ADILWW42 - If ADILCR42 = 1, how often got care for an illness, injury or condition as soon as wanted

ADRTCR42 - Any appointment was made to see a doctor or other health provider for health care

ADRTWW42 - If ADRTCR42 = 1, how often got an appointment for health care as soon as wanted

ADAPPT42 - Number of times went to doctor's office or clinic to get care

ADNDCR42 - If ADAPPT42 > 0, whether you or a doctor believed you needed any care, tests, or treatment

ADNECP42 - If ADAPPT42 > 0 and ADNDCR42= 1, how much of a problem it was to get care, tests or treatment you or a doctor believed necessary

ADLIST42 - If ADAPPT42 > 0, how often health providers listened carefully to you

ADEXPL42 - If ADAPPT42 > 0, how often health providers explained things so you understood

ADRESP42 - If ADAPPT42 > 0, how often providers showed respect for what you had to say

ADPRTM42 - If ADAPPT42 > 0, how often health providers spent enough time with you

ADHECR42 - If ADAPPT42 > 0, rating of healthcare from all doctors and other health providers, from 0 (worst health care possible) to 10 (best health care possible)

General Health

ADSMOK42 - Currently smoke

ADNSMK42 - If ADSMOK42 was set to "Yes" (1), doctor advised you to quit smoking

ADDRBP42 - Blood pressure has been checked by a doctor, nurse, or other health professional

ADSPEC42 - Needed to see a specialist

ADPRRE42 - If ADSPEC42 was set to “Yes” (1), how much of a problem it was to see a specialist

Health Status

The SAQ contained three measures of health status, the Short-Form 12 Version 2 (SF-12v2 (r), a registered trademark), the Kessler Index (K6) of non-specific psychological distress, and the Patient Health Questionnaire (PHQ-2). Key references for these three measures are:

1. Ware, J.E., Kosinski, M., and Keller, S.D. (1996). A 12-item short-form health survey: Construction of scales and preliminary tests of reliability and validity. Medical Care 34:220.

2. Kessler, R.C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S.-L., Walters, E.E., and Zaslavsky, A.M. (2002). Short screening scales to monitor population prevalence and trends in non-specific psychological distress. Psychological Medicine 32: 959-976.

3. Kroenke, K., Spitzer, R.L., and Williams, J.B. (2003). The Patient Health Questionnaire-2: Validity of a two-item depressive screener. Medical Care 41: 1284-1292.

The SF-12v2 questions are as follows:

ADGENH42 - General health today

ADDAYA42 - During a typical day, limitations in moderate activities

ADCLIM42 - During a typical day, limitations in climbing several flights of stairs

ADPALS42 - During past 4 weeks, as result of physical health, accomplished less than would like

ADPWLM42 - During past 4 weeks, as result of physical health, limited in kind of work or other activities

ADMALS42 - During past 4 weeks, as result of mental problems, accomplished less than you would like

ADMWLM42 - During past 4 weeks, as result of mental problems, limited in kind

of work or other activities

ADPAIN42 - During past 4 weeks, pain interfered with normal work outside the home and housework

ADCAPE42 - During the past 4 weeks, felt calm and peaceful

ADNRGY42 - During the past 4 weeks, had a lot of energy

ADDOWN42 - During the past 4 weeks, felt downhearted and depressed

ADSOCA42 - During the past 4 weeks, physical health or emotional problems interfered with social activities

Short-Form 12 Version 2 (SF-12v2)

In analyzing data from the SF-12v2, the standard approach is to form two summary scores, based on responses to these questions. The underlying conception is that overall health is composed of a physical component and a mental component. The scoring algorithms for both the PCS and the MCS incorporate information from all 12 questions. However, the Physical Component Summary (PCS) weights more heavily responses to the following questions: ADDAYA42, ADCLIM42, ADPALS42, ADPWLM42, and ADPAIN42. The Mental Component Summary (MCS) weights more heavily responses to the following questions: ADDOWN42, ADCAPE42, ADMALS42, ADMWLM42, and ADSOCA42. The algorithm for computing the PCS and the MCS summary scores is described in the manual for the SF-12:

> Ware, Jr., J.E., Kosinski, M., Turner-Bowker, DM, and Gandek, B. How to Score Version 2 of the SF-12 (r) Health Survey. (October, 2002). QualityMetric, Inc., Lincoln, RI.

This manual can be purchased from QualityMetric, Inc. (qualitymetric.com). The PCS and MCS cannot be computed directly if a person has missing data for any of the twelve items. QualityMetric has developed a proprietary method for imputing the PCS and MCS scores if some data are missing. PCS and MCS scores calculated according to the standard algorithm, and incorporating imputations for some cases with missing data are available for analysts in this file. The PCS-12 score is PCS42, and the MCS-12 score is MCS42. Note that negative values are possible in PCS42 and MCS42 in rare cases. Persons who were not eligible for the SAQ, or who were eligible but for whom no data existed based on SAQELIG, or who did not have a positive SAQ weight, were set to “Inapplicable” (-1) for PCS42 and MCS42. These persons were set to missing in 2002.

The variables PCS42 and MCS42 include cases in which the scores were imputed. SFFLAG42 indicates whether the physical component summary, PCS42, or the mental component, MCS42, were imputed for a respondent. In some cases the software could not impute a score due to amount of missing data; these cases have SFFLAG42 = 0 (No). This represents a change from 2002, when these cases had SFFLAG42 = 1 (Yes). Persons

who were not eligible for the SAQ, or who were eligible but for whom no data existed based on SAQELIG, or who did not have a positive SAQ weight, were set to "Inapplicable" (-1) for SFFLAG42. These persons were set to missing in 2002.

In 2000, 2001, and 2002, MEPS used Version 1 of the SF-12. The PCS and MCS scores based on Version 1 of the SF-12 in these years were based on norms from 1990. Version 2 scores are based on norms from a 1998 national study. To appropriately compare Version 1 scores with Version 2 scores, Version 1 scores need to be rescaled to 1998 norms. This can be done by adding 1.07897 to PCS scores from Version 1, and by subtracting 0.16934 from Version 1 MCS scores. For full details, please consult the SF-12 reference manual cited above.

Non-Specific Psychological Distress

The 2004 SAQ includes six new mental health-related questions, using the "K-6" scale developed by R.C. Kessler and colleagues. These questions assess the person's non-specific psychological distress during the past 30 days.

The non-specific psychological distress variables are as follows:

ADNERV42 -	During the past 30 days, felt nervous
ADHOPE42 -	During the past 30 days, felt hopeless
ADREST42 -	During the past 30 days, felt restless or fidgety
ADSAD42 -	During the past 30 days, felt so sad that nothing could cheer the person up
ADEFRT42 -	During the past 30 days, felt that everything was an effort
ADWRTH42 -	During the past 30 days, felt worthless

Kessler Index (K6)

A summary of the six variables above provides an index to measure non-specific, rather than disorder-specific, psychological distress. Using the following values:

0	None of the Time
1	A Little of the Time
2	Some of the Time
3	Most of the Time
4	All of the Time

The index, called K6SUM42, is a summation of the values of the six variables above. The higher the value of K6SUM42, the greater the person's tendency towards mental

disability is.

Patient Health Questionnaire (PHQ-2)

The 2004 SAQ includes two additional new mental health questions. These questions assess the frequency of the person's depressed mood and decreased interest in usual activities.

ADINTR42 -	During the past two weeks, bothered by having little interest or pleasure in doing things
ADDPRS42 -	During the past two weeks, bothered by feeling down, depressed, or hopeless

PHQ242 is a summation of the values of the two variables above, with scores ranging from 0 through 6. The higher the value of PHQ242, the greater the person's tendency towards depression is. Kroenke et al. (2004) suggest a score of 3 as the optimal cutpoint for screening purposes. Note that these items are intended as a screening measure for depression and are not equivalent to a DSM-IV diagnosis of depression.

Attitudes about Health

The SAQ included four questions that ascertain certain health-related attitudes. Two items (ADINSA42 and ADINSB42) deal with attitudes toward health insurance. The other two questions (ADRISK42 and ADOVER42) deal with attitudes that might influence decisions to purchase health insurance or to use health services. These items were used in the 1987 National Medical Expenditure Survey. No editing has been performed for these items.

ADINSA42 -	Do not need health insurance
ADINSB42 -	Health insurance is not worth the money it costs
ADRISK42 -	More likely to take risks than the average person
ADOVER42 -	Can overcome illness without help from a medically trained person

Please note that the weighted frequencies displayed in the HC-089 codebook for the health status variables collected in the SAQ and DCS (as designated in the variable labels) are based on the full-year 2004 person weight PERWT04F. However, when using these variables in analysis, weights specific to each of these sets of questions should be used (SAQWT04F, DIABW04F). For persons who are not assigned a positive SAQ weight, the SAQ variables are recoded to "Inapplicable" (-1). Please see section "3.0. Survey Sample Information" for details.

