start(RD53)	DD08 DD08A
OTHDYS31	Miss Any Work Day to Care for Oth (RD31)	DD10
OTHDYS42	Miss Any Work Day to Care for Oth (RD42)	DD10
OTHDYS53	Miss Any Work Day to Care for Oth (RD53)	DD10
OTHNDD31	# Day Missed Work to Care for Oth (RD31)	DD11 DD11A
OTHNDD42	# Day Missed Work to Care for Oth (RD42)	DD11
OTHNDD53	# Day Missed Work to Care for Oth (RD53)	DD11 DD11A

ACCESS TO CARE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
ACCELI42	Pers Eligible for Access Supplement-R4/2	Constructed
LANGHM42	AC01 Language Spoken Most in Home	AC01
ENGHME42	AC02 HH Comfortable Speakng English-R4/2	AC02
ENGSPK42	AC02A Not Comfrtble Speakng English-R4/2	AC02A
USBORN42	AC03 Was Person Born in US-R4/2	AC03
USLIVE42	AC04 # Yrs Person Lived in US-R4/2	AC04
HAVEUS42	AC05 Does Person Have USC Provider-R4/2	AC05
YNOUSC42	AC07 Main Reas Pers Doesnt Have USC-R4/2	AC07
NOREAS42	AC08 Oth Reas No USC:No Oth Reasons-R4/2	AC08
SELDSI42	AC08 Oth Reas No USC:Seldm/Nev Sick-R4/2	AC08
NEWARE42	AC08 Oth Reas No USC:Recently Moved-R4/2	AC08
DKWHRU42	AC08 Oth Reas No USC:Dk Where to Go-R4/2	AC08
USCNOT42	AC08 Oth Reas No USC: USC Not Avail-R4/2	AC08
PERSLA42	AC08 Oth Reas No USC: Language - R4/2	AC08
DIFFPL42	AC08 Oth Reas No USC:Diffrnt Places-R4/2	AC08
INSRPL42	AC08 Oth Reas No USC:Just Chngd Ins-R4/2	AC08
MYSELF42	AC08 Oth Reas No USC:No Doc/Trt Sif-R4/2	AC08
CARECO42	AC08 Oth Reas No USC:Cost Of Med Cr-R4/2	AC08
OTHINS42	AC08 Oth Reas No USC: Ins Related-R4/2	AC08
JOBRSN42	AC08 Oth Reas No USC: Job Related-R4/2	AC08
NEWDOC42	AC08 Oth Reas No USC: Lookng for Dr-R4/2	AC08
DOCELS42	AC08 Oth Reas No USC: Dr Elsewhere-R4/2	AC08
NOLIKE42	AC08 Oth Reas No USC: Dont Like Drs-R4/2	AC08
HEALTH42	AC08 Oth Reas No USC: Hlth Related-R4/2	AC08
KNOWDR42	AC08 Oth Reas No USC: Knows/Is a Dr-R4/2	AC08
ONJOB42	AC08 Oth Reas No USC: Dr at Work-R4/2	AC08
NOGODR42	AC08 Oth Reas No USC: Wont Go to Dr-R4/2	AC08
TRANS42	AC08 Oth Reas No USC: Transprt/Time R4/2	AC08
CLINIC42	AC08: Oth Reas No USC: Hosp/ER/Clnic-R4/2	AC08
OTHREA42	AC08 Oth Reas No USC: Other Reason-R4/2	AC08
PROVTY42	Provider Type – R4/2	PV01, PV03, PV05, PV10
FACLPR42	AC10 Does Pers See Particular Prov -R4/2	AC10
PLCTYP42	USC Type of Place – R4/2	AC11
GOTOUS42	AC12 How Does Pers Get to USC Prov-R4/2	AC12
TMTKUS42	AC13 How Long It Takes Get to USC-R4/2	AC13
DFTOUS42	AC14 How Difficult Is It Get to USC-R4/2	AC14
TYPEPE42	USC Type of Provider – R4/2	AC15, AC16, AC16OV, AC17, AC17OV
LOCATN42	USC Location – R4/2	Constructed
HSPLAP42	AC18 Is Provider Hispanic or Latino-R4/2	AC18
WHITPR42	AC19 Is Provider White – R4/2	AC19
BLCKPR42	AC19 Is Provider Black/African Amer-R4/2	AC19
ASIANP42	AC19 Is Provider Asian – R4/2	AC19

VARIABLE	DESCRIPTION	SOURCE
NATAMP42	AC19 Is Provider Native American – R4/2	AC19
PACISP42	AC19 Is Provider Oth Pacific Islndr-R4/2	AC19
OTHRCP42	AC19 Is Provider Some Other Race – R4/2	AC19
GENDRP42	AC20 Is Provider Male or Female – R4/2	AC20
MINORP42	AC22 Go To USC For New Health Prob-R4/2	AC22
PREVEN42	AC22 Go To USC For Prvntve Hlt Care-R4/2	AC22
REFFRL42	AC22 Go To USC For Referrals – R4/2	AC22
ONGONG42	AC22 Go To USC For Ongoing Hlth Prb-R4/2	AC22
PHNREG42	AC23 How Diff Contact USC By Phone-R4/2	AC23
OFFHOU42	AC24 USC Has Office Hrs Nghts/Wkends-R4/2	AC24
AFTHOU42	AC25 How Diff Contact USC Aft Hours-R4/2	AC25
TREATM42	AC26 Prov Ask About Oth Treatments-R4/2	AC26
RESPCT42	AC27 Prov Shows Respect For Trtmnts-R4/2	AC27
DECIDE42	AC28 Prov Asks Pers to Help Decide-R4/2	AC28
EXPLOP42	AC30 Prov Explns Options to Pers – R4/2	AC30
LANGPR42	AC31 Prov Speaks Person’s Language–R4/2	AC31
MDUNAB42	Unable To Get Necessry Medical Care–R4/2	AC32A, AC32, AC33
MDUNRS42	AC34 Rsn Unable Get Necsry Med Care-R4/2	AC34
MDUNPR42	AC35 Prb Not Getting Ncsry Med Care-R4/2	AC35
MDDLAY42	Delayed In Getting Necsry Med Care-R4/2	AC36, AC37
MDDLRS42	AC38 Rsn Dlayd Getting Nec Med Care-R4/2	AC38
MDDLPR42	AC39 Prb Dlayd Getting Nec Med Care-R4/2	AC39
DNUNAB42	Unable To Get Necessary Dental Care-R4/2	AC40A, AC40, AC41
DNUNRS42	AC42 Rsn Unable Get Ncsry Dent Care-R4/2	AC42
DNUNPR42	AC43 Prb Unable Get Ncsry Dent Care-R4/2	AC43
DNDLAY42	Delayed In Getting Nec Dental Care-R4/2	AC44, AC45
DNDLRS42	AC46 Rsn Dlayd Gettng Nec Dent Care-R4/2	AC46
DNDLPR42	AC47 Prb Dlayd Gettng Nec Dent Care-R4/2	AC47
PMUNAB42	Unable to Get Necessary Pres Med – R4/2	AC48A, AC48, AC49
PMUNRS42	AC50 Rsn Unable to Get Nec Pres Med-R4/2	AC50
PMUNPR42	AC51 Prb Unable to Get Nec Pres Med-R4/2	AC51
PMDLAY42	Delayed In Getting Necsry Pres Med-R4/2	AC52, AC53
PMDLRS42	AC54 Rsn Dlayd Getting Nec Pres Med-R4/2	AC54
PMDLPR42	AC55 Prb Dlayd Getting Nec Pres Med-R4/2	AC55

