

**MEPS HC-173  
2014 Full Year  
Clinical Preventive Care Services  
Self-Administered Questionnaire  
December 2016**

**Agency for Healthcare Research and Quality  
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## **A. Data Use Agreement**

Individual identifiers have been removed from the micro-data contained in these files. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases is prohibited by law.

Therefore in accordance with the above referenced Federal Statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis; and
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director Office of Management AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity; and
3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using these data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates Title 18 part 1 Chapter 47 Section 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

## **B. Background**

### **1.0 Household Component**

The Medical Expenditure Panel Survey (MEPS) provides nationally representative estimates of health care use, expenditures, sources of payment, and health insurance coverage for the U.S. civilian noninstitutionalized population. The MEPS Household Component (HC) also provides estimates of respondents' health status, demographic and socio-economic characteristics, employment, access to care, and satisfaction with health care. Estimates can be produced for individuals, families, and selected population subgroups. The panel design of the survey, which includes 5 Rounds of interviews covering 2 full calendar years, provides data for examining person level changes in selected variables such as expenditures, health insurance coverage, and health status. Using computer assisted personal interviewing (CAPI) technology, information about each household member is collected, and the survey builds on this information from interview to interview. All data for a sampled household are reported by a single household respondent.

The MEPS-HC was initiated in 1996. Each year a new panel of sample households is selected. Because the data collected are comparable to those from earlier medical expenditure surveys conducted in 1977 and 1987, it is possible to analyze long-term trends. Each annual MEPS-HC sample size is about 15,000 households. Data can be analyzed at either the person or event level. Data must be weighted to produce national estimates.

The set of households selected for each panel of the MEPS HC is a subsample of households participating in the previous year's National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics. The NHIS sampling frame provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversample of Blacks and Hispanics. In 2006, the NHIS implemented a new sample design, which included Asian persons in addition to households with Black and Hispanic persons in the oversampling of minority populations. The linkage of the MEPS to the previous year's NHIS provides additional data for longitudinal analytic purposes.

### **2.0 Medical Provider Component**

Upon completion of the household CAPI interview and obtaining permission from the household survey respondents, a sample of medical providers are contacted by telephone to obtain information that household respondents can not accurately provide. This part of the MEPS is called the Medical Provider Component (MPC) and information is collected on dates of visits, diagnosis and procedure codes, charges and payments. The Pharmacy Component (PC), a subcomponent of the MPC, does not collect charges or diagnosis and procedure codes but does collect drug detail information, including National Drug Code (NDC) and medicine name, as well as date filled and sources and amounts of payment. The MPC is not designed to yield national estimates. It is primarily used as an imputation source to supplement/replace household reported expenditure information.

### **3.0 Survey Management and Data Collection**

MEPS HC and MPC data are collected under the authority of the Public Health Service Act. Data are collected under contract with Westat, Inc. (MEPS HC) and Research Triangle Institute (MEPS MPC). Data sets and summary statistics are edited and published in accordance with the confidentiality provisions of the Public Health Service Act and the Privacy Act. The National Center for Health statistics (NCHS) provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports, micro data files, and tables via the MEPS Web site: [meps.ahrq.gov](http://meps.ahrq.gov). Selected data can be analyzed through MEPSnet, an on-line interactive tool designed to give data users the capability to statistically analyze MEPS data in a menu-driven environment.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, 5600 Fishers Lane Rockville, MD 20857 (301-427-1406).

## **C. Technical and Programming Information**

### **1.0 General Information**

This documentation describes the 2014 full-year data file from the Medical Expenditure Panel Survey Household Component (MEPS HC) Preventive Care Services Self-Administered Questionnaire (PSAQ). Released as an ASCII file (with related SAS, SPSS, and Stata programming statements and data user information) and a SAS transport dataset, this public use file provides information collected on a nationally representative sample of the civilian noninstitutionalized population of the United States aged 35 and older for calendar year 2014. The file contains 50 variables and has a logical record length of 126 with an additional 2-byte carriage return/line feed at the end of each record.