2.6.5.10 Diabetes Care Survey (DCS)

The Diabetes Care Survey (DCS), a self-administered paper-and-pencil questionnaire, was fielded during Panel 8, Round 5 and Panel 9, Round 3. Households received a DCS based on their response to DIABDX53 in the Priority Condition section of the CAPI instrument, which asks whether the respondent was ever told by a doctor or health professional that he/she had diabetes. The DCS asks the same question with responses summarized in the variable DSDIA53. DSDIA53 confirms that the respondent has ever been told by a health professional that he/she had diabetes or sugar diabetes. For a small number of cases DIABDX53 =YES (1) but DSDIA53 = NO (2). These people do not have a positive DCS weight. The DCS data are unedited, and, therefore, these and other data inconsistencies remain in the data. For all persons 17 years of age or younger, all the DCS variables are set to “Inapplicable” (-1) because there is not an appropriate weight included on the file to make national estimates for this population. DSA1C53 and DSCKFT53 indicate the number of times the respondent reported having a hemoglobin A-one-C test and his/her feet checked for sores or irritations in 2004, respectively. DSEY0553, DSEY0453, DSEY0353, DSEB0353 and DSEYNV53 indicate the last time the respondent reported having an eye exam in which the pupils were dilated: in 2005, in 2004, in 2003, before 2003, or never, respectively. DSKIDN53 and DSEYPR53 ascertain whether the diabetes has caused kidney or eye problems, respectively. DSDIET53, DSMED53 and DSINSU53 indicate if the respondent reported being treated for his/her diabetes by the following methods: diet, oral medications or insulin, respectively. If a respondent was unable to respond to the DCS, the questionnaire was completed by a proxy (DSPRX53 = 1). A special weight variable (DIABW04F) has been designed to be used with DCS data. This weight adjusts for DCS nonresponse and weights to the number of diabetics in the US civilian noninstitutionalized population in 2004 (see section “3.0. Survey Sample Information” for details).

Please note that the weighted frequencies displayed in the HC-089 codebook for the health status variables collected in the SAQ and DCS (as designated in the variable labels) are based on the full-year 2004 person weight PERWT04F. However, when using these variables in analysis, weights specific to each of these sets of questions should be used (SAQWT04F, DIABW04F). For persons who are not assigned a positive DCS weight, the DCS variables are recoded to “Inapplicable” (-1). Please see section “3.0. Survey Sample Information” for details.

2.6.6 Disability Days Indicator Variables (DDNWRK31- OTHNDD53)

The Disability Days section of the core interview contains questions about time lost from work or school and days spent in bed because of a physical illness or injury, or a mental or emotional problem. Data were collected on each individual in the household. These questions were repeated in each round of interviews; this file contains data from Rounds 3, 4, and 5 of the MEPS Panel 8 initiated in 2003 and Rounds 1, 2, and 3 of the MEPS

Panel 9 initiated in 2004 respectively. The number at the end of the variable name (31, 42 or 53) identifies the rounds in which the information was collected.

The reference period for these questions is the time period between the beginning of the panel or the previous interview date and the current interview date. In order to establish the length of a round, analysts are referred to the variables that indicate the beginning date and ending date of each round (BEGRFD##, BEGRFM##, BEGRFY##, ENDRFD##, ENDRFM##, and ENDRFY##). Analysts should be aware that Round 3 is conducted across years. Starting in 2003, the Disability Days variables reflect only the data pertinent to the calendar year (i.e., the current delivery year of 2004). Previously, some data from Round 3 pertained to the following year. Analysts who are interested in examining disability days data across years can link to other person-level PUFs using the DUPERSID.

The flow of the Disability Days section relies on the person's age as of the interview date. Therefore, the round-specific constructed age variables (AGE31X, AGE42X, and AGE53X) are used to construct the comparable round-specific Disability Days PUF variables. Due to the age-specific nature of the Disability Days section, age data from other rounds are not used should the person's age for the round be missing.

The variables DDNWRK31, DDNWRK42 and DDNWRK53 represent the number of times the respondent lost a half-day or more from work because of illness, injury or mental or emotional problems during Rounds 31, 42, and 53, respectively. A response of "no work days lost" was coded zero; if the respondent did not work, these variables were coded -1 (Inapplicable). The analyst should note that there are cases where EMPST## = 1 or 3 (has current job or job to return to) where DDNOWORK indicates work around the house only. This is because the responses to the Disability Days questions are independent of the responses to the employment questions. Respondents who were less than 16 years old or whose age is missing (AGE##X is set to -1) were not asked about work days lost, thus these variables are also coded -1 (Inapplicable).

WKINBD31, WKINBD42 and WKINBD53 represent the number of work days lost during each round in which the respondent spent at least half of the day in bed. These questions were asked only of persons aged 16 and over. Persons aged 15 or younger and persons whose age is missing received a code of -1 (Inapplicable). If a respondent answered the preceding work loss question with "zero days" or "does not work", then the corresponding WKINBD question was coded as -1 (Inapplicable).

DDNSCL31, DDNSCL42 and DDNSCL53 indicate the number of times that a respondent missed a half-day or more of school during Rounds 31, 42, or 53, respectively. These questions were asked of persons aged 3 to 22; respondents aged less than 3 or older than 22 and persons whose age is missing did not receive these questions and are coded as -1 on these variables (in a small number of cases this was not done for the 1996 data, the analyst will need to make this edit when doing longitudinal analyses). A code of -1 also indicates that the person does not attend school. The analyst should be

aware that there was no attempt to reconcile school days lost with the time of year (e.g., summer vacation). In order to establish time of year, analysts are referred to the variables that indicate the beginning date and ending date of each round (BEGRFD##, BEGRFM##, BEGRFY##, ENDRFD##, ENDRFM##, and ENDRFY##).

SCLNBD31, SCLNBD42 and SCLNBD53 represent the number of school days lost during each round in which the individual spent at least a half-day in bed. Respondents aged less than 3 or older than 22 and persons whose age is missing did not receive these questions and are coded as -1 on these variables (in a small number of cases this was not done for the 1996 data, the analyst will need to make this edit when doing longitudinal analyses). If a respondent answered the preceding school days lost question with "zero days" or "does not attend school", then the corresponding SCLNBD question is coded as -1 (Inapplicable).

DDBDYS31, DDBDYS42 and DDBDYS53 represent additional days, other than school or work days, in which the respondent spent at least half a day in bed, because of a physical illness, injury or a mental or emotional problem. These are the only indicators of disability days for persons who do not work or go to school. This question was not asked of children less than one year of age and persons whose age is missing (coded -1).

A final set of variables indicate if an individual took a half-day or more off from work to care for the health problems of another individual in the family. OTHDYS31, OTHDYS42, and OTHDYS53 indicate if a person missed work because of someone else's illness, injury or health care needs, for example to take care of a sick child or relative. These variables each have three possible answers: yes - missed work to care for another (coded 1); no – did not miss work to care for another (coded 2); or the person does not work (coded 2), based on responses to the DDNWRK variable for the same round. Respondents younger than 16 and persons whose age is missing were not asked these questions and are coded as -1 (in a small number of cases this was not done for the 1996 data, the analyst will need to make this edit when doing longitudinal analyses).

OTHNDD31, OTHNDD42 and OTHNDD53 indicate the number of days during each round in which work was lost because of another's health problem. Respondents younger than 16, those whose age is missing, those who do not work, and those who answer "no" to OTHDYS are skipped out of OTHNDD and receive codes of -1.

Note that, because Disability Days variables use only those Round 3 data pertinent to the data year, it is possible to have person report missing work to care for the health problems of another individual (OTHDYS## = 1) but report no days missed (OTHNDD## = 0). This combination indicates that the person did not miss those work days during the data year. For OTHDYS31, a value of '0' indicates that the person missed no work during the 2004 portion of Panel 8 Round 3 (i.e. any missed work days reported here occurred in the 2003 portion of Panel 8 Round 3). For OTHDYS53, a value of '0' indicates that the person missed no work during the 2004 portion of Panel 9 Round

3 (i.e. any missed work days reported here occurred in the 2005 portion of Panel 9 Round 3).

Editing was done on these variables to preserve the skip patterns. No imputation was done for those with missing data.

2.6.7 Access to Care Variables (ACCELI42- PMDLPR42)

The variables ACCELI42 through PMDLPR42 describe data from the Access to Care (AC) section of the MEPS-HC questionnaire, which was administered in Panel 8 Round 4 and Panel 9 Round 2. This supplement serves a number of purposes in the MEPS-HC by gathering information on five main topic areas: family members' origins and preferred languages; family members' usual source of health care; characteristics of usual source of health care providers; satisfaction with and access to the usual source of health care provider; and access to medical treatment, dental treatment, and prescription medicines. The variable ACCELI42 indicates whether persons were eligible to receive the Access to Care questions. Persons with ACCELI42 set to '-1' (Inapplicable) should be excluded from estimates made with the Access to Care data.

2.6.7.1 Family Members' Origins and Preferred Languages

The AC section ascertains what language is most often spoken at home (LANGHM42) and, for those households that prefer to speak Spanish or another language other than English (LANGHM42 = 2 or 3), whether all members of the household are comfortable speaking English (ENGHME42). If not all persons in the household are comfortable speaking English, the AC section asks which person is not comfortable conversing in English (ENGSPK42).

Foreign born status (USBORN42) and number of years in the US (USLGLV42) are not available for 2004 due to an error discovered in the skip patterns in the data collection instrument. These variables were released in the 2004 Population Characteristics File (HC-082). Analysts who may have downloaded this earlier file should disregard these variables.

2.6.7.2 Family Members' Usual Source of Health Care

For each individual family member, the AC section ascertains whether there is a particular doctor's office, clinic, health center, or other place that the individual usually goes to if he/she is sick or needs advice about his/her health (HAVEUS42).