EMPLOYMENT VARIABLES

VARIABLE	DESCRIPTION	SOURCE
EMPST31	Employment Status RD 3/1	EM 1-3; RJ 1, 6
EMPST42	Employment Status RD 4/2	EM 1-3; RJ 1, 6
EMPST53	Employment Status RD 5/3	EM 1-3; RJ 1, 6
RNDFLG31	Data Collection Round for RD 3/1 CMJ	Constructed
MORJOB31	Has More than One Job RD 3/1 Int Date	EM 1-4, 51; RJ 1, 6; Constructed
MORJOB42	Has More than One Job RD 4/2 Int Date	EM 1-4, 51; RJ 1, 6; Constructed
MORJOB53	Has More than One Job RD 5/3 Int Date	EM 1-4, 51; RJ 1, 6; Constructed
EVRWRK	Ever Wrkd for Pay in Life as of 12/31/07	EM 1-4, 51; RJ 1, 6; Constructed
HRWG31X	Hourly Wage RD 3/1 CMJ (Imp)	EW 5, 7, 11-13, 17-18, 24; EM 104, 111
HRWG42X	Hourly Wage RD 4/2 CMJ (Imp)	EW 5, 7, 11-13, 17-18, 24; EM 104, 111
HRWG53X	Hourly Wage RD 5/3 CMJ (Imp)	EW 5, 7, 11-13, 17-18, 24; EM 104, 111
HRWGIM31	HRWG31X Imputation Flag	Constructed
HRWGIM42	HRWG42X Imputation Flag	Constructed
HRWGIM53	HRWG53X Imputation Flag	Constructed
HRHOW31	How Hourly Wage Was Calculated RD 3/1	EM 2-3, 51, 104, 111; EW 2-24
HRHOW42	How Hourly Wage Was Calculated RD 4/2	EM 2-3, 51, 104, 111; EW 2-24
HRHOW53	How Hourly Wage Was Calculated RD 5/3	EM 2-3, 51, 104, 111; EW 2-24
DIFFWG31	Persons Wages Different this RD31 at CMJ	RJ02
DIFFWG42	Persons Wages Different this RD42 at CMJ	RJ02
DIFFWG53	Persons Wages Different this RD53 at CMJ	RJ02
NHRWG31	Updated Hrly Wage RD 3/1 CMJ (Edited)	Constructed
NHRWG42	Updated Hrly Wage RD 4/2 CMJ (Edited)	Constructed
NHRWG53	Updated Hrly Wage RD 5/3 CMJ (Edited)	Constructed
HOUR31	Hours Per Week at RD 3/1 CMJ	EM 1-3, 51, 104-105, 111; EW 17
HOUR42	Hours Per Week at RD 4/2 CMJ	EM 1-3, 51, 104-105, 111; EW 17
HOUR53	Hours Per Week at RD 5/3 CMJ	EM 1-3, 51, 104-105, 111; EW 17
TEMPJB31	Is CMJ a Temporary Job RD 3/1	EM 105C, 111C; RJ 01AA, 06A
TEMPJB42	Is CMJ a Temporary Job RD 4/2	EM 105C, 111C; RJ 01AA, 06A
TEMPJB53	Is CMJ a Temporary Job RD 5/3	EM 105C, 111C; RJ 01AA, 06A

VARIABLE	DESCRIPTION	SOURCE
SSNLJB31	Is CMJ a Seasonal Job RD 3/1	EM 105D, 111D; RJ 01AAA, 06AA
SSNLJB42	Is CMJ a Seasonal Job RD 4/2	EM 105D, 111D; RJ 01AAA, 06AA
SSNLJB53	Is CMJ a Seasonal Job RD 5/3	EM 105D, 111D; RJ 01AAA, 06AA
SELFCM31	Self-Employed at RD 3/1 CMJ	EM 1-3, 51; RJ 01
SELFCM42	Self-Employed at RD 4/2 CMJ	EM 1-3, 51; RJ 01
SELFCM53	Self-Employed at RD 5/3 CMJ	EM 1-3, 51; RJ 01
DISVW31X	Disavowed Health Ins at RD 3/1 CMJ (Ed)	EM113, 117; RJ07, 08, 08A; HX and OE Sections
DISVW42X	Disavowed Health Ins at RD 4/2 CMJ (Ed)	EM113, 117; RJ07, 08, 08A; HX and OE Sections
DISVW53X	Disavowed Health Ins at RD 5/3 CMJ (Ed)	EM113, 117; RJ07, 08, 08A; HX and OE Sections
CHOIC31	Choice of Health Plans at RD 3/1 CMJ	EM 1-3, 51, 96, 113-115, 124; RJ08
CHOIC42	Choice of Health Plans at RD 4/2 CMJ	EM 1-3, 51, 96, 113-115, 124; RJ08
CHOIC53	Choice of Health Plans at RD 5/3 CMJ	EM 1-3, 51, 96, 113-115, 124; RJ08
INDCAT31	Industry Group RD 3/1 CMJ	EM 97-100; RJ01; Constructed
INDCAT42	Industry Group RD 4/2 CMJ	EM 97-100; RJ01; Constructed
INDCAT53	Industry Group RD 5/3 CMJ	EM 97-100; RJ01; Constructed
NUMEMP31	Number of Employees at RD 3/1 CMJ	EM 91-92, 124; RJ01
NUMEMP42	Number of Employees at RD 4/2 CMJ	EM 91-92, 124; RJ01
NUMEMP53	Number of Employees at RD 5/3 CMJ	EM 91-92, 124; RJ01
MORE31	RD 3/1 CMJ Firm Has More than 1 Locat	EM 1-3, 51, 94; RJ01
MORE42	RD 4/2 CMJ Firm Has More than 1 Locat	EM 1-3, 51, 94; RJ01
MORE53	RD 5/3 CMJ Firm Has More than 1 Locat	EM 1-3, 51, 94; RJ01
UNION31	Union Status at RD 3/1 CMJ	EM 1-3, 51, 96, 116; RJ01
UNION42	Union Status at RD 4/2 CMJ	EM 1-3, 51, 96, 116; RJ01
UNION53	Union Status at RD 5/3 CMJ	EM 1-3, 51, 96, 116; RJ01