This file consists of MEPS survey data obtained in Round 5 of MEPS Panel 18.

The following documentation offers a brief overview of the types and levels of data provided, content and structure of the files, and programming information. It contains the following sections:

- Data File Information
- Survey Sample Information
- Variable-Source Crosswalk

Both weighted and unweighted frequencies of most variables included in the 2014 full-year PSAQ data file are provided in the accompanying codebook file. The exceptions to this are the weight variable and variance estimation variables. Only unweighted frequencies of these variables are included in the accompanying codebook file.

A database of all MEPS products released to date and a variable locator indicating the major MEPS data items on public use files that have been released to date can be found at the following link on the MEPS Web site: [meps.ahrq.gov](http://meps.ahrq.gov).

### **2.0 Data File Information**

This public use dataset contains variables and frequency distributions associated with 2,185 persons who responded to the MEPS Household Component of the Medical Expenditure Panel Survey, Preventive Care Self-Administered Questionnaire for the 2014 data year.

These 2,185 persons were part of the MEPS Panel 18, for whom Round 5 data were collected in early 2015.

#### **2.1 Codebook Structure**

The codebook and data file sequence lists variables in the following order:

- Unique person identifiers and survey administration variables
- Demographic variables
- Preventive health variables

- Survey sample information

## 2.2 Reserved Codes

The following reserved code values are used:

Value	Definition
-1 INAPPLICABLE	Question was not asked due to skip pattern
-7 REFUSED	Question was asked and respondent refused to answer question
-8 DK	Question was asked and respondent did not know answer
-9 NOT ASCERTAINED	Respondent did not record the data

## 2.3 Codebook Format

This codebook describes an ASCII data set and provides the following programming identifiers for each variable:

Identifier	Description
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum of 40 characters)
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

## 2.4 Variable Naming

In general, variable names reflect the content of the variable, with an eight-character limitation.

Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in the section of the documentation entitled “Section D. Variable-Source Crosswalk.” Sources for each variable are indicated in one of four ways: (1) variables derived from CAPI or assigned in sampling are so indicated; (2) variables derived from complex algorithms; (3) variables that are collected by one or more specific questions in the instrument have those question numbers listed in the Source column; and (4) variables constructed from multiple questions using complex algorithms are labeled “Constructed.”

## 2.5 File Contents

Users of MEPS data should be aware that the survey collects data for all sample persons who were in the survey target population at any time during the survey period. In other words, a small proportion of individuals in MEPS analytic files are not members of the survey target population (i.e., civilian noninstitutionalized) for the entire survey period. These persons include those who had periods during which they lived in an institution (e.g., nursing home or prison), were in the

military, or lived out of the country, as well as those who were born (or adopted) into MEPS sample households or died during the year. They are considered sample persons for the survey and are included in MEPS data files with positive person weights, but no data were collected for the periods they were not in-scope and their annual data for variables like health care utilization, expenditures, and insurance coverage reflect only the part of the year they were in-scope for the survey. Persons who are in-scope for only part of the year should not be confused with non-respondents. Sample persons who are classified as non-respondents to one or more rounds of data collection (i.e., initial non-respondents and drop outs over time) are not included in MEPS annual files, and survey weights for full-year respondents are inflated through statistical adjustment procedures to compensate for both full and part-year nonresponse. For more details about the identification and analytic considerations regarding sample persons who are in-scope only part of the year, see [meps.ahrq.gov/about\\_meps/hc\\_sample.shtml](http://meps.ahrq.gov/about_meps/hc_sample.shtml).

### **2.5.1 2014 Preventive Care Self-Administered Questionnaire (PSAQ)**

The 2014 Preventive Care Self-Administered Questionnaire (PSAQ), a paper-and-pencil questionnaire, was fielded during Panel 18 Round 5 of the 2014 Medical Expenditure Panel Survey (MEPS).