YNOUSC42 indicates the main reason why a person does not have a usual source of care (USC) provider. For those family members who do not have a USC provider, question

AC07 ascertains the main reason why. The variable YNOUSC42 has the following possible values:

1	Seldom or Never Sick
2	Recently Moved to Area
3	Don't Know Where to Go
4	USC in Area Not Available
5	Can't Find Provider Who Speaks Language
6	Goes Different Places For Diff Needs
7	Just Changed Insurance Plans
8	Don't Use Docs/Treat Self
9	Cost of Medical Care
91	Other Reason

These values reflect the answer categories given at AC07. If persons choose '91' (Other Reason) at AC07, they are asked at AC07OV to provide a verbal explanation of what the main reason is that they do not have a USC provider. These "text strings" can be recoded to one of the existing categorical values listed above or, if the frequency of the response warrants it, additional categorical values. Recoding is described in greater detail below.

Family members without a USC provider are then asked AC08, which ascertains whether there are any additional reasons why. The person may choose one or more reasons. A variable is constructed for each reason why:

NOREAS42	No Other Reason
SELDSI42	Seldom or Never Sick
NEWARE42	Recently Moved to Area
DKWHRU42	Don't Know Where to Go
USCNOT42	USC in Area Not Available
PERSLA42	Can't Find Provider Who Speaks Language
DIFFPL42	Goes Different Places for Diff Needs
INSRPL42	Just Changed Insurance Plans
MYSELF42	Don't Use Docs/Treat Self
CARECO42	Cost of Medical Care
OTHREA42	Other Reason

These variables reflect the answer categories given at AC08. If persons choose '91' (Other Reason) at AC08, they are asked AC08OV to provide a verbal explanation of what the additional reason is that they do not have a USC provider. These "text strings" can be recoded to one of the existing yes/no variables listed above or, if the frequency of response warrants it, an additional yes/no variable. Recoding is described in greater detail below.

2.6.7.3 Characteristics of Usual Source of Health Care Providers

The AC section collects information about the different characteristics of each unique USC provider for a given family. If the person does not have a USC provider

(HAVEUS42 is set to ‘2’ (No), ‘-7’ (Refused), ‘-8’ (Don’t Know) or ‘-9’ (Not Ascertained)), then these variables are set to ‘-1’ (Inapplicable).

The basis for the AC provider questions is PROVTY42. This variable indicates whether the person’s provider is a facility (1), a person (2), or a person-in-facility (3). PROVTY42 is a copy of PROVTYPE (Provider Type) for persons who have a USC provider. For facility type providers, FACLPR42 indicates whether the person sees a particular provider at the facility.

Depending on how PROVTY42 is set, persons are asked about the provider’s location, the provider’s personal characteristics (e.g., race), the provider’s accessibility, and the person’s satisfaction with the provider.

Provider Location

Two variables indicate the location of the provider. For a facility and a person-in-facility type providers, PLCTYP42 indicates whether the person’s facility is a Hospital Clinic/Outpatient Department (1), a Hospital Emergency Room (2), or a Non-Hospital Place (3). According to CAPI flow, persons do not report the type of facility for person-type providers. Therefore, if PROVTY42 is set to ‘2’ (Person), PLCTYP42 is set to ‘-1’ (Inapplicable). For all provider types, including person-type, LOCATN42 indicates whether the person’s provider is located in an Office (1), a Hospital but Not the Emergency Room (2), or a Hospital Emergency Room (3).

Personal Characteristics of Providers

For person and person-in-facility type providers, TYPEPE42 indicates what type of doctor or other medical provider the person’s provider is. The possible values include:

1 MD – General/Family Practice
2 MD – Internal Medicine
3 MD – Pediatrics
4 MD – OB/Gyn
5 MD – Surgery
6 MD – Other
7 Chiropractor
8 Nurse
9 Nurse Practitioner
10 Physician’s Assistant
11 Other Non-MD Provider
12 Unknown

TYPEPE42 is constructed using variables collected at several questions: AC15 “Is provider a medical doctor?” (PROV.MEDTYPE); AC16 “Is provider a nurse, nurse practitioner, physician’s assistant, midwife, or some other kind of person?”

(PROV.OTHTYPE); and AC17 “What is provider’s specialty?” (PROV.MDSPECLT). If persons choose ‘91’ (Other) at AC16 or AC17, they are asked at AC16OV or AC17OV, respectively, to provide a verbal explanation of the type of provider or medical doctor. These “text strings” can be recoded to one of the existing categorical values listed above or, if the frequency of the response warrants it, additional categorical values. Recoding is described in greater detail below.

The AC section also collects demographic information about person and person-in-facility type providers (PROVTY42 = 2 or 3). Six variables indicate the provider’s race: WHITPR42 (white), BLCKPR42 (black/African American), ASIANP42 (Asian), NATAMP42 (Indian/ Native American/Alaska Native), PACISP42 (Other Pacific Islander) and OTHRCP42 (Other Race). The person may choose more than one race for a single provider. These variables reflect the answer categories given at AC19. If persons choose ‘91’ (Some Other Race) at AC19, they are asked AC19OV to provide a verbal explanation of the provider’s race. These “text strings” can be recoded to one of the existing yes/no variables listed above or, if the frequency of response warrants it, an additional yes/no variable. Recoding is described in greater detail below.

In addition to the race variables, two other demographic variables are created: HSPLAP42 indicates whether the provider is Hispanic or Latino, and GENDRP42 indicates whether the provider is Male (1) or Female (2).

Using Constructed Variables to Describe the Usual Source of Care Provider

These variables describing a person’s USC provider can be used in combination to present a broader picture of the provider. For example, a person-in-facility provider with a particular person named who is a white, Hispanic, female pediatrician, with no other race specified; and whose location is in an office in a hospital is coded as:

PROVTY42 = 3
FACLPR42 = 1
PLCTYP42 = 1
TYPEPE42 = 3
HSPLAP42 = 1
WHITPR42 = 1
BLCKPR42 = 2
ASIANP42 = 2
NATAMP42 = 2
PACISP42 = 2
OTHRCP42 = 2
GENDRP42 = 2
LOCATN42 = 1

2.6.7.4 Access to and Satisfaction with the Provider

The AC section collects information regarding the person's ability to access the USC provider as well as the person's satisfaction with the USC provider.

Access to the Provider

Two variables describe the person's method of traveling to the USC provider. GOTOUS42 indicates how the person travels to the USC provider: 'Drives' (1), 'Is Driven' (2), 'Taxi, Bus, Train, Other Public Transportation' (3), or 'Walks' (4). TMTKUS42 indicates how long it takes the person to travel to the USC provider: 'Less Than 15 Minutes' (1), '15 to 30 Minutes' (2), '31 to 60 Minutes' (3), '61 to 90 Minutes' (4), '91 Minutes to 120 Minutes' (5), or 'More than 120 Minutes' (6).

OFFHOU42, DFTOUS42, PHNREG42, and AFTHOU42 assess aspects of the provider that may make it difficult for the person to get in contact with the USC provider. OFFHOU42 indicates whether the provider has office hours at night or on the weekend. The remaining three variables reflect the person's rating of the difficulty of accessing the USC provider by travel (DFTOUS42), by phone (PHNREG42), and after hours (AFTHOU42). The person has the following choices: 'Very Difficult' (1), 'Somewhat Difficult' (2), 'Not Too Difficult' (3), or 'Not at All Difficult' (4).

Satisfaction with the Provider

These variables reflect the person's confidence in and satisfaction with the USC provider. Four different facets of the person's level of confidence in the USC provider are examined: Is the provider the person or place family members would go to for new health problems (MINORP42), preventive health care (PREVEN42), referrals to other health professionals (REFFRL42), or ongoing health problems (ONGONG42). The person's level of satisfaction with the USC provider is examined in six ways: Does the USC provider generally listen to the person and seek the person's advice when choosing between treatments (TREATM42), ask about and show respect for treatments other doctors may give the person (RESPCT42), ask the person to help make decisions (DECIDE42), explain options to the person (EXPLOP42), and speak the person's language or provide translator services (LANGPR42) if the person prefers to speak in a language other than English (LANGHM42 is set to 2 (Spanish) or 3 (Another Language)). In 2003, all household members who share a USC provider and who live in a household where at least one person was not comfortable speaking English (ENGSPK42 = 2) had LANGPR42 set. Starting in 2004, only those persons who are not comfortable speaking English (ENGSPK42 = 1) have LANGPR42 set.

2.6.7.5 Access to Medical Treatment, Dental Treatment, and Prescription Medicines

Finally, the Access to Care supplement gathers information on family members' abilities to receive treatment and receive it without delay. These questions are split into three sections inquiring about medical, dental, and prescription medicine treatments. Each section inquires whether the person was unable to receive treatment (MDUNAB42, DNUNAB42, PMUNAB42) or was delayed in receiving treatment (MDDLAY42, DNDLAY42, PMDLAY42). A value of '1' (Yes) for these two sets of variables indicates that the person needed treatment but was unable to receive it or was delayed in receiving it. A value of '2' (No) for these two sets of variables indicates that either the person did not need treatment or the person needed treatment and was able to receive it without delay. If the person was unable to receive treatment, he/she was asked why (MDUNRS42, DNUNRS42, PMUNRS42). Persons were also asked why they were delayed in receiving treatment (MDDLRS42, DNDLRS42, PMDLRS42). Possible reasons include:

1	Could Not Afford Care
2	Ins Co Would Not Approve/Cover/Pay
3	Doctor Refused Family Ins Plan
4	Problems Getting To Doctor's Office
5	Different Language
6	Could Not Get Time Off Work
7	DK Where To Go To Get Care
8	Was Refused Services
9	Could Not Get Child Care
10	Did Not Have Time or Took Too Long
91	Other

Finally, persons are also asked how much of a problem not receiving treatment (MDUNPR42, DNUNPR42, PMUNPR42) or being delayed in receiving treatment (MDDLPR42, DNDLPR42, PMDLPR42) was.