VARIABLE	DESCRIPTION	SOURCE
NWK31	Reason Not Working During RD 3/1	EM 1-3, 101-102, 126-127, 132-133, 138-139, 141, 141OV; RJ10
NWK42	Reason Not Working During RD 4/2	EM 1-3, 101-102, 126-127, 132-133, 138-139, 141, 141OV; RJ10
NWK53	Reason Not Working During RD 5/3	EM 1-3, 101-102, 126-127, 132-133, 138-139, 141, 141OV; RJ10
CHGJ3142	Changed Job between RD 3/1 and RD 4/2	RJ01, 01A
CHGJ4253	Changed Job between RD 4/2 and RD 5/3	RJ01, 01A
YCHJ3142	Why Chngd Job between RD 3/1 and RD 4/2	RJ10, 100V
YCHJ4253	Why Chngd Job between RD 4/2 and RD 5/3	RJ10, 100V
STJBMM31	Month Started RD 3/1 CMJ	EM10, 100V, 100V2; RJ01, 02A
STJBDD31	Day Started RD 3/1 CMJ	EM10, 100V, 100V2; RJ01, 01A
STJBYY31	Year Started RD 3/1 CMJ	EM10, 100V, 100V2; RJ01, 01A
STJBMM42	Month Started RD 4/2 CMJ	EM10, 100V, 100V2; RJ01, 01A
STJBDD42	Day Started RD 4/2 CMJ	EM10, 100V, 100V2; RJ01, 01A
STJBYY42	Year Started RD 4/2 CMJ	EM10, 100V, 100V2; RJ01, 01A
STJBMM53	Month Started RD 5/3 CMJ	EM10, 100V, 100V2; RJ01, 01A
STJBDD53	Day Started RD 5/3 CMJ	EM10, 100V, 100V2; RJ01, 01A
STJBYY53	Year Started RD 5/3 CMJ	EM10, 100V, 100V2; RJ01, 01A
EVRETIRE	Person Has Ever Retired	EM 1-3, 101-102, 126-127, 132-133, 138-139, 141, 141OV; RJ 02, 10
OCCCAT31	Occupation Group RD 3/1 CMJ	EM99-100; RJ 01, 01A; Constructed
OCCCAT42	Occupation Group RD 4/2 CMJ	EM99-100; RJ 01, 01A; Constructed
OCCCAT53	Occupation Group RD 5/3 CMJ	EM99-100; RJ 01, 01A; Constructed
PAYVAC31	Paid Vacation at RD 3/1 CMJ	EM 1-3, 51, 109; RJ 01, 02
PAYVAC42	Paid Vacation at RD 4/2 CMJ	EM 1-3, 51, 109; RJ 01, 02

VARIABLE	DESCRIPTION	SOURCE
PAYVAC53	Paid Vacation at RD 5/3 CMJ	EM 1-3, 51, 109; RJ 01, 02
SICPAY31	Paid Sick Leave at RD 3/1 CMJ	EM 1-3, 51, 107; RJ 01, 02
SICPAY42	Paid Sick Leave at RD 4/2 CMJ	EM 1-3, 51, 107; RJ 01, 02
SICPAY53	Paid Sick Leave at RD 5/3 CMJ	EM 1-3, 51, 107; RJ 01, 02
PAYDR31	Paid Leave to Visit Dr RD 3/1 CMJ	EM 1-3, 51, 107-108; RJ 01, 02
PAYDR42	Paid Leave to Visit Dr RD 4/2 CMJ	EM 1-3, 51, 107-108; RJ 01, 02
PAYDR53	Paid Leave to Visit Dr RD 5/3 CMJ	EM 1-3, 51, 107-108; RJ 01, 02
RETPLN31	Pension Plan at RD 3/1 CMJ	EM 1-3, 51, 110; RJ 01, 02
RETPLN42	Pension Plan at RD 4/2 CMJ	EM 1-3, 51, 110; RJ 01, 02
RETPLN53	Pension Plan at RD 5/3 CMJ	EM 1-3, 51, 110; RJ 01, 02
BSNTY31	Sole Prop, Partner, Corp, RD 3/1 CMJ	EM 1-3, 51, 94-95; RJ 01, 02
BSNTY42	Sole Prop, Partner, Corp, RD 4/2 CMJ	EM 1-3, 51, 94-95; RJ 01, 02
BSNTY53	Sole Prop, Partner, Corp, RD 5/3 CMJ	EM 1-3, 51, 94-95; RJ 01, 02
JOBORG31	Priv (Profit,Nonprofit) Gov RD 3/1 CMJ	EM 1-3, 51, 96; RJ 01, 02
JOBORG42	Priv (Profit,Nonprofit) Gov RD 4/2 CMJ	EM 1-3, 51, 96; RJ 01, 02
JOBORG53	Priv (Profit,Nonprofit) Gov RD 5/3 CMJ	EM 1-3, 51, 96; RJ 01, 02
HELD31X	Health Insur Held from RD 3/1 CMJ (Ed)	EM117; HX, HP and OE Sections
HELD42X	Health Insur Held from RD 4/2 CMJ (Ed)	EM117; HX, HP and OE Sections
HELD53X	Health Insur Held from RD 5/3 CMJ (Ed)	EM117; HX, HP and OE Sections
OFFER31X	Health Insur Offered by RD 3/1 CMJ (Ed)	EM113, 114, 117; RJ and HX Sections
OFFER42X	Health Insur Offered by RD 4/2 CMJ (Ed)	EM113, 114, 117; RJ and HX Sections
OFFER53X	Health Insur Offered by RD 5/3 CMJ (Ed)	EM113, 114, 117; RJ and HX Sections
OFREMP31	Employer Offers Health Ins RD 3/1 CMJ	EM115A, RJ08AAA
OFREMP42	Employer Offers Health Ins RD 4/2 CMJ	EM115A, RJ08AAA
OFREMP53	Employer Offers Health Ins RD 5/3 CMJ	EM115A, RJ08AAA