The survey was designed to collect a variety of person-level preventive health care data for adults. A sample of adults age 35 and older as of the Round 5 interview date ( $AGE53X \geq 35$ ) in MEPS households were asked to complete a PSAQ. The questionnaires were administered in early 2015. Therefore, some responses include data relevant to early 2015. The time period asked about in each question is included in the variable descriptions in Section D: Variable-Source Crosswalk.

### **2.5.2 Survey Administration Variables (DUID-PANEL, COMMM-LANGUAGE)**

The survey administration variables contain identifiers at the person and dwelling unit (DU) levels. The variable PANEL indicates the panel in which the person participated.

The month and year the PSAQ was completed are indicated by the variables COMMM and COMYYYY, respectively. The variable COMMM demonstrates that the surveys were completed in January through May of 2015. Use the value of COMMM to aid in analysis of variables with set time periods.

### **Dwelling Units and Persons**

The definitions of Dwelling Units (DUs) in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey (NHIS). The Dwelling Unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. A person number (PID) uniquely identifies each person within the DU. The variable DUPERSID is the combination of the variables DUID and PID.

PANEL is a constructed variable used to specify the panel number for the person. PANEL will indicate Panel 18 for each person on the file. Panel 18 is the panel that started in 2013.



## **Language of Interview**

The language in which the PSAQ was completed is indicated by the variable LANGUAGE. If the English version of the PSAQ was completed, LANGUAGE was coded 1 (English). If the Spanish version was completed, LANGUAGE was coded 2 (Spanish).

### **2.5.3 Demographic Variables (PSAQAGE, AGE53X, SEX)**

#### **General Information**

Demographic variables provide information about the demographic characteristics of each person from the MEPS PSAQ.

All data in this PUF are from Panel 18, Round 5.

#### **Age**

There are two age variables on this file: PSAQAGE from the PSAQ, and AGE53X from the CAPI instrument. Date of birth (DOBMM, DOBY) and age for each PSAQ respondent were verified during each MEPS interview. For purposes of confidentiality, the variables PSAQAGE and AGE53X were top-coded at 85 years. Please refer to the 2014 Full Year Consolidated Data file's documentation for additional information about AGE53X, DOBMM, and DOBY.

#### **Sex**

Data on the gender of each RU member (SEX) were initially determined from the 2012 NHIS for Panel 18. The SEX variable was verified and, if necessary, corrected during each MEPS interview. The data for new RU members (persons who were not members of the RU at the time of the NHIS interviews) were also obtained during each MEPS round. Please refer to the 2014 Full Year Consolidated Data file's documentation for additional information about the variable SEX.

### **2.5.4 Preventive Care Variables (COLONCR-BNDENSTY)**

Editing of these variables focused on checking that skip patterns were consistent.

Questions were asked regarding the following conditions:

- Cancer
- Osteoporosis

#### **Cancer**

COLONCR – have you had colon cancer or your entire colon removed  
> 49 years old  
Gate question. When answered “Yes,” skipped COLONOSC,  
SIGMOID, and BLDSTOOL.

- PROSCANC – have you had prostate cancer  
males only, > 49 years old  
Gate question. When answered “Yes,” skipped AGEPSAT.
- UTREMCVC – have you had a hysterectomy or have you ever had cervical cancer  
females only
- BREASTRC – have you had both breasts removed or have you ever had breast cancer  
females only, > 49 years old

### **Osteoporosis**

- OSTEOPOR – have you been told by a doctor, nurse, or other health care professional  
that you have osteoporosis  
females only, > 64 years old

Where these person-level condition variables were missing, the variables were set to -9 (Not Ascertained) and subsequent questions that would be skipped if these questions were not answered positively, were set to -1 (Not Applicable).