2.6.7.6 Editing the Access to Care Variables

Editing consisted primarily of logical editing for consistency with skip patterns. Other editing included the construction of new response values and new variables describing the recoding of several "other specify" text items into existing or new categorical values, which are described below.

In previous years, not all variables or categories that appear in the Access to Care section of the HC questionnaire are included on the file, as some small cell sizes have been suppressed to maintain respondent confidentiality. No variables or categories were suppressed in 2004.

2.6.7.7 Recoding of Additional Other Specify Text Items

For Access to Care items AC07, AC08, AC16, AC17, and AC19, the other specify text responses were reviewed and coded as an existing or new value for the related categorical variable (for AC07, AC16, and AC17), or coded as an existing or new "yes/no" variable (for items AC08 and AC19). The following are the new codes or variables which were created from these other specify text responses.

For item AC07 ("What is the main reason person does not have a usual source of health care") - the following new values were constructed for the variable YNOUSC42:

10	Other Insurance Related Reason
11	Job-Related Reasons
12	Looking for a New Doctor
14	Don't Like/Don't Trust Doctors
17	Self, Relative, or Friend is a Doctor
19	Care Available on Job
20	Will Not Go to the Doctor
21	Problems with Time and Transportation

Note that the values '13', '15', 16', and '18' were not used in recoding as the 2004 frequencies for related text strings were not high enough to warrant these additional categories.

For item AC08 ("What are the other reasons person does not have a usual source of health care") – the following new variables were constructed:

OTHINS42	for other insurance reasons;
KNOWDR42	the person knows or is a doctor;
TRANS42	the person had problems finding transportation or time;
CLINIC42	the person goes to a hospital, clinic, or emergency room.

OTHTYPE and MDSPECLT are used to construct the variable TYPEPE42. Unlike the other recoded variables, these variables' text strings can be recoded to each other's categories. For example, for persons who indicate that their USC provider is not a medical doctor (PROV.MEDTYPE = 2), the other type of USC provider is other (PROV.OTHTYPE = 91), and the text string collected is "GYNECOLOGIST", TYPEPE42 would be set to '4' (MD – OB/GYN) instead of '11' (OTHER NON-MD PROVIDER.)

The 2004 data also warranted ten additional categories for TYPEPE42:

13	MD – Cardiologist
14	Doctor of Osteopathy
15	MD – Endocrinologist
16	MD – Gastroenterologist
17	MD – Geriatrician

18	MD – Nephrologist
19	MD – Oncologist
20	MD – Pulmonologist
21	MD – Rheumatologist
22	Psychiatrist/Psychologist

Text responses at AC19 were not coded as new responses or new variables.

2.6.8 Employment Variables (EMPST31-YNOINS53)

Employment questions were asked of all persons 16 years and older at the time of the interview. Employment variables consist of person-level indicators such as employment status and job-related variables such as hourly wage. All job-specific variables refer to a person's current main job. The current main job, defined by the respondent, indicates the main source of employment.

Most employment variables pertain to the round interview date. The round dates are indicated by two numbers following the variable name; the first number representing the round for Panel 8 persons, the second number representing the round for Panel 9 persons. For example, EMPST31 refers to employment status on the Round 3 interview date for Panel 8 persons and employment status on the Round 1 interview date for Panel 9 persons.

With the exception of some health insurance variables, no attempt has been made to logically edit any employment variables. When missing, values were imputed for certain persons' hourly wages; however, there was no editing performed on any values reported by the respondent. Due to confidentiality concerns, hourly wages greater than or equal to $65.63 were top-coded to –10 and the number of employees variable was top-coded at 500. With the exception of a variable indicating whether the employer has more than one location (MORE), all employer-specific variables refer to the establishment that is the location of a person's current main job.

The MEPS employment section used dependent interviewing in Rounds 2 through 5. If employment status and certain job characteristics did not change from the previous round, as identified in the review of employment section, the respondent was skipped through the main employment section. A code of "–2" is used to indicate that the information in question was obtained in a previous round. For example, if the HRWG42X (Round 4 interview date hourly wage for Panel 8 persons or Round 2 interview date hourly wage for Panel 9 persons) is coded as "–2", refer to HRWG31X (Round 3 interview date hourly wage for Panel 8 persons or Round 1 interview date hourly wage for Panel 9 persons) for the value for HRWG42X. Note that there may be a value for the Round 3/1 hourly wage or there may be an "Inapplicable" code (-1). The "–2" value for HRWG42X simply indicates that the person was skipped past the question at the time of the subsequent interview. To determine who should be skipped through

various employment questions, certain information, such as employment status, had to be asked in every round and, thus, "-2" codes do not apply to employment status. Additionally, information on whether the person currently worked at more than one job or whether the person held health insurance from a current main employer was asked in every round, and, therefore, those variables also have no "–2" codes.

For Panel 8 persons who have a current main job in Round 3 that continues from Round 1 or 2, the "–2" code is not sufficient for those variables that the person was skipped past at the time of the interview. This is because the Panel 8 Round 1 and 2 data are not included on this release and therefore there are no data to which to refer. For such persons, the values for the variables for these skipped questions are copied from the Round 1 or 2 constructed variable on the 2003 Full Year Public Use Release, depending on the round in which the job first became the current main job. The accompanying variable RNDFLG31 indicates the round in which these data were collected. For example, if the person has a Round 3 current main job that continues from Round 2 and was first reported as the current main job in Round 2, HRWG31X will be a copy of the HRWG42X variable from the 2003 Full Year Public Use Release and RNDFLG31 will be "2", indicating the round in which the job was first reported as the current main job.

Employment Status (EMPST31, EMPST42, and EMPST53)

Employment status was asked for all persons age 16 or older. Allowable responses to the employment status questions were as follows:

- "currently employed" if the person had a job at the interview date;
- "has a job to return to" if the person did not work during the reference period but had a job to return to as of the interview date;
- "employed during the reference period" if the person had no job at the interview date but did work during the round;
- "not employed with no job to return to" if the person did not have a job at the interview date, did not work during the reference period, and did not have a job to which he or she could return.

These responses were mutually exclusive. A current main job was defined for persons who either reported that they were currently employed and identified a current main job or who reported and identified a job to return to. Therefore, job-specific information such as hourly wage exists for persons not presently working at the interview date but who have a job to return to as of the interview date.

The analyst should note that there are cases where EMPST## = 1 or 3 (has current job or job to return to) where DDNOWORK indicates work around the house only. This is because the responses to the Disability Days questions are independent of the responses to the employment questions.

Data Collection Round for Round 3/1 CMJ (RNDFLG31)

As mentioned above, for Panel 8, if a person's Round 3 current main job (CMJ) is a continuation CMJ from Round 2 or Round 1, the value of most "31" variables will be copied forward from the variable representing the round in which the job was first reported as the CMJ. For persons in Panel 8, RNDFLG31 indicates the round in which the Round 3 CMJ was first reported as the CMJ and provides a timeframe for the reported wage information and other job details. RNDFLG31 is used with many "31" variables to indicate the round on which the reported information is based.

RNDFLG31 is set to "Inapplicable" (–1) for persons in either panel who are under age 16 or who do not have a CMJ in Panel 8 Round 3 or Panel 9 Round 1. For persons who are part of Panel 8, RNDFLG31 is also set to "Inapplicable" (–1) if the person is out-of-scope in the 2004 portion of Round 3. For persons who are part of Panel 9, RNDFLG31 is also set to "Inapplicable" (–1) if the person is out-of-scope in Round 1. For persons who are part of Panel 8, other values for RNDFLG31 are set as follows:

1	continuing Round 3 CMJs reported first in Round 1;
2	continuing Round 3 CMJs reported first in Round 2;
3	jobs newly reported as current main in Round 3;
-9	Round 3 CMJ is a continuation CMJ (wage information and other details were not collected in Round 3) but the Round 2 CMJ record either does not exist or is not the same job. This can occur in rare instances because corrections made to a person's record in a current file cannot be made to that record in an earlier file due to data base processing constraints. Corrections are made based on respondent comments in subsequent rounds that affect employment information previously reported.

For persons who are part of Panel 9 and reported a Round 1 CMJ, RNDFLG31 is set to "1" indicating that the job information represented in the "31" variables was collected in Round 1.

Self-employed (SELFCM31, SELFCM42, and SELFCM53)

Information on whether an individual was self-employed at the current main job was obtained for all persons who reported a current main job. Certain questions, namely those regarding benefits and hourly wage, were not asked of the self-employed. Variables constructed from these questions indicate whether the establishment reported by wage earners (those not self-employed) as the main source of employment offered any of the following benefits:

- Paid leave to visit a doctor (PAYDR31, PAYDR42, and PAYDR53)

- Paid sick leave (SICPAY31, SICPAY42, and SICPAY53)
- Paid vacation (PAYVAC31, PAYVAC42, and PAYVAC53)
- Pension plan (RETPLN31, RETPLN42, and RETPLN53)

For persons who were self-employed at their current main job, these benefits variables were coded as "Inapplicable" (-1). Additionally, information on whether the firm had more than one business location (MORE31, MORE42, and MORE53) and whether the establishment was a private for-profit, nonprofit, or a government entity (JOBORG31, JOBORG42, and JOBORG53) was not applicable for self-employed persons. Conversely, the variables that identify whether a business was incorporated, a proprietorship, or a partnership (BSNTY31, BSNTY42, and BSNTY53) applied only to those who were self-employed at their current main job.