VARIABLE	DESCRIPTION	SOURCE
YNOINS31	Why Not Eligible Health Ins RD 3/1 CMJ	EM115B, RJ08AAAA
YNOINS42	Why Not Eligible Health Ins RD 4/2 CMJ	EM115B, RJ08AAAA
YNOINS53	Why Not Eligible Health Ins RD 5/3 CMJ	EM115B, RJ08AAAA

HEALTH INSURANCE VARIABLES

MONTHLY HEALTH INSURANCE COVERAGE INDICATORS

VARIABLE	DESCRIPTION	SOURCE
TRImm07X	Covered by TRICARE/CHAMPVA in mm 07 (Ed), where mm = JA-DE	HX12, 13, PR19-22, HQ Section
MCRmm07	Covered by Medicare in mm 07, where mm = JA-DE	HX05-07, 27, 29, 29OV
MCRmm07X	Covered by Medicare in mm 07 (Ed), where mm = JA-DE	HX05-07, 27, 29, 29OV, see documentation, section 2.5.8.1, for additional edit specifications
MCDmm07	Cov by Medicaid or SCHIP in mm 07, where mm = JA-DE	HX10-11, PR07-10 and HQ Section
MCDmm07X	Cov by Medicaid or SCHIP in mm 07 (Ed), where mm = JA-DE	MCDmm07, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42
OPAm07	Cov by Other Public A Ins in mm 07, where mm = JA-DE	HX14-15, 41-45, PR 23-32 and HQ Section
OPBmm07	Cov by Other Public B Ins in mm 07, where mm = JA-DE	HX14-15, 41-43, PR23-30 and HQ Section
STAm07	Covered by Other State Prog in mm 07, where mm = JA-DE	HX16-19, PR35-38 and HQ Section
PUBmm07X	Covr by Any Public Ins in mm 07 (Ed), where mm = JA-DE	TRImm07X, MCRmm07X, MCDmm07X, OPAmm07, OPBmm07
PEGmm07	Covered by Empl Union Ins in mm 07, where mm = JA-DE	HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections

VARIABLE	DESCRIPTION	SOURCE
PDKmm07	Covr by Priv Ins (Source Unknwn) mm 07, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
PNGmm07	Covered by Nongroup Ins in mm 07, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
POGmm07	Covered by Other Group Ins in mm 07, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
PRSmm07	Covered by Self-Emp-1 Ins in mm 07, where mm = JA-DE	HX3, 4, 48, HQ, OE, RJ and EM sections
POUmm07	Covered by Holder Outside of RU in mm 07, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
PRImm07	Covered by Private Ins in mm 07, where mm = JA-DE	POGmm07, PDKmm07, PEGmm07, PRSmm07, POUmm07, PNGmm07
HPEmm07	Holder of Empl Union Ins in mm 07, where mm = JA-DE	PEGmm07, HP9, 11
HPDmm07	Holder of Priv Ins (Source Unknwn) mm 07, where mm = JA-DE	PDKmm07; HP11
HPNmm07	Holder of Nongroup Ins in mm 07, where mm = JA-DE	PNGmm07; HP11
HPOmm07	Holder of Other Group Ins in mm 07, where mm = JA-DE	POGmm07; HP11
HPSmm07	Holder of Self-Emp-1 Ins in mm 07, where mm = JA-DE	PRSmm07; HP9
HPRmm07	Holder of Private Insurance in mm 07, where mm = JA-DE	HPEmm07, HPSmm07, HPOmm07, HPNmm07, HPDmm07
INSmm07X	Covr by Hosp/Med Ins in mm 07 (Ed), where mm = JA-DE	PUBmm07X, PRImm07

SUMMARY HEALTH INSURANCE COVERAGE INDICATORS

VARIABLE	DESCRIPTION	SOURCE
PRVEV07	Ever Have Private Insurance during 07	Constructed
TRIEV07	Ever Have TRICARE/CHAMPVA during 07	Constructed
MCREV07	Ever Have Medicare during 07 (ED)	Constructed
MCDEV07	Ever Have Medicaid/SCHIP during 07 (ED)	Constructed
OPAEV07	Ever Have Other Public A Ins during 07	Constructed
OPBEV07	Ever Have Other Public B Ins during 07	Constructed
UNINS07	Uninsured All of 07	Constructed
INSCOV07	Health Insurance Coverage Indicator 07	Constructed

MANAGED CARE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
TRIST31X	Covered by TRICARE Standard – R3/1	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIST42X	Covered by TRICARE Standard – R4/2	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIST07X	Covered by TRICARE Standard – 12/31/07	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIPR31X	Covered by TRICARE Prime – R3/1	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIPR42X	Covered by TRICARE Prime – R4/2	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIPR07X	Covered by TRICARE Prime – 12/31/07	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIEX31X	Covered by TRICARE Extra – R3/1	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIEX42X	Covered by TRICARE Extra – R4/2	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRIEX07X	Covered by TRICARE Extra – 12/31/07	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRILI31X	Covered by TRICARE for Life – R3/1	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRILI42X	Covered by TRICARE for Life – R4/2	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section

