

DATA COLLECTION SCHEDULE FOR MEPS QUESTIONS NOT COLLECTED IN EACH ROUND

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

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

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

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Panel Number and Year Panel Began	Panel 9, 2004					Panel 10, 2005					Panel 11, 2006					Panel 12, 2007				
	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5
Supplemental Sections																				
Access to care (AC)		x		x			x		x			x		x			x		x	
Alternative/Preventive Care (AP)																				
Assets (AS)					x					x					x					x
Caregiver (CG) and Caregiver Roster (CR)																				
Child Preventive Health (CS)		x		x			x		x			x		x			x		x	
Income (IN)			x		x			x		x			x		x			x		x
Long term care (LC)																				
Preventive care (AP)			x		x			x		x			x		x			x		x
Priority Conditions (Quality) (PC)			x		x			x		x			x		x			x		x
Satisfaction with Health Plan (SP)		x		x			x		x			x		x			x		x	
Question Groups within Sections																				
Other Medical Expenses (OM) - #glasses/contact lenses			x					x					x					x		
Event Roster (EV) - additional other medical expenses			x		x			x		x			x		x			x		x
Health Status (HE) - problems with functional and physical activities	x		x		x	x		x		x	x		x		x	x		x		x
Health Status (HE) - vision and hearing		x		x			x		x			x		x			x		x	
Health Status (HE) - childcare			x																	
Health Status (HE) - child health status and preventive care																				
Priority Conditions Enumeration (PE) - standard enumeration																x		x		x
Priority Conditions Enumeration (PE) - new RU members																	x		x	
Paper Instruments																				
Adult self administered questionnaire (SAQ)		x		x			x		x			x		x			x		x	
Parent administered questionnaire (PAQ)																				
Diabetes Care Survey (DSC)			x		x			x		x			x		x			x		x
Permission forms and booklets																				
IC sample identification	x		x			x		x			x		x			x		x		
IC permission forms-first sample																				
IC permission forms-second sample																				
MPC permission forms-all eligible events		x	x	x	x		x	x	x	x		x	x	x	x		x	x	x	x
MPC permission forms-hospital based events only	x					x					x					x				
Pharmacy permission forms			x		x			x		x			x		x			x		x
HIPA Policy booklets-first sample																				
HIPA Policy booklets-second sample																				

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

Panel Number and Year Panel Began	Panel 13, 2008				
Round	R1	R2	R3	R4	R5
Supplemental Sections					
Access to care (AC)		X		X	
Alternative/Preventive Care (AP)					
Assets (AS)					X
Caregiver (CG) and Caregiver Roster (CR)					
Child Preventive Health (CS)		X		X	
Income (IN)			X		X
Long term care (LC)					
Preventive care (AP)			X		X
Priority Conditions (Quality) (PC)			X		X
Satisfaction with Health Plan (SP)		X		X	
Question Groups within Sections					
Other Medical Expenses (OM) - #glasses/contact lenses			X		
Event Roster (EV) - additional other medical expenses			X		X
Health Status (HE) - problems with functional and physical activities	X		X		X
Health Status (HE) - vision and hearing		X		X	
Health Status (HE) - childcare					
Health Status (HE) - child health status and preventive care					
Priority Conditions Enumeration (PE) - standard enumeration	X		X		X
Priority Conditions Enumeration (PE) - new RU members		X		X	
Paper Instruments					
Adult self administered questionnaire (SAQ)		X		X	
Parent administered questionnaire (PAQ)					
Diabetes Care Survey (DCS)			X		X
Permission forms and booklets					
IC sample identification	X		X		
IC permission forms-first sample					
IC permission forms-second sample					
MPC permission forms-all eligible events		X	X	X	X
MPC permission forms-hospital based events only	X				
Pharmacy permission forms			X		X
HIPA Policy booklets-first sample					
HIPA Policy booklets-second sample					