Hourly wage (HRWG31X, HRWG42X, HRWG53X), Wage Update Variable (DIFFWG31, DIFFWG42, DIFFWG53), and Updated Hourly Wage (NHRWG31, NHRWG42, NHRWG53)

Hourly wage was asked of all persons who reported a current main job that was not self-employment (SELFCM). This initial report of a wage is reflected on the variables HRWG31X, HRWG42X, and HRWG53X. The 2004 Full-Year PUF now includes a new variable, NHRWG31/42/53, to indicate a reported change in the wage at a person's current main job. The variables DIFFWG31, DIFFWG42, and DIFFWG53 indicate if a wage at a person's current main job has changed in the round.

As of this Full-Year 2004 PUF, some wage information was logically edited for consistency. Edits were performed in cases where a respondent updates a wage, indicating that the amount reported in a previous round was in error, and then provides the corrected amount for the previous round.

The initial hourly wage variables (HRWG31X, HRWG42X, HRWG53X) on this file should be considered along with their accompanying variables – HRHOW31, HRHOW42, and HRHOW53 – which indicate how the respective round hourly wage was constructed. Hourly wage could be derived, as applicable, from a large number of source variables. In the simplest case, hourly wage was reported directly by the respondent. For other persons, construction of the hourly wage was based upon salary, the time period on which the salary was based, and the number of hours worked per time period. If the number of hours worked per time period was not available, a value of 40 hours per week was assumed, as identified in the HRHOW variable.

The initial hourly wage variable HRWG31/42/53X was imputed using a weighted sequential hot-deck procedure for those identified as having a current main job who were not self-employed and who did not know their wage or refused to report a wage. Hourly wage for persons for whom employment status was not known was coded as "Not

Ascertained" (-9). Additionally, wages were imputed for wage earners reporting a wage range and not a specific value. For each of these persons, a value was imputed from other persons on the file who did report a specific value that fell within the reported range. The variables HRWGIM31, HRWGIM42, and HRWGIM53 identify persons whose wages were imputed. Note that wages were imputed only for persons with a positive person and/or positive family weight.

As of Panel 7 Round 5 and the Panel 8 Round 3, MEPS asks respondents to report wage changes of any amount. Previously, respondents were only asked to report wage increases or decreases of at least 50 cents per hour. Beginning in the 2003 Full-Year PUF, the variable DIFFWG31/42/53 was included to indicate whether a person's wage amount was different in the current round at a continuing, current main job. As of this 2004 Full-Year PUF, NHRWG31/42/53 is also included and indicates the updated wage amount in cases where a person indicates a change in wages (DIFFWG = 1). Users may still wish to reference the 2004 Full-Year Jobs PUF to obtain the reason for the wage change by linking on DUPERSID for the appropriate round.

For all Panel 9 Round 1 persons, DIFFWG31 and NHRWG31 are set to 'inapplicable' because this was the first round that wages could be reported for those persons. In Rounds 2 through 5, no imputation was performed on NHRWG31/42/53. Instead, where an updated wage amount is 'not known' or is 'refused,' NHRWG31/42/53 is set to 'not ascertained.' For persons whose hourly wage variable HRWG31/42/53X was imputed and the respondent provides an updated wage amount in a subsequent round, the new wage, NHRWG31/42/53, is not presented. Instead, NHRWG31/42/53 is set to '-13' to indicate that the initial HRWG31/42/53X was imputed. Users may wish to reference the 2004 Full-Year Jobs PUF to obtain updated wage amounts for these jobs.

For reasons of confidentiality, the hourly wage variables were top-coded. A value of –10 indicates that the hourly wage was greater than or equal to $65.63. As of Full-Year 2004, the wage top code process used the highest reported wage on the file for an individual regardless of whether it was reported in an HRWG31/42/53X or NHRWG31/42/53X variable. Prior to Full-Year 2004, only the initial reported wage in Rounds 3 or 1 (HRWG31X) was used to calculate the wage top code amount. Also beginning with the 2004 file, all wages for a person were top coded if any wage variable was above the top code amount.

In order to protect the confidentiality of persons across deliveries, the same top code amount used in this Full-Year file was also applied to the Full-Year 2004 Jobs file. Because a person can have other jobs besides a current main job which are included in the corresponding 2004 Full Year Jobs PUF, wages at these other jobs had to be reviewed in the top coding process. In some cases for these persons, wages reported at the current main job were below the top-code amount while the wage at another job had to be top coded. To further protect the confidentiality of such persons across deliveries, wages reported at all jobs in the Full-Year 2004 Jobs PUF were top coded and the wages at their

current main job (HRWG31/42/53X and NHRWG31/42/53) included in this file were also top coded.

Health Insurance (HELD31X, HELD42X, HELD53X, OFFER31X, OFFER42X, OFFER53X, CHOIC31, CHOIC42, CHOIC53, DISVW31X, DISVW42X, DISVW53X, OFREMP31, OFREMP42, OFREMP53, YNOINS31, YNOINS42, YNOINS53)

There are several employment-related health insurance measures included in this release: health insurance held at a current main job (HELD31X, HELD42X, HELD53X), health insurance offered through a current main job (OFFER31X, OFFER42X, OFFER53X), and a choice of health plans available through the current main job (CHOIC31, CHOIC42, CHOIC53).

Several persons indicated that they held health insurance through a current main job in the employment section and then denied this coverage later in the interview in the health insurance section. Employment section health insurance HELD variables were edited for consistency to match the health insurance measures obtained in the health insurance section. To allow for easy identification of these individuals, round-specific flag variables were constructed (DISVW31X, DISVW42X, DISVW53X).

Responses in the employment section for health insurance held were recoded to be consistent with the variables in the health insurance section of the survey. Due to questionnaire skip patterns, the responses to health insurance offered were affected by editing the HELD variable. For example, if a person responded that health insurance was held from a current main job, the question relating to whether health insurance was offered was skipped. For persons who responded in the employment section that they held health insurance coverage and then disavowed the coverage in the health insurance section, it could not be ascertained whether they were offered a policy. These individuals are coded as –9 for the OFFER variables.

In the first round in which a person is reported as having a specific CMJ, MEPS asks if the person holds health insurance through that job. If the person does not hold insurance, then a follow-up question is asked as to whether the person was offered insurance (but declined coverage). However, if a person does hold insurance, then that person is skipped over the offered question and the offer variable (OFFER31X, OFFER42X, OFFER53X) is automatically set to “Yes” (1).

In the rounds after a CMJ is initially reported, the “held” question is asked again in each interview (whether a person now holds insurance). This is to determine if there has been any change in coverage. As of Panel 7 Round 3 and Panel 8 Round 1, respondents with a continuing job who did not have coverage in the current round are asked if they were offered insurance. Thus, the OFFER variable now reflects responses from the current round. OFFER is no longer set to “-2” (value determined in previous round). Instead,

OFFER is set to other values based on responses in the current round. This current round information can also affect the setting of the DISVW variable as well.

In addition to this modification to OFFER, MEPS includes several clarifying questions regarding insurance availability to the jobholder through an employer. When a respondent indicates that the jobholder neither held nor was offered health insurance at the job, the respondent is asked if *any other* employees at the job were offered health insurance. The variable OFREMP31/42/53 indicates whether an employer offered health insurance to other employees at a firm. If a respondent indicates that other employees were eligible for health insurance, a follow-up question is asked to determine the reason the jobholder was not eligible for coverage. This information is contained in the YNOINS31/42/53 variable. The questions related to both of these variables are asked when a job is initially reported and also for subsequent rounds in which the job continues, as applicable.

Data users should note that OFREMP31/42/53 is automatically set to '1' in cases where HELD and OFFER are '1,' thus indicating that the jobholder has health insurance coverage through the employer, that coverage is offered to the employee, and that the employer offers insurance to its employees.

The employment-related insurance variables, HELD, OFFER, DISVW, OFREMP, and YNOINS, for each round are logically edited for consistency.

Hours (HOUR31, HOUR42, HOUR53)

The hours measure refers to usual hours worked per week at the current main job.

Temporary (TEMPJB31, TEMPJB42, TEMPJB53) and Seasonal (SSNLJB31, SSNLJB42, SSNLJB53) Jobs

The temporary job variables (TEMPJB31, TEMPJB42, TEMPJB53) indicate whether a current main job lasts for only a limited amount of time or until the completion of a project.

The seasonal job variables (SSNLJB31, SSNLJB42, SSNLJB53) indicate whether the CMJ is only available during certain times of the year. SSNLJB is "YES" ('1') if the job is year round; SSNLJB is "NO" ('2') if the job is only available during certain times of the year. Teachers and other school personnel who work only during the school year are considered to work year round.

Both variables are set on current main jobs whether a person is self-employed or not. Both are constructed based on questions that are round-specific, i.e., the questions are asked when a job is newly reported and when it is reviewed in subsequent rounds, even when the job ends in that round.