VARIABLE	DESCRIPTION	SOURCE
TRILIO7X	Covered by TRICARE for Life – 12/31/07	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRICH31X	Covered by TRICARE CHAMPVA – R3/1	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRICH42X	Covered by TRICARE CHAMPVA – R4/2	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
TRICH07X	Covered by TRICARE CHAMPVA – 12/31/07	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section
MCRPD31	Cov By Medicare Pmed Benefit – R3/1	HX05-07, HX30A, PR01A, HQ Section
MCRPD42	Cov By Medicare Pmed Benefit – R4/2	HX05-07, HX30A, PR01A, HQ Section
MCRPD07	Cov By Medicare Pmed Benefit – 12/31/07	HX05-07, HX30A, PR01A, HQ Section
MCRPD31X	Cov By Medicare Pmed Benefit – R3/1 (ED)	MCARE31X, MCAID31X, MCRPD31
MCRPD42X	Cov By Medicare Pmed Benefit – R4/2 (ED)	MCARE42X, MCAID42X, MCRPD42
MCRPD07X	Cov By Mcare Pmed Benefit–12/31/07 (ED)	MCARE07X, MCAID07X, MCRPD07
MCRPHO31	Covered By Medicare Managed Care – R3/1	HX05-07, HX31-32, PR02-PR04, HQ Section
MCRPHO42	Covered By Medicare Managed Care – R4/2	HX05-07, HX31-32, PR02-PR04, HQ Section
MCRPHO07	Covered By Medicare Managed Care – 12/31/07	HX05-07, HX31-32, PR02-PR04, HQ Section
MCDHMO31	Covered By Medicaid or SCHIP HMO – R3/1	HX10-11, HX14-16, HX18-19, HX41-43, HX45, PR07-10, PR11-14, PR23-32, PR39-42 and HQ Section

VARIABLE	DESCRIPTION	SOURCE
MCDHMO42	Covered By Medicaid or SCHIP HMO – R4/2	HX10-11, HX14-16, HX18-19, HX41-43, HX45, PR07-10, PR11-14, PR23-32, PR39-42 and HQ Section
MCDHMO07	Covred By Medicaid or SCHIP HMO – 12/31/07	HX10-11, HX14-16, HX18-19, HX41-43, HX45, PR07-10, PR11-14, PR23-32, PR39-42 and HQ Section
MCDMC31	Cov By Mcaid/SCHIP Gatekeeper Plan-R3/1	MCDHMO31, HX10-11, HX14-16, HX18-19, HX41-43, HX45, PR07-10, PR11-14, PR23-32, PR39-42 and HQ Section
MCDMC42	Cov By Mcaid/SCHIP Gatekeeper Plan-R4/2	MCDHMO42, HX10-11, HX14-16, HX18-19, HX41-43, HX45, PR07-10, PR11-14, PR23-32, PR39-42 and HQ Section
MCDMC07	Cov By Mcaid/SCHIP Gtkeepr Plan-12/31/07	MCDHMO03, HX10-11, HX14-16, HX18-19, HX41-43, HX45, PR07-10, PR11-14, PR23-32, PR39-42 and HQ Section
PRVHMO31	Covered by Private HMO – R3/1	MC01, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVHMO42	Covered by Private HMO – R4/2	MC01, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections

VARIABLE	DESCRIPTION	SOURCE
PRVHMO07	Covered by Private HMO –12/31/07	MC01, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVMNC31	Covered by Private Gatekeeper Plan-R3/1	MC01-02, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVMNC42	Covered by Private Gatekeeper Plan-R4/2	MC01-02, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVMNC07	Covered by Priv Gatekeeper Plan-12/31/07	MC01-02, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVDRL31	Cov by Priv Plan w/Doctor List – R3/1	MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVDRL42	Cov by Priv Plan w/Doctor List – R4/2	MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVDRL07	Cov by Priv Plan w/Doctor List-12/31/07	MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PHMONP31	Cov by HMO-Pays Non-Plan Dr Visits-R3/1	PRVHMO31, HX60A, MC05, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PHMONP42	Cov by HMO-Pays Non-Plan Dr Visits-R4/2	PRVHMO42, HX60A, MC05, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PHMONP07	Cov by HMO-Pays Non-Plan Drs-12/31/07	PRVHMO07, HX60A, MC05, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections

VARIABLE	DESCRIPTION	SOURCE
PMNCNP31	Cov by Gatekpr-Pays Non-Plan Drs-R3/1	PRVMNC31, MC04, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PMNCNP42	Cov by Gatekpr-Pays Non-Plan Drs-R4/2	PRVMNC42, MC04, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PMNCNP07	Cov by Gatekpr-Pays Non-Plan Drs-12/31/07	PRVMNC07, MC04, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRDRNP31	Cov by Dr List-Pays Non-Plan Drs-R3/1	PRVDRL31, MC04, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRDRNP42	Cov by Dr List-Pays Non-Plan Drs-R4/2	PRVDRL42, MC04, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRDRNP07	Cov by Dr List-Pays Non-Plan Dr-12/31/07	PRVDRL07, MC04, MC01-03, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections

DURATION OF HEALTH INSURANCE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
PREVCOVR	Per Cov by Ins in Prev 2 Yrs–Panl 12 Only	HX64
COVRMM	Month Most Recently Covered–Panel 12 Only	HX65
COVRYY	Year Most Recently Covered–Panel 12 Only	HX65
WASESTB	Was Prev Ins by Empl or Union–Pnl 12 Only	HX66, HX78
WASMCARE	Was Prev Ins by Medicare–Panel 12 Only	HX66, HX78
WASMCAID	Was Prev Ins by Mcaid/SCHIP–Panel 12 Only	HX66, HX78
WASCHAMP	Was Prev Ins TRICARE/Champva–Panl 12 Only	HX66, HX78
WASVA	Was Prev Ins VA/Militar Care–Panl 12 Only	HX66, HX78
WASPRIV	Was Prev Ins Grp/Assoc/Ins Co–Pnl 12 Only	HX66, HX78
WASOTGOV	Was Prev Ins by Oth Gov Prg–Panel 12 Only	HX66, HX78
WASAFDC	Was Prev Ins by Public AFDC–Panel 12 Only	HX66, HX78
WASSSI	Was Prev Ins by SSI Program–Panel 12 Only	HX66, HX78
WASSTAT1	Was Prev Ins by Stat Prog 1–Panel 12 Only	HX66, HX78