For each person, a series of questions was asked about the receipt of preventive care or screening examinations. The list of preventive care variables is as follows (bolding of time frames is added here for emphasis, this bolding was not in the questionnaire):

- MEDVISIT – how long since you visited a doctor or nurse for a check-up, follow-up care, ongoing problem, or concern about your health
- FLUSHOT – have you had a flu shot (in the arm or skin) or vaccine (sprayed in the nose) during the **past 12 months**
- WEIGHED – have you been weighed by a doctor, nurse, or other health care professional in the **past 12 months**
- WGTLOSS – has a doctor or other health professional advised you how to manage weight, discussed weight loss goals, or referred you to a weight loss program to help with diet and exercise in the **past 12 months**
- DRINKALC – has a doctor, nurse, or other health professional asked how much and how often you drink alcohol in the **past 12 months**
- DRINK5 – have you had 5 or more drinks in one day in the **last 12 months**;  
males only
- DRINK4 – have you had 4 or more drinks in one day in the **last 12 months**;  
females only
- STOPALC – has a doctor, nurse, or other health care professional advised you to cut back or stop drinking alcohol in the **past 12 months**

- TOBACCO – has a doctor, nurse, or other health care professional ever asked if you smoke or use tobacco
- OFTTOBAC – on average, have you smoked cigarettes or used tobacco every day, some days, or not at all in the **last 12 months**  
Gate question. When answered “Not at all,” skipped QUITTBAC, QUITMEDS, QUITHELP.
- QUITTBAC – were you advised by a doctor, nurse, or other health care professional to quit smoking or using tobacco in the **past 12 months**
- QUITMEDS – were you advised by a doctor, nurse, or other health care professional to take a medication to assist you to quit smoking or using tobacco, in the **past 12 months**
- QUITHELP – has a doctor, nurse, or other health care professional discussed or provided methods other than medication to assist you to quit smoking or using tobacco, in the **past 12 months**
- MOODQUEX – has a doctor, nurse, or other health care professional asked you about your mood in the **past 12 months**
- CHECKBP – have you had your blood pressure checked by a doctor, nurse, or other health care professional in the **past 24 months**
- CHECKCHL – have you had your blood cholesterol checked by a doctor, nurse, or other health care professional in the **past 5 years**
- HIVTEST – have you been tested for HIV, including blood testing and/or testing fluid from your mouth in the **past 5 years**
- PNEUSHOT – have you ever had a pneumonia shot  
> 49 years old
- SHINGLES – have you had the shingles vaccine  
> 49 years old
- NOASPRIN – is there a medical reason why you cannot take aspirin  
> 49 years old  
Gate question. When answered “Yes,” skipped DISASPRN.
- DISASPRN – has a doctor, nurse, or other health care professional ever discussed with you the use of aspirin to prevent heart attack or stroke  
> 49 years old
- COLONOSC – have you had a colonoscopy within the **past 10 years**  
> 49 years old

SIGMOID –	have you had a sigmoidoscopy in the <b>past 5 years</b> > 49 years old
BLDSTOOL –	have you had a blood stool test using a home kit in the <b>past 12 months</b> > 49 years old
AGEPSAT –	about how old were you the last time you had a PSA test males only, > 49 years old
PAPTEST –	have you had a Pap test in the <b>past 5 years</b> females only
PAPAGE –	how old were you the last time you had a Pap test females only
MAMMGRAM –	have you had a mammogram in the <b>past 2 years</b> females only, > 49 years old
BNDENSTY –	have you ever had your bone density measured females only, > 64 years old

Where these preventive care variables were missing, the variables were set to -9 (Not Ascertained) and subsequent questions that would be skipped were set to -1 (Not Applicable).

### 2.5.5 Body Mass Index

Beginning in 2001, due to confidentiality concerns and restrictions, the height and weight variables were dropped from the Full-Year file. For the same reasons, the height and weight variables (HGT\_FT, HGT\_IN, WGT\_LBS) will not be reported on this file. A Body Mass Index (BMI) variable, PSAQBMIX, is calculated and included instead. To access information on the MEPS Data Center including an application, please go to the following Web address: [meps.ahrq.gov/data\\_stats/onsite\\_datacenter.jsp](http://meps.ahrq.gov/data_stats/onsite_datacenter.jsp).

