Context/Flow Specifications for the Overall CAPI Instrument
MEPS-Household Component: Panel 2 (1997-1998)
Consolidated Instrument

1997 Survey Questionnaires
1998 Survey Questionnaires

Context: System
Ask IDSCREEN: {Collect caseid}

Context: RU
Ask Reenumeration **(RE-A) and (RE-B)** Sections
Ask Condition-Enumeration **(CE)** and Pregnancy-Detail **(PG)** Sections
Ask Health-Status **(HE)** Section
Ask Calendar **(CA)** Section and Summary of Health Care Events
Ask Provider-Probes **(PP)**, Event Roster **(EV)**, and Provider Roster **(PV)** Sections

Context: Person
LOOP_01 for each PERSON on RU-Members-Roster WHERE {PERSON continues to have an unprocessed event}
BEGINLOOP
      Ask Event-Driver **(ED)** Section [including...
      Context: PERSON-EVENT
      LOOP_02 for each PERSON-EVENT on Person's-Medical-Events-Roster WHERE {event remains to be processed}
      BEGINLOOP
            If {event-type is hospital-stay}
                  Ask Hospital-Stay **(HS)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections
            endif
            If {event-type is emergency-room}
                  Ask Emergency-Room **(ER)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections
            endif
            If {event-type is outpatient}
                  Ask Outpatient-Department **(OP)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections
            endif
            If {event-type is medical-visit}
                  Ask Medical-Provider-Visits **(MV)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections
            endif
            If {event-type is dental}
                  Ask Dental-Care **(DN)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections
             endif
            If {event-type is home-health}
                  Ask Home-Health **(HH)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections
             endif
            If {event-type is other-medical}
                  Ask Other Medical Expenses **(OM)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections
            endif
      ENDLOOP_02
ENDLOOP_01

Content: RU
If {Round 4}
      Ask Long Term Care **(LC)** Section
      Ask Caregiver **(CG)** Section including Caregiver Roster Detail **(CR)** Section
endif

Context: Person
LOOP_03 for each PERSON on RU-Members-Roster
BEGINLOOP
        Ask Prescribed-Medicines **(PM)** Section including Charge/Payment **(CP)** Section
        If {Round 3 or Round 5}
                Ask Alternative/Preventive-Care **(AP)** Section
        endif
        Ask Disability-Days **(DD)** Section
        Ask Conditions **(CN)** Section
ENDLOOP_03

Context: RU
Ask Over-the-Counter **(OC)** Section
If {Round 2 or Round 4}
        Ask Access-to-Care **(AC)** Section
endif

Context: Person
LOOP_04 for each PERSON on RU-Members-Roster WHERE {PERSON is 16 years or older or age categories 4-9}
BEGINLOOP
        Ask Review-of-Employment-Information **(RJ)**, Employment-Subsection-A **(EM-A)**,
        Employment- Subsection-B **(EM-B)**, and Employment-Wage **(EW)** Sections
ENDLOOP_04

Context: RU
Ask Health-Insurance **(HX)**, Old-Employment-and-Private-Related-Insurance **(OE)**, Old-Public-Related-Insurance **(PR)**,
Managed-Care **(MC)**, Private-Health-Insurance-Detail **(HP)**, and Time-Period-Covered-Detail **(HQ)** Sections
If {Round 2 or Round 4}
        Ask Satisfaction-with-Health-Plan **(SP)** Section
endif
if {Round 3 or Round 5}
        Ask Income **(IN)** Section
endif
If {Round 5}
        Ask Assets **(AS)** Section
endif
Ask Provider-Directory **(PD)** Section
Ask Closing **(CL)** Section