

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
<b>Supplemental Sections</b>																				
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	
<b>Questions within Sections</b>																				
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
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																				
<b>Paper Instruments</b>																				
Adult self administered questionnaire (SAQ)		x																		x
Parent administered questionnaire (PAQ)																				x
Diabetes Care Survey (DCS)																				x
<b>Permission forms and booklets</b>																				
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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<b>Panel Number and Year Panel Began</b>	<b>Panel 5, 2000</b>					<b>Panel 6, 2001</b>					<b>Panel 7, 2002</b>					<b>Panel 8, 2003</b>				
<b>Round</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>
<b>Supplemental Sections</b>																				
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	
<b>Question Groups within Sections</b>																				
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																				
<b>Paper Instruments</b>																				
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
<b>Permission forms and booklets</b>																				
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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Supplemental Sections, Questions Within Sections, Paper Instruments, Permission Forms, and Health Insurance Booklets

<b>Panel Number and Year Panel Began</b>	<b>Panel 9, 2004</b>					<b>Panel 10, 2005</b>					<b>Panel 11, 2006</b>					<b>Panel 12, 2007</b>				
<b>Round</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>
<b>Supplemental Sections</b>																				
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	
<b>Question Groups within Sections</b>																				
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	
<b>Paper Instruments</b>																				
Adult self administered questionnaire (SAQ)		x		x			x		x			x		x			x		x	
Parent administered questionnaire (PAQ)																				
Diabetes Care Survey (DCS)			x		x			x		x			x		x			x		x
<b>Permission forms and booklets</b>																				
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

<b>Panel Number and Year Panel Began</b>	<b>Panel 13, 2008</b>					<b>Panel 14, 2009</b>				
<b>Round</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>	<b>R1</b>	<b>R2</b>	<b>R3</b>	<b>R4</b>	<b>R5</b>
<b>Supplemental Sections</b>										
Access to care (AC)		x		x			x		x	
Alternative/Preventive Care (AP)										
Assets (AS)					x					x
Caregiver (CG) and Caregiver Roster (CR)										
Child Preventive Health (CS)		x		x			x		x	
Income (IN)			x		x			x		x
Long term care (LC)										
Preventive care (AP)			x		x			x		x
Priority Conditions (Quality) (PC)			x		x			x		x
Satisfaction with Health Plan (SP)		x		x			x		x	
<b>Question Groups within Sections</b>										
Other Medical Expenses (OM) - #glasses/contact lenses			x					x		
Event Roster (EV) - additional other medical expenses			x		x			x		x
Health Status (HE) - problems with functional and physical activities	x		x		x	x		x		x
Health Status (HE) - vision and hearing		x		x			x		x	
Health Status (HE) - childcare										
Health Status (HE) - child health status and preventive care										
Priority Conditions Enumeration (PE) - standard enumeration	x		x		x	x		x		x
Priority Conditions Enumeration (PE) - new RU members		x		x			x		x	
<b>Paper Instruments</b>										
Adult self administered questionnaire (SAQ)		x		x			x		x	
Parent administered questionnaire (PAQ)										
Diabetes Care Survey (DCS)			x		x			x		x
<b>Permission forms and booklets</b>										
IC sample identification	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
MPC permission forms-hospital based events only	x					x				
Pharmacy permission forms			x		x			x		x
HIPA Policy booklets-first sample										
HIPA Policy booklets-second sample										