VARIABLE	DESCRIPTION	SOURCE
WASSTAT2	Was Prev Ins by Stat Prog 2–Panel 12 Only	HX66, HX78
WASSTAT3	Was Prev Ins by Stat Prog 3–Panel 12 Only	HX66, HX78
WASSTAT4	Was Prev Ins by Stat Prog 4–Panel 12 Only	HX66, HX78
WASOTHER	Was Prev Ins by Oth Source–Panel 12 Only	HX66, HX78
NOINSBEF	Evr Wout Hlth Insr Prev Yr–Panel 12 Only	HX70
NOINSTM	# Wks/Mon Wout Hlth Ins Prv Yr–Pnl 12 Onl	HX71
NOINUNIT	Unit Of Time Wout Hlth Ins–Panel 12 Only	HX71OV
MORECOVR	Cov by Mor Compr Pl Prev 2 Yr–Pnl 12 Only	HX76
INSENDMM	Month Most Recently Covd–Panel 12 Only	HX77
INSENDYY	Year Most Recently Covd–Panel 12 Only	HX77

OTHER HEALTH INSURANCE COVERAGE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
TRICR31X	Cov by TRICR/CHAMV - R3/1 Int Dt (Ed)	Constructed
TRICR42X	Cov by TRICR/CHAMV - R4/2 Int Dt (Ed)	Constructed
TRICR53X	Cov by TRICR/CHAMV 12-31/R3 Int Dt (Ed)	Constructed
TRICR07X	Cov by TRICR/CHAMV - 12/31/07 (Ed)	Constructed
TRIAT31X	Any Time Cov TRICARE/CHAMPVA - R3/1	Constructed
TRIAT42X	Any Time Cov TRICARE/CHAMPVA - R4/2	Constructed
TRIAT53X	Any Time Cov TRICARE/CHAMPVA - R5/3	Constructed
TRIAT07X	Any Time Cov TRICARE/CHAMPVA - 12/31/07	Constructed
MCAID31	Cov by Medicaid or SCHIP - R3/1 Int Dt	Constructed
MCAID42	Cov by Medicaid or SCHIP - R4/2 Int Dt	Constructed
MCAID53	Cov by Medicaid or SCHIP 12-31/R3 Int Dt	Constructed
MCAID07	Cov by Medicaid or SCHIP - 12/31/07	Constructed
MCAID31X	Cov by Medicaid/SCHIP - R3/1 Int Dt (Ed)	Constructed
MCAID42X	Cov by Medicaid/SCHIP - R4/2 Int Dt (Ed)	Constructed
MCAID53X	Cov Medicaid/SCHIP 12-31/R3 Int Dt(Ed)	Constructed
MCAID07X	Cov by Medicaid or SCHIP - 12/31/07 (Ed)	Constructed
MCARE31	Cov by Medicare - R3/1 Int Dt	Constructed
MCARE42	Cov by Medicare - R4/2 Int Dt	Constructed
MCARE53	Cov by Medicare 12-31/R3 Int Dt	Constructed
MCARE07	Cov by Medicare - 12/31/07	Constructed
MCARE31X	Cov by Medicare - R3/1 Int Dt (Ed)	Constructed
MCARE42X	Cov by Medicare - R4/2 Int Dt (Ed)	Constructed
MCARE53X	Cov by Medicare 12-31/R3 Int Dt (Ed)	Constructed
MCARE07X	Cov by Medicare - 12/31/07 (Ed)	Constructed
MCDAT31X	Any Time Cov Medicaid or SCHIP - R3/1	Constructed
MCDAT42X	Any Time Cov Medicaid or SCHIP - R4/2	Constructed
MCDAT53X	Any Time Cov Medicaid or SCHIP - R5/3	Constructed
MCDAT07X	Any Time Cov Medicaid or SCHIP-12/31/07	Constructed
OTPAAT31	Any Time Cov Ot Gov Mcaid/SCHIP HMO-R3/1	Constructed
OTPAAT42	Any Time Cov Ot Gov Mcaid/SCHIP HMO-R4/2	Constructed
OTPAAT53	Any Time Cov Ot Gov Mcaid/SCHIP HMO-R5/3	Constructed
OTPAAT07	Any Cov Ot Gov Mcaid/SCHIP HMO-12/31/07	Constructed