Preventive care data from CAPI released on the 2014 Full Year Consolidated Data file were used to supplement PSAQ height and weight data where the PSAQ data were missing or the values were anomalous:

- Height in feet (HGHTFT53)
- Height in inches (HGHTIN53)
- Weight (WEIGHT53)

Where the building block height in inches (INCH\_HGT) or weight in pounds (WGT\_LBS) were missing, even after supplementing the PSAQ data with the CAPI data, BMI was set to -9 (Not Ascertained).

BMI categories for adults are the following:

- Underweight = BMI is less than 18.5,

- Normal Weight = BMI is between 18.5 – 24.9 inclusive,
- Overweight = BMI is between 25.0 – 29.9 inclusive, and
- Obesity = BMI greater than or equal to 30.0

The following formula used to calculate the BMI for adults was taken from the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) Web site:

$$\text{BMI} = [\text{Weight in Pounds} / (\text{Height in Inches})^2] * 703$$

The steps used to calculate the BMI are as follows:

1. Create the building block variable INCH\_HGT, indicating total height in inches.
2. Create the BMI variable, PSAQBMIX, using the building block and the weight variable, WGT\_LBS, recoding all BMI > 999.9 to -9 (Not Ascertained).

Adult height and weight were not top- or bottom-coded prior to the construction of the adult BMI.

The building block variable INCH\_HGT was calculated as [(HGT\_FT \* 12) + (HGT\_IN)] to indicate total adult height in inches. Note that INCH\_HGT was created for programming efficiency only and is not included in this data release.

## **2.6 Linking to Other Files**

### **2.6.1 Person-Level Files**

Records on this file can be linked to the 2014 Full Year Consolidated Data file by the sample person identifier (DUPERSID). The Panel 18 cases on this file (PANEL=18) can also be linked back to the 2013 Full Year Consolidated Data file.

### **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 [meps.ahrq.gov/data\\_stats/more\\_info\\_download\\_data\\_files.jsp](http://meps.ahrq.gov/data_stats/more_info_download_data_files.jsp).

### **2.6.3 Longitudinal Analysis**

Panel-specific longitudinal files are available for downloading in the data section of the MEPS Web site. For each panel, the longitudinal file comprises MEPS survey data obtained in Rounds 1 through 5 of the panel and can be used to analyze changes over a two-year period. Variables in the file pertaining to survey administration, demographics, employment, health status, disability days, quality of care, patient satisfaction, health insurance, and medical care use and expenditures were obtained from the MEPS full-year Consolidated files from the two years covered by that panel.

For more details or to download the data files, please see Longitudinal Weight Files at [meps.ahrq.gov/data\\_stats/more\\_info\\_download\\_data\\_files.jsp](http://meps.ahrq.gov/data_stats/more_info_download_data_files.jsp).

### 3.0 Survey Sample Information

#### 3.1 Sample Design

The PSAQ study sample design had a number of features. In terms of sample eligibility, the sample was selected from among those Panel 18 respondents satisfying the following three conditions: in-scope for MEPS on December 31, 2013; received a MEPS 2013 full year person-level weight; and at least 35 years of age on January 1, 2015.

Eight sample strata were employed, reflecting a cross-classification of age and sex. Samples were selected independently within the eight strata after sorting in a way that limited the chance that multiple members of the same RU would be selected within the same stratum. Sample selection was undertaken with probability proportionate to size (PPS) where the size measure was the initial weight used in the development of the Panel 18, 2013 full year individual panel weight. PPS sampling was employed to help reduce the sample variability of PSAQ estimates that could arise due to the oversampling of minorities for the full MEPS sample. The number of persons sampled for the PSAQ was 2,888.

In terms of further details on sample allocation across sample strata, there were four age groups of analytic interest to the study: 35-49, 50-64, 65-74, and 75 or older

Age was determined as of January 1, 2015. Gender was also of analytic interest with some questions focused strictly on males while some others were strictly focused on females. Thus, eight strata were formed for sampling purposes reflecting the cross-classification of sex by age group. The final sample allocation scheme is shown below.