Number of Employees (NUMEMP31, NUMEMP42, NUMEMP53)

NUMEMP indicates the number of employees at the location of the person's current main job. Due to confidentiality concerns, this variable indicating the number of employees at the establishment has been top coded at 500 or more employees. For persons who reported a categorical size, a median estimated size from donors within the reported range is used.

Other Employment Variables

Information about industry and occupation types for a person's current main job at the interview date is also contained in this release. Based on verbatim text fields collected during the interview, numeric industry and occupation codes are assigned by trained coders at the Bureau of the Census. As of the FY2002 delivery, Census began using updated 2003 Census Industry and Occupation Coding schemes which were developed for the Bureau's Current Population Survey and American Community Survey. Users should note that FY2004 coding is comparable to the FY2002 and FY2003 data but not data prior to FY2002.

Current main jobs were initially coded at the 4-digit level for both industry and occupation. Then, for confidentiality reasons, these codes were condensed into broader groups for release on the file. INDCAT31, INDCAT42, and INDCAT53 represent the condensed industry codes for a person's current main job at the interview date. OCCCAT31, OCCCAT42, and OCCCAT53 represent the condensed occupation codes for a person's current main job at the interview date.

This release incorporates crosswalks showing how the detailed 2002 Census industry and occupation codes were collapsed into the condensed codes on the file, in both HTML and PDF formats. The same type of crosswalk is included for the pre-2002 file condensed codes, collapsed from the 1990 Census categories.

Information indicating whether a person belonged to a labor union (UNION31, UNION42, and UNION53) is also contained in this release.

The day, month, and year that the current main job started for Rounds 3, 4, and 5 of Panel 8 and Rounds 1, 2, and 3 of Panel 9 are provided in this release (STJBDD31, STJBMM31, STJBYY31, STJBDD42, STJBMM42, STJBYY42, STJBDD53, STJBMM53, and STJBYY53).

There are two measures included in this release that relate to a person's work history over a lifetime. One indicates whether a person ever retired from a job as of the Round 5 interview date for Panel 8 persons or the Round 3 interview date for Panel 9 persons (EVRETIRE). The other indicates whether a person ever worked for pay as of the Round 5 interview date for Panel 8 persons or the Round 3 interview date for Panel 9 persons

(EVRWRK). The latter was asked of everyone who indicated that they were not working as of the round interview date. Therefore, anyone who indicated current employment or who had a job during any of the previous or current rounds was skipped past the question identifying whether the person ever worked for pay. These individuals were coded as "Inapplicable" (-1). All persons who ever reported a job and were 55 years or older as of the round interview date were asked if they "ever retired". Since both of these variables are not round specific, there are no "–2" codes.

This release contains variables indicating the main reason a person did not work since the start of the reference period (NWK31, NWK42, and NWK53). If a person was not employed at all during the reference period (at the interview date or at any time during the reference period) but was employed some time prior to the reference period, the person was asked to choose from a list the main reason he or she did not work during the reference period. The "Inapplicable" (-1) category for the NWK variables includes:

- Persons who were employed during the reference period;
- Persons who were not employed during the reference period and who were never employed;
- Persons who were out-of-scope the entire reference period and;
- Persons who were less than 16 years old.

A measure of whether an individual had more than one job on the round interview date (MORJOB31, MORJOB42, and MORJOB53) is provided on this release. In addition to those under 16 and those individuals who were out-of-scope, the "Inapplicable" category includes those who did not report having a current main job. Because this is not a job-specific variable, there are no "–2" codes.

This release contains variables indicating if a current main job changed between the third and fourth rounds for Panel 8 persons or between the first and second rounds for Panel 9 persons (CHGJ3142) and between the fourth and fifth rounds for Panel 8 persons or between the second and third rounds for Panel 9 persons (CHGJ4253). In addition to the "Inapplicable", "Refused", "Don't Know", and "Not Ascertained" categories, the change job variables were coded to represent the following:

1 person left previous round current main job and now has a new current main job;
2 person still working at the previous round's current main job but, as of the new round, no longer considers this job to be the current main job and defines a new main job (previous round's current main job is now a current miscellaneous job);
3 person left previous round's current main job and does not have a new job;
4 person did not change current main job.

Finally, this release contains the reason given by the respondent for the job change (YCHJ3142 and YCHJ4253). The reasons for a job change were listed in the CAPI questionnaire and a respondent was asked to choose the main reason from this list. In addition to those out-of-scope, those under 16, and those not having a current main job, the "Inapplicable" category for YCHJ3142 and YCHJ4253 includes workers who did not change jobs.

2.6.9 Health Insurance Variables (TRIJA04X-PMEDIN53)

2.6.9.1 Monthly Health Insurance Indicators (TRIJA04X-INSDE04X)

Constructed and edited variables are provided that indicate any coverage in each month of 2004 for the sources of health insurance coverage collected during the MEPS interviews (Panel 8, Rounds 3 through 5 and Panel 9, Rounds 1 through 3). In Rounds 2, 3, 4, and 5, insurance that was in effect at the previous round's interview date was reviewed with the respondent. Most of the insurance variables have been logically edited to address issues that arose during such reviews in Rounds 2, 3, 4, and 5. One edit to the private insurance variables corrects for a problem concerning covered benefits that occurred when respondents reported a change in any of their private health insurance plan names. Additional edits address issues of missing data on the time period of coverage for both public and private coverage that was either reviewed or initially reported in a given round. Additional edits, described below, were performed on the Medicare and Medicaid or State Children's Health Insurance Program (SCHIP) variables to assign persons to coverage from these sources. Observations that contain edits assigning persons to Medicare or Medicaid/SCHIP coverage can be identified by comparing the edited and unedited versions of the Medicare and Medicaid/SCHIP variables. Starting October 1, 2001, persons 65 years and older have been able to retain TRICARE coverage in addition to Medicare. Therefore, unlike in earlier MEPS public use files, persons 65 years and older do not have their reported TRICARE coverage (TRIJA04X – TRIDE04X) overturned. TRICARE acts as a supplemental insurance for Medicare, similar to Medigap insurance.

Public sources include Medicare, TRICARE, Medicaid, SCHIP, and other public hospital/physician coverage. State-specific program participation in non-comprehensive coverage (STAJA04– STADE04) was also identified but is not considered health insurance for the purpose of this survey.

Medicare

Medicare (MCRJA04 – MCRDE04) coverage was edited (MCRJA04X – MCRDE04X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

- They answered "Yes" to a follow-up question on whether they received Social Security benefits; or

- They were covered by Medicaid/SCHIP, other public hospital/physician coverage or Medigap coverage; or
- Their spouse was age 65 or over and covered by Medicare; or
- They reported TRICARE coverage.

Note that age (AGE##X) is checked for edited Medicare, however date of birth is not considered. Edited Medicare is somewhat imprecise with regard to a person's 65th birthday.

Medicaid/SCHIP and Other Public Hospital/Physician Coverage

Questions about other public hospital/physician coverage were asked in an attempt to identify Medicaid or SCHIP recipients who may not have recognized their coverage as such. These questions were asked only if a respondent did not report Medicaid or SCHIP directly. Respondents reporting other public hospital/physician coverage were asked follow-up questions to determine if their coverage was through a specific Medicaid HMO or if it included some other managed care characteristics. Respondents who identified managed care from either path were asked if they paid anything for the coverage and/or if a government source paid for the coverage.

The Medicaid/SCHIP variables (MCDJA04– MCDDE04) have been edited (MCDJA04X – MCDDE04X) to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics.

To assist users in further editing sources of insurance, this file contains variables constructed from the other public hospital/physician series that measure whether:

- The respondent reported some type of managed care and paid something for the coverage, Other Public A Insurance (OPAJA04 – OPADE04); and
- The respondent did not report any managed care, Other Public B Insurance (OPBJA04 – OPBDE04).

The variables OPAJA04 – OPADE04 and OPBJA04 – OPBDE04 are provided only to assist in editing and should not be used to make separate insurance estimates for these types of insurance categories.

Any Public Insurance in Month

The file also includes summary measures that indicate whether or not a sample person has any public insurance in a month (PUBJA04X – PUBDE04X). Persons identified as covered by public insurance are those reporting coverage under TRICARE, Medicare, Medicaid or SCHIP, or other public hospital/physician programs. Persons covered only by state-specific programs that did not provide comprehensive coverage (STAJA04 –

STADE04), for example, the Maryland Kidney Disease Program, were not considered to have public coverage when constructing the variables PUBJA04X – PUBDE04X.

Private Insurance

Variables identifying private insurance in general (PRIJA04 – PRIDE04) and specific private insurance sources [such as employer/union group insurance (PEGJA04 – PEGDE04); non-group (PNGJA04 – PNGDE04); and other group (POGJA04 – POGDE04)] were constructed. Private insurance sources identify coverage in effect at any time during each month of 2004. Separate variables identify covered persons and policyholders (policyholder variables begin with the letter "H", e.g., HPEJA04 – HPEDE04). These variables indicate coverage or policyholder status within a source and do not distinguish between persons who are covered or are policyholders on one or more than one policy within a given source. In some cases, the policyholder was unable to characterize the source of insurance (PDKJA04 – PDKDE04). Covered persons (but not policyholders) are identified when the policyholder is living outside the RU (POUJA04 – POUDE04). An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and physician services (including Medigap coverage). Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage. Persons without private hospital/physician insurance were not counted as privately insured. Coverage indicated by these variables may be from any type of job where the employment section insurance variables delivered on this file reflect only coverage through a current main job.