VARIABLE	DESCRIPTION	SOURCE
OTPBAT31	Any Cov Ot Gov Not Mcaid/SCHIP HMO-R3/1	Constructed
OTPBAT42	Any Cov Ot Gov Not Mcaid/SCHIP HMO-R4/2	Constructed
OTPBAT53	Any Cov Ot Gov Not Mcaid/SCHIP HMO-R5/3	Constructed
OTPBAT07	Any Cv Ot Gv Nt Mcaid/SCHIP HMO-12/31/07	Constructed
OTPUBA31	Cov/Pay Oth Gov Mcaid/SCHIP HMO-R3/1 Int	Constructed
OTPUBA42	Cov/Pay Oth Gov Mcaid/SCHIP HMO-R4/2 Int	Constructed
OTPUBA53	Cov/Pay Oth Gov Mcaid/SCHIP HMO 12-31/R3	Constructed
OTPUBA07	Cov/Pay Oth Gov Mcaid/SCHIP HMO-12/31/07	Constructed
OTPUBB31	Cov Oth Gov Not Mcaid/SCHIP HMO-R3/1 Int	Constructed
OTPUBB42	Cov Oth Gov Not Mcaid/SCHIP HMO-R4/2 Int	Constructed
OTPUBB53	Cov Oth Gov Not Mcaid/SCHIP HMO 12-31/R3	Constructed
OTPUBB07	Cov Oth Gov Not Mcaid/SCHIP HMO-12/31/07	Constructed
PRIDK31	Cov by Priv Ins (Dk Plan) - R3/1 Int	Constructed
PRIDK42	Cov by Priv Ins (Dk Plan) - R4/2 Int	Constructed
PRIDK53	Cov by Priv Ins (Dk Plan) 12-31/R3 Int	Constructed
PRIDK07	Cov by Priv Ins (Dk Plan) - 12/31/07	Constructed
PRIEU31	Cov by Empl/Union Grp Ins - R3/1 Int Dt	Constructed
PRIEU42	Cov by Empl/Union Grp Ins - R4/2 Int Dt	Constructed
PRIEU53	Cov by Empl/Union Grp Ins 12-31/R3 Int	Constructed
PRIEU07	Cov by Empl/Union Grp Ins - 12/31/07	Constructed
PRING31	Cov by Non-Group Ins - R3/1 Int Dt	Constructed
PRING42	Cov by Non-Group Ins - R4/2 Int Dt	Constructed
PRING53	Cov by Non-Group Ins 12-31/R3 Int Dt	Constructed
PRING07	Cov by Non-Group Ins - 12/31/07	Constructed
PRIOG31	Cov by Other Group Ins - R3/1 Int Dt	Constructed
PRIOG42	Cov by Other Group Ins - R4/2 Int Dt	Constructed
PRIOG53	Cov by Other Group Ins 12-31/R3 Int Dt	Constructed
PRIOG07	Cov by Other Group Ins - 12/31/07	Constructed
PRIS31	Cov by Self-Emp-1 Ins - R3/1 Int Dt	Constructed
PRIS42	Cov by Self-Emp-1 Ins - R4/2 Int Dt	Constructed
PRIS53	Cov by Self-Emp-1 Ins 12-31/R3 Int Dt	Constructed
PRIS07	Cov by Self-Emp-1 Ins - 12/31/07	Constructed
PRIV31	Cov by Priv Hlth Ins - R3/1 Int Date	Constructed
PRIV42	Cov by Priv Hlth Ins - R4/2 Int Date	Constructed
PRIV53	Cov by Priv Hlth Ins 12-31/R3 Int Date	Constructed
PRIV07	Cov by Priv Hlth Ins - 12/31/07	Constructed
PRIVAT31	Any Time Cov Private Ins - R3/1	Constructed
PRIVAT42	Any Time Cov Private Ins - R4/2	Constructed
PRIVAT53	Any Time Cov Private Ins - R5/3	Constructed
PRIVAT07	Any Time Cov Private Ins - 12/31/07	Constructed
PROUT31	Cov by Someone Out Of Ru - R3/1 Int	Constructed
PROUT42	Cov by Someone Out Of Ru - R4/2 Int	Constructed
PROUT53	Cov by Someone Out Of Ru 12-31/R3 Int Dt	Constructed
PROUT07	Cov by Someone Out Of Ru - 12/31/07	Constructed
PUB31X	Cov by Public Ins - R3/1 Int Dt (Ed)	Constructed
PUB42X	Cov by Public Ins - R4/2 Int Dt (Ed)	Constructed
PUB53X	Cov by Public Ins 12-31/R3 Int Dt (Ed)	Constructed

VARIABLE	DESCRIPTION	SOURCE
PUB07X	Cov by Public Ins - 12/31/07 (Ed)	Constructed
PUBAT31X	Any Time Cov by Public - R3/1	Constructed
PUBAT42X	Any Time Cov by Public - R4/2	Constructed
PUBAT53X	Any Time Cov by Public - R5/3	Constructed
PUBAT07X	Any Time Cov by Public - 12/31/07	Constructed
INS31X	Insured - R3/1 Int Date (Ed)	Constructed
INS42X	Insured - R4/2 Int Date (Ed)	Constructed
INS53X	Insured 12-31/R3 Int Date (Ed)	Constructed
INS07X	Insured - 12/31/07 (Ed)	Constructed
INSAT31X	Insured Any Time in R3/1	Constructed
INSAT42X	Insured Any Time in R4/2	Constructed
INSAT53X	Insured Any Time in R5/3	Constructed
INSAT07X	Insured Any Time in R5/R3 until 12/31/07	Constructed
STAPR31	Cov by State-Spec Prog - R3/1 Int Dt	Constructed
STAPR42	Cov by State-Spec Prog - R4/2 Int Dt	Constructed
STAPR53	Cov by State-Spec Prog 12-31/R3 Int Dt	Constructed
STAPR07	Cov by State-Spec Prog - 12/31/07	Constructed
STPRAT31	Any Time Coverage by State Ins - R3/1	Constructed
STPRAT42	Any Time Coverage by State Ins - R4/2	Constructed
STPRAT53	Any Time Coverage by State Ins - R5/3	Constructed
STPRAT07	Any Time Cov by State Ins - 12/31/07	Constructed
EVRUNINS	Ever Uninsured in 07 Using PRIV/PUBX	Constructed
EVRUNAT	Ever Uninsured in 07 Using PRIVAT/PUBATX	Constructed

DENTAL AND PRESCRIPTION DRUG PRIVATE INSURANCE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DENTIN31	Dental Insurance– RD 3/1	HX48, OE10, OE24, OE37
DENTIN42	Dental Insurance– RD 4/2	HX48, OE10, OE24, OE37
DENTIN53	Dental Insurance– RD 5/3	HX48, OE10, OE24, OE37
DNTINS31	Dental Ins - Rd 3/1 in 07	HX48, OE10, OE24, OE37
DNTINS07	Dental Ins - R5/R3 until 12/31/07	HX48, OE10, OE24, OE37
PMEDIN31	Prescription Drug Insurance – RD 3/1	HX48, OE10, OE24, OE37
PMEDIN42	Prescription Drug Insurance – RD 4/2	HX48, OE10, OE24, OE37
PMEDIN53	Prescription Drug Insurance – RD 5/3	HX48, OE10, OE24, OE37
PMDINS31	Pmed Ins - Rd 3/1 in 07	HX48, OE10, OE24, OE37
PMDINS07	Pmed Ins - R5/R3 until 12/31/07	HX48, OE10, OE24, OE37