Table 1 Sample Allocation

Age categories	Sample Size Females	Sample Size Males	Total
35 – 49	258	258	516
50 – 64	464	464	928
65 – 74	464	464	928
75 and older	258	258	516
Total	1,444	1,444	2,888

### 3.2 Response Rates

A summary of the unweighted response rates by age and gender is shown in Table 2<sup>1</sup>. For females, the youngest age groups had the lowest level of participation with a response rate of just under 79 percent. For males, the response rates for the two youngest age groups were noticeably lower than any of the other six groups while the two older age groups were roughly the same as that for the youngest female age group. Thus, overall, females as a group had a higher response rate (83.4 percent) when compared to their male counterparts (75.0 percent).

Table 2 Unweighted Response Rates for the PSAQ

Age Categories	Eligible for PSAQ Completion <sup>2</sup> (females)	Completed (females)	Unweighted Response Rate (females)	Eligible for PSAQ Completion <sup>2</sup> (males)	Completed (males)	Unweighted Response Rate (males)	Unweighted Response Rate (total)
35-49	244	192	78.7	246	171	69.5	74.1
50-64	452	377	83.4	442	320	72.4	78.0
65-74	446	386	86.5	443	351	79.2	82.9
75 and older	246	202	82.1	240	186	77.5	79.8
Total	1388	1157	83.4	1371	1028	75.0	79.2

### 3.3 Weighting for the PSAQ Sample

The data weighting process for the PSAQ included: assignment of a base weight (reflecting sample selection for MEPS, participation in MEPS, and sample selection for the PSAQ); adjustment for nonresponse to MEPS and then to PSAQ; and calibration to population control figures derived from Current Population Survey (CPS) data. The number of PSAQ respondents receiving a sample weight was 2,185. Summing the weights assigned to these PSAQ respondents produces the total 170,400,202, an estimate of those 35 or older in the civilian, noninstitutionalized population on January 1, 2015, the target population for the PSAQ.

<sup>1</sup> It should be noted that these rates do not reflect nonresponse to MEPS Rounds 4 or 5, or account for sampled persons who went out-of-scope after Round 3. However, those persons comprised a total of less than 5 percent of the Round 3 respondents initially sampled for the PSAQ.

<sup>2</sup> “Eligible for PSAQ completion” reflects an operational determination of who should have been asked to complete the PSAQ rather than who ultimately met the requirements of being a member of the target population for weighting purposes.

## **D. Variable-Source Crosswalk**



**PSAQ VARIABLES - PUBLIC USE**

<b>VARIABLE</b>	<b>DESCRIPTION</b>	<b>SOURCE</b>
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
AGE53X	AGE – R5/3 (EDITED/IMPUTED)	MEPS RE 12, 57-66
DOBMM	DATE OF BIRTH: MONTH	PSAQ
DOBY	DATE OF BIRTH: YEAR	PSAQ
SEX	SEX	PSAQ 1
PSAQAGE	PSAQ WHAT IS PERSON'S AGE	PSAQ 2
MEDVISIT	PSAQ HOW LONG AGO WAS LAST DR VISIT	PSAQ 3
FLUSHOT	PSAQ DID PERSON HAVE FLU VACCINE PAST YR	PSAQ 4
WEIGHED	PSAQ WAS PERSON WEIGHED IN PAST YR	PSAQ 5
PSAQBMI	PSAQ BODY MASS INDEX CALCULATED	Constructed
WGTLOSS	PSAQ DID DR ADVISE WGHT LOSS IN PAST YR	PSAQ 8
DRINKALC	PSAQ DID DR ASK ABOUT ALCOHOL PAST YR	PSAQ 9
DRINK5	PSAQ HAD 5+ DRINKS PER DAY IN PAST YR	PSAQ 10, males
DRINK4	PSAQ HAD 4+ DRINKS PER DAY IN PAST YR	PSAQ 10, females
STOPALC	PSAQ DID DR ADVISE DRINK LESS IN PAST YR	PSAQ 11
TOBACCO	PSAQ DID DR ASK ABOUT SMOKING	PSAQ 12
OFTTOBAC	PSAQ HOW OFTEN DID YOU SMOKE IN PAST YR	PSAQ 13
QUITTBAC	PSAQ DID DR ADVISE SMOKE LESS IN PAST YR	PSAQ 14
QUITMEDS	PSAQ DID DR ADVSE MED QUIT SMKNG PAST YR	PSAQ 15
QUITHELP	PSAQ DR ADVSE OTH WAY QUIT SMKNG PAST YR	PSAQ 16
MOODQUEX	PSAQ DID DR ASK ANXIOUS/DEPRSSD PAST YR	PSAQ 17
CHECKBP	PSAQ DID DR CHECK BP PAST 2 YRS	PSAQ 18
CHECKCHL	PSAQ DID DR CHECK CHOLESTEROL PAST 5 YRS	PSAQ 19
HIVTEST	PSAQ DID DR TEST FOR HIV IN PAST 5 YRS	PSAQ 20, males; PSAQ 23, females