Health insurance through a job or union (PEGJA04 – PEGDE04, PRSJA04 – PRSDE04) was initially asked about in the Employment Section of the interview and later confirmed in the Health Insurance Section. Respondents also had an opportunity to report employer and union group insurance (PEGJA04 – PEGDE04) for the first time in the Health Insurance Section, but this insurance was not linked to a specific job.

All insurance reported to be through a job classified as self-employed with firm size of 1 (PRSJA04 – PRSDE04) was initially reported in the Employment Section and verified in the Health Insurance Section. Unlike the other employment-related variables (PEGJA04 – PEGDE04), self-employed-firm size 1 (PRSJA04 – PRSDE04) health insurance could not be reported in the Health Insurance section for the first time. The variables PRSJA04 – PRSDE04 have been constructed to allow users to determine if the insurance should be considered employment-related.

Private insurance that was not employment-related (POGJA04 – POGDE04, PNGJA04 – PNGDE04, PDKJA04 – PDKDE04 and POUJA04 – POUDE04) was reported in the Health Insurance section only.

Any Insurance in Month

The file also includes summary measures that indicate whether or not a person has any insurance in a month (INSJA04X – INSDE04X). Persons identified as insured are those reporting coverage under TRICARE, Medicare, Medicaid, SCHIP, or other public hospital/physician or private hospital/physician insurance (including Medigap plans). A person is considered uninsured if not covered by one of these insurance sources.

Persons covered only by state-specific programs that provide non-comprehensive coverage (STAJA04 – STADE04), for example, the Maryland Kidney Disease Program, and those without hospital/physician benefits (for example, private insurance for dental or vision care only, or for accidents or specific diseases) were not considered to be insured when constructing the variables INSJA04X – INSDE04X.

2.6.9.2 Summary Insurance Coverage Indicators (PRVEV04 - INSCOV04)

The variables PRVEV04-UNINS04 summarize health insurance coverage for the person in 2004 for the following types of insurance: private (PRVEV04); TRICARE (TRIEV04); Medicaid or SCHIP (MCDEV04); Medicare (MCREV04); other public A (OPAEV04); other public B (OPBEV04). Each variable was constructed based on the values of the corresponding 12 month-by-month health insurance variables described above. A value of 1 indicates that the person was covered for at least one day of at least one month during 2004. A value of 2 indicates that the person was not covered for a given type of insurance for all of 2004. The variable UNINS04 summarizes PRVEV04-OPBEV04. Where PRVEV04-OPBEV04 are all equal to 2, then UNINS04 equals 1; person was uninsured for all of 2004. Otherwise, UNINS04 is set to 2, not uninsured for some portion of 2004. For persons not in scope for the full year these summary variables are based on the period of eligibility.

For user convenience this file contains a constructed variable INSCOV04 that summarizes health insurance coverage for the person in 2004, with the following three values:

- 1 = ANY PRIVATE (Person had any private insurance coverage [including TRICARE] any time during 2004)
- 2 = PUBLIC ONLY (Person had only public insurance coverage during 2004)
- 3 = UNINSURED (Person was uninsured during all of 2004)

Please note that INSCOV04 categorizes TRICARE as private coverage. All other health insurance indicators included in this data release categorize TRICARE as public coverage. If an analyst wishes to consider TRICARE public coverage, the variable can easily be reconstructed using the PRVEV04 and TRIEV04 variables. Also note that these categories are mutually exclusive, with preference given to private insurance and TRICARE. Persons with both private insurance/TRICARE and public insurance will be coded as “1” for INSCOV04.

Finally, note that out-of-scope persons are coded “2” (No) for PRVEV04-INSCOV04. For all other health insurance variables in this data release, out-of-scope persons are coded “-1” (Inapplicable).

2.6.9.3 FY 2004 PUF Managed Care Variables (TRIST31X-PRDRNP04)

In addition to the month-by-month indicators of coverage, there are 24 round-specific health insurance variables indicating coverage by an HMO or managed care plan. Managed care variables have been constructed from information on health insurance coverage at any time in a reference period and the characteristics of the plan. A separate set of managed care variables has been constructed for private insurance and Medicaid/SCHIP coverage. The purpose of these variables is to provide information on managed care participation during the portion of the three rounds (i.e., reference periods) that fall within the same calendar year.

Managed care variables for calendar year 2004 are based on responses to health insurance questions asked during the Round 3, 4, and 5 interviews of Panel 8, and the Round 1, 2, and 3 interviews of Panel 9. Each variable ends in "xy" where x and y denote the interview round for Panels 8 and 9, respectively. The variables ending in "31" and "42" correspond to the first two interviews of each panel in the calendar year. Because Round 3 interviews typically overlap the final months of one year and the beginning months of the next year, the "31" variables for Panel 8 have been restricted to the year 2004 portion of the reference period. Similarly, the Panel 8/Round 5 and Panel 9/Round 3 interviews have been restricted to the year 2004 portion of these reference periods, and the corresponding managed care variables have been given the suffix "04" (as opposed to "53") to emphasize the restricted time frame.

Construction of the managed care variables is straightforward, but three caveats are appropriate. First, MEPS estimates of the number of persons in HMOs are higher than figures reported by other sources, particularly those based on HMO industry data. The differences stem from the use of household-reported information, which may include respondent error, to determine HMO coverage in MEPS.

Second, the managed care questions are asked about the last plan held by a respondent through his or her establishment (employer or insurer) even though the person could have had a different plan through the establishment at an earlier point during the interview period. As a result, in instances where a respondent changed his or her establishment-related insurance, the managed care variables describe the characteristics of the last plan held through the establishment.

Third, the "04" versions of the managed care variables for Panel 9 are developed from Round 3 variables that cover different time frames. The health insurance variable for Round 3 is restricted to the same calendar year as the Round 1 and 2 data. The Round 3 variables describing plan type, on the other hand, overlap the next calendar year. As a consequence, the Round 3 managed care variables may not describe the characteristics of

the last plan held in the calendar year if the person changed plans after the first of the year.

The variables PRVHMO31/42/04 and PRVMNC31/42/04 indicate coverage by a private HMO or gatekeeper plan in Panel 9, Rounds 1 - 3, and Panel 8, Rounds 3 - 5. The variables PRVDRL31/42/04 indicate coverage by a private insurance source that has a book or list of doctors in Panel 9, Rounds 1 – 3, and Panel 8, Rounds 3 – 5. The variables PRDRNP31/42/04 indicate coverage by at least one private insurance plan with a book or list of doctors that pays for visits to non-plan doctors in Panel 9, Rounds 1 – 3, and Panel 8, Rounds 3 – 5. The variables PHMONP31/42/04 indicate coverage by at least one private insurance source through an HMO that pays for visits to non-plan doctors in Panel 9, Rounds 1 – 3, and Panel 8, Rounds 3 – 5. Finally, the variables PMNCNP31/42/04 indicate coverage by at least one private insurance source through a Gatekeeper Plan that pays for visits to non-plan doctors in Panel 9, Rounds 1 – 3, and Panel 8, Rounds 3 – 5. The variables MCDHMO31/42/04 and MDCMC31/42/04 indicate coverage by a Medicaid or SCHIP HMO or managed care plan in Panel 9, Rounds 1 - 3, and Panel 8, Rounds 3 - 5. For Panel 9, the "31" version indicates coverage at any time in Round 1, the "42" version indicates coverage at any time in Round 2, and the "04" version represents coverage at any time during the 2004 portion of Round 3. For Panel 8, the "31" version indicates coverage at any time during the 2004 portion of Round 3, the "42" version indicates coverage at any time in Round 4, and the "04" version represents coverage at any time during Round 5 (because Round 5 ends on 12/31/04).

In the health insurance section of the questionnaire, respondents reporting private health insurance were asked to identify what types of coverage they had via a checklist. If they selected prescription drug or dental coverage from this checklist, variables were constructed to indicate prescription drug or dental coverage respectively. It should be noted, however, that in some cases respondents may have failed to identify prescription drug or dental coverage that was included as part of a hospital and physician plan.

TRICARE Plan Variables

Round specific variables are provided that indicate which TRICARE plan the respondent was covered by for each round of 2004. These variables indicate whether the person was covered by TRICARE Standard (TRIST31/42/04X), TRICARE Prime (TRIPR31/42/04X), TRICARE Extra (TRIEX31/42/04X) and TRICARE for Life (TRILI31/42/04X). It should be noted that the TRICARE Plan information was elicited from a pick-list, code all that apply, question that asked which type of TRICARE plan the person obtained. It should also be noted that the TRICARE plan question was asked at the RU-level, that is, if any person in the RU reported coverage under TRICARE, a follow-up question was asked to determine which TRICARE plan anyone in the RU was covered by. After indicating the specific TRICARE plan or plans for the RU, a second question was asked to determine who in the RU was covered by TRICARE. In each round, each TRICARE Plan variable has five possible values:

1 The person was covered by the applicable TRICARE plan [Standard, Prime, Extra, or For Life].
2 The person was covered by TRICARE, but it was not through that particular plan [Standard, Prime, Extra, or For Life].
3 The person was not covered by TRICARE.
-9 The person was covered by TRICARE but the plan type was not ascertained.
-1 The person was out-of-scope.