THIRD PARTY PAYER VARIABLES

VARIABLE	LABEL	SOURCE
PMEDUP31	Has Usual 3rd Party Payer for Pmeds – R3/1	CP01A
PMEDUP42	Has Usual 3rd Party Payer for Pmeds – R4/2	CP01A
PMEDUP53	Has Usual 3rd Party Payer for Pmeds – R4/2	CP01A
PMEDPY31	Usual 3rd Party Payer for Pmeds – R3/1	CP01B
PMEDPY42	Usual 3rd Party Payer for Pmeds – R4/2	CP01B
PMEDPY53	Usual 3rd Party Payer for Pmeds – R5/3	CP01B
PMEDOP31	Out-of-Pocket Payment for Last Pmed-R3/1	CP01C
PMEDOP42	Out-of-Pocket Payment for Last Pmed-R4/2	CP01C
PMEDOP53	Out-of-Pocket Payment for Last Pmed-R5/3	CP01C

EXPERIENCES WITH PUBLIC PLAN VARIABLES

VARIABLE	DESCRIPTION	SOURCE
GDCPBM42	Mcaid/SCHIP/O Pub: Prb Gett Pers Doc-R4/2	SP24
APRTRM42	Mcaid/SCHIP/O Pub: Need Apprv 4 Trt-R4/2	SP25
APRDLM42	Mcaid/SCHIP/O Pub: Dly Wait 4 Apprv-R4/2	SP26
LKINFM42	Mcaid/SCHIP/O Pub: Look 4 Plan Info-R4/2	SP27
PBINFM42	Mcaid/SCHIP/O Pub: Prob Findng Info-R4/2	SP28
CSTSVM42	Mcaid/SCHIP/O Pub: Call Custmr Serv-R4/2	SP29
PBSVCM42	Mcaid/SCHIP/O Pub: Prb w Cusrvc Hlp-R4/2	SP30
PPRWKM42	Mcaid/SCHIP/O Pub: Comp Plan Pprwrk -R4/2	SP31
PBPWKM42	Mcaid/SCHIP/O Pub: Prb W Pln Pprwrk -R4/2	SP32
RTPLNM42	Mcaid/SCHIP O Pub: Rate Exp W Plan -R4/2	SP33
GDCPBT42	TRICR/CHAMV: Prob Getting Pers Doc-R4/2	SP35
APRTRT42	TRICR/CHAMV: Need Apprvl 4 Treatmnt-R4/2	SP36
APRDLT42	TRICR/CHAMV: Delay Waiting 4 Apprvl-R4/2	SP37
LKINFT42	TRICR/CHAMV: Info on How Plan Works-R4/2	SP38
PBINFT42	TRICR/CHAMV: Problem Finding Info-R4/2	SP39
CSTSVT42	TRICR/CHAMV: Call Customer Service-R4/2	SP40
PBSVCT42	TRICR/CHAMV: Prob Get Help Fr Cst Srvc-R4/2	SP41
PPRWKT42	TRICR/CHAMV: Fill Out Paperwrk 4 Pln-R4/2	SP42
PBPWKT42	TRICR/CHAMV: Prob w Plan Paperwork-R4/2	SP43
RTPLNT42	TRICR/CHAMV: Rate Experience w Plan-R4/2	SP44

PERSON-LEVEL UTILIZATION VARIABLES

VARIABLE	DESCRIPTION	SOURCE
OBTOTV07	# Office-Based Provider Visits 2007	Constructed
OBDRV07	# Office-Based Physician Visits 2007	Constructed
OBOTHV07	# Office-Based Non-Physician Vsts 2007	Constructed
OBCHIR07	# Office-Based Chiropractor Visits 2007	Constructed
OBNURS07	# Off-Based Nurse/Practitioner Vsts 2007	Constructed
OBOPTO07	# Office-Based Optometrist Visits 2007	Constructed
OBASST07	# Office-Based Physician Ass't Vsts 2007	Constructed
OBTHER07	# Office-Based PT/OT Visits 2007	Constructed
OPTOTV07	# Outpatient Dept Provider Visits 2007	Constructed
OPDRV07	# Outpatient Dept Physician Visits 2007	Constructed
OPOTHV07	# Outpatient Dept Non-DR Visits 2007	Constructed
AMCHIR07	# Chiropractor Visits (Office-based plus Outpatient) 2007	Constructed
AMNURS07	# Ambulatory Nurse/Practitioner Visits (Office-based plus Outpatient) 2007	Constructed
AMOPTO07	# Ambulatory Optometrist Visits (Office-based plus Outpatient) 2007	Constructed
AMASST07	# Physician Assistant Visitts (Office-based plus Outpatient) 2007	Constructed
AMTHER07	# Ambulatory PT/OT Therapy Visits (Office-based plus Outpatient) 2007	Constructed
ERTOT07	# Emergency Room Visits 2007	Constructed
IPZERO07	# Zero-Night Hospital Stays 2007	Constructed
IPDIS07	# Hospital Discharges 2007	Constructed
IPNGTD07	# Nights in Hosp for Discharges 2007	Constructed
DVTOT07	# Dental Care Visits 2007	Constructed
DVGEN07	# General Dentist Visits 2007	Constructed
DVORTH07	# Orthodontist Visits 2007	Constructed
HHTOTD07	# Home Health Provider Days 2007	Constructed
HHAGD07	# Agency Home Health Provider Days 2007	Constructed
HHINDD07	# Non-Agency Home Hlth Providr Days 2007	Constructed
HHINFD07	# Informal Home Hlth Provider Days 2007	Constructed
RXTOT07	# Prescribed Medicines including Refills 2007	Constructed

KEY: To complete variable name, replace *** with a particular source of payment category as identified in the following tables:

Source of Payment Category	***
Total payments (sum of all sources)	EXP
Out of Pocket	SLF
Medicare	MCR
Medicaid	MCD
Private Insurance	PRV
Veteran's Administration	VA
TRICARE	TRI
Other Federal Sources	OFD
Other State and Local Sources	STL
Workers' Compensation	WCP
Other Private	OPR
Other Public	OPU
Other Unclassified Sources	OSR
Total charges ²	TCH

Collapsed Source of Payment Category	***
Private and TRICARE	PRT
Other Federal, Other State and Local, Other Private, Other Public, and Other Unclassified Sources	OTH

² No charge variables on file for prescription medicines.