PNEUSHOT	PSAQ HAVE YOU EVER HAD PNEUMONIA SHOT	PSAQ 21, males; PSAQ 24, females
SHINGLES	PSAQ HAVE YOU EVER HAD SHINGLES VACCINE	PSAQ 22, males; PSAQ 25, females
NOASPRIN	PSAQ CANT TAKE ASPRIN FOR MEDICAL REASON	PSAQ 23, males; PSAQ 26, females
DISASPRN	PSAQ DR DISCUSS ASPIRIN PREVENTIVE USE	PSAQ 24, males; PSAQ 27, females
COLONCR	PSAQ HAD COLON CANCER OR COLON REMOVED	PSAQ 25, males; PSAQ 30, females
COLONOSC	PSAQ HAD COLONOSCOPY IN PAST 10 YRS	PSAQ 26, males; PSAQ 31, females
SIGMOID	PSAQ HAD SIGMOIDOSCOPY IN PAST 5 YRS	PSAQ 27, males PSAQ 32, females
BLDSTOOL	PSAQ AT-HOME BLOOD STOOL TEST IN PAST YR	PSAQ 28, males PSAQ 33, females
PROSCANC	PSAQ HAS PERSON HAD PROSTATE CANCER	PSAQ 29, males
AGEPSAT	PSAQ PERSON'S AGE AT LAST PSA TEST	PSAQ 30, males
UTREMCVC	PSAQ HAD HYSTERECTOMY OR CERVICAL CANCER	PSAQ 20, females
PAPTEST	PSAQ HAD PAP SMEAR WITHIN PAST 5 YEARS	PSAQ 21, females
PAPAGE	PSAQ WHAT AGE WAS PERSON LAST PAP SMEAR	PSAQ 22, females
BREASTRC	PSAQ HAD BREASTS REMOVED/BREAST CANCER	PSAQ 28, females
MAMMGRAM	PSAQ HAD MAMMOGRAM IN PAST 2 YRS	PSAQ 29, females
OSTEOPOR	PSAQ DID DR DX PERSON WITH OSTEOPOROSIS	PSAQ 34, females
BNDENSTY	PSAQ DID PERSON HAVE BONE DENSITY SCAN	PSAQ 35, females
COMMM	PSAQ COMPLETION DATE MONTH	PSAQ
COMYYYY	PSAQ COMPLETION DATE YEAR	PSAQ
LANGUAGE	PSAQ LANGUAGE OF SURVEY	PSAQ
PSAQWT	PSAQ PANEL 18 FINAL WEIGHT	Constructed
VARSTR	VARIANCE ESTIMATION STRATUM	Constructed
VARPSU	VARIANCE ESTIMATION PSU	Constructed