Medicaid/SCHIP Managed Care Plans

Persons were assigned Medicaid or SCHIP coverage based on their responses to the health insurance questions or through logical editing of the survey data. The number of persons who were edited to have Medicaid or SCHIP coverage is small, but they are comprised of two distinct groups of individuals. The first group includes persons in Other Government programs that were identified as being in a Medicaid HMO or gatekeeper plan that did not require premium payment from the insured party. By definition, this group was asked about the managed care characteristics of their insurance coverage. The second group includes a small number of persons who did not report public insurance, but were classified as Medicaid recipients because they reported receiving AFDC, SSI, or WIC. The health insurance plan type questions were not asked of this group. As a consequence, the plan type could be determined for some, but not all, respondents who were assigned Medicaid coverage through logical editing of the data.

Medicaid/SCHIP HMOs

If Medicaid/SCHIP or Other Government programs were identified as the source of hospital/physician insurance coverage, the respondent was asked about the characteristics of the plan. The variables MCDHMO31, MCDHMO42, and MCDHMO04 have been set to "Yes" if the plan was identified from a list of state names or programs for Medicaid HMOs in the area, or if an affirmative response was provided to the following question:

> Under {{Medicaid/{STATE NAME FOR MEDICAID}/the program sponsored by a state or local government agency which provides hospital and physician benefits} (are/is) (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization?
>
> [With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

In subsequent rounds, respondents who had been previously identified as covered by Medicaid were asked whether the name of their insurance plan had changed since the

previous interview. An affirmative response triggered the previous set of questions about managed care (name on list of Medicaid HMOs or signed up with an HMO).

In each round, the variables MCDHMO31, MCDHMO42, and MCDHMO04 have five possible values:

1	The person was covered by a Medicaid/SCHIP HMO.
2	The person was covered by Medicaid/SCHIP but the plan was not an HMO.
3	The person was not covered by Medicaid/SCHIP.
-9	The person was covered by Medicaid/SCHIP but the plan type was not ascertained.
-1	The person was out-of-scope.

Medicaid/SCHIP Gatekeeper Plans

If the respondent did not belong to a Medicaid/SCHIP HMO, a third question was used to determine whether the person was in a gatekeeper plan. The variables MCDMC31, MCDMC42, and MCDMC04 were set to "Yes" if the person provided an affirmative response to the following question:

> Does {{Medicaid /{STATE NAME FOR MEDICAID}} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?
>
> Probe: Do not include emergency care or care from a specialist to which they were referred to.

In each round, the variables MCDMC31, MCDMC42, and MCDMC04 have five possible values:

1	The person was covered by a Medicaid/SCHIP gatekeeper plan.
2	The person was covered by Medicaid/SCHIP, but it was not a gatekeeper plan.
3	The person was not covered by Medicaid/SCHIP.
-9	The person was covered by Medicaid/SCHIP but the plan type was not ascertained.
-1	The person was out-of-scope.

Private Managed Care Plans

Persons with private insurance were identified from their responses to questions in the health insurance section of the MEPS questionnaire. In some cases, persons were assigned private insurance as a result of comments collected during the interview, but data editing was minimal. As a consequence, most persons with private insurance were

asked about the characteristics of their plan, and their responses were used to identify HMO and gatekeeper plans.

Private HMOs

Persons with private insurance were classified as being covered by an HMO if they met any of the three following conditions:

1. The person reported that his or her insurance was purchased directly through an HMO,

2. The person reporting private insurance coverage identified the type of insurance company as an HMO, or

3. The person answered "Yes" to the following question:

   Now I will ask you a few questions about how (POLICYHOLDER)'s insurance through (ESTABLISHMENT) works for non-emergency care.

   We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a health maintenance organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency. Is (POLICYHOLDER)'s (INSURER NAME) an HMO?

In subsequent rounds, policyholders were asked whether the name of their insurance plan had changed since the previous interview. An affirmative response triggered the detailed question about managed care (i.e., was the insurer an HMO).

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as an HMO, the variables PRVHMO31, PRVHMO42, and PRVHMO04 were set to "Yes." If a person had multiple plans and one or more were identified as not being an HMO and the other(s) had missing plan type information, the person-level variable was set to missing. Additionally, if a person had multiple plans and none were identified as an HMO, the person-level variable was set to "No." In each round, the variables PRVHMO31, PRVHMO42, and PRVHMO04 have five possible values:

1	The person was covered by a private HMO.
2	The person was covered by private insurance, but it was not an HMO.
3	The person was not covered by private insurance.
-9	The person was covered by private insurance, but the plan type was not ascertained.
-1	The person was out-of-scope.

Private Gatekeeper Plans

If the respondent did not report belonging to a private HMO, a follow-up question was used to determine whether the person was in a gatekeeper plan. Persons with private insurance were classified as being covered by a gatekeeper plan if the person provided an affirmative response to the following question:

> (Do/Does) (POLICYHOLDER)'s insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)'s routine care?
>
> Probe: Do not include emergency care or care from a specialist you were referred to.

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as a gatekeeper plan, the variables PRVMNC31, PRVMNC42, and PRVMNC04 were set to "Yes." If a person had multiple plans and one or more were identified as not being a gatekeeper plan and the other(s) had missing plan type information, the person-level variable was set to missing. Additionally, if a person had multiple plans and none were identified as a gatekeeper plan, the person-level variable was set to "No". In each round, the variables PRVMNC31, PRVMNC42, and PRVMNC04 have five possible values:

1	The person was covered by a private gatekeeper plan.
2	The person was covered by private insurance, but it was not a gatekeeper plan.
3	The person was not covered by private insurance.
-9	The person was covered by private insurance, but the plan type was not ascertained.
-1	The person was out-of-scope.

Private Plan that has a Book or List of Doctors

If the respondent did not report belonging to a private gatekeeper plan, a follow-up question was used to determine whether the person belonged to a plan that had a book or list of doctors. Persons with private insurance were classified as being covered by such a plan if the person provided an affirmative response to the following question:

> Is there a book or list of doctors associated with the plan?

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan that had a book or list of doctors, the variables PRVDRL31, PRVDRL42, and PRVDRL04 were set to "Yes". If a person had multiple plans and one or more were identified as not being a plan that had a book or list of doctors and the other(s) had missing information, the person-level variable was set to missing. Additionally, if a person had multiple plans and none were identified as a plan that had a book or list of doctors, the person-level variable was set to "No". In each round, the variables PRVDRL31, PRVDRL42, and PRVDRL04 have five possible values:

1 The person was covered by a private insurance plan that has a book or list of doctors.
2 The person was covered by private insurance, but it did not have a book or list of doctors.
3 The person was not covered by private insurance.
-9 The person was covered by private insurance but the plan type was not ascertained.
-1 The person was out-of-scope.

Private HMO Plans that Pay for Visits to Non-Plan Doctors

If the respondent reported that they belong to a private HMO plan, a follow up question was used to determine whether the person was in a plan that pays for visits to non-plan doctors. Persons with private HMO insurance were classified as being covered by a plan that pays for visits to non-plan doctors if the person provided an affirmative response to the following question:

> Will (POLICYHOLDER)'s plan pay for any of the costs of visits to doctors who are **not** associated with (POLICYHOLDER)'s plan, even if (POLICYHOLDER) (do/does) **not** have a referral?

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as an HMO plan that pays for visits to non-plan doctors, the variables PHMONP31, PHMONP42, and PHMONP04 were set to "Yes". If a person had multiple plans and one or more were identified as being an HMO plan that does not pay for visits to non-plan doctors and the other(s) had missing information, the person-level variable was set to missing. Additionally, if a person had multiple plans and one or more were identified as being an HMO but none were identified as an HMO plan that pays for visits to non-plan doctors, the person-level variable was set to "No". In each round, the variables PHMONP31, PHMONP42, and PHMONP04 have four possible values:

1 Person was covered by at least one private insurance source through an HMO, and the HMO pays for visits to non-plan doctors.
2 Person was covered by at least one private insurance source through an HMO, but the HMO does not pay for visits to non-plan doctors.
-9 Person was covered by private insurance through an HMO and whether the HMO covers visits to non-plan doctors was refused, don't know, or not ascertained.
-1 Person was out-of-scope for the round, was not privately insured at any time in the round, or was not covered by private insurance through an HMO.

Private Gatekeeper Plans that Pay for Visits to Non-Plan Doctors

If the respondent reported that they belong to a private gatekeeper plan, a follow up question was used to determine whether the person was in a plan that pays for visits to

non-plan doctors. Persons with private gatekeeper insurance were classified as being covered by a plan that pays for visits to non-plan doctors if the person provided an affirmative response to the following question:

> Will (POLICYHOLDER)'s plan pay for any of the costs of visits to doctors who are **not** associated with (POLICYHOLDER)'s plan, even if (POLICYHOLDER) (do/does) **not** have a referral?

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as a gatekeeper plan that pays for visits to non-plan doctors, the variables PMNCNP31, PMNCNP42, and PMNCNP04 were set to "Yes." If a person had multiple plans and one or more were identified as being a gatekeeper plan that does not pay for visits to non-plan doctors and the other(s) had missing information, the person level variable was set to missing. Additionally, if a person had multiple plans and one or more was identified as being a gatekeeper plan, but none were identified as a gatekeeper plan that pays for visits to non-plan doctors, the person level variable was set to "No." In each round, the variables PMNCNP31, PMNCNP42, and PMNCNP04 have four possible values:

1	Person was covered by at least one private insurance source through a Gatekeeper Plan, and the plan pays for visits to non-plan doctors.
2	Person was covered by at least one private insurance source through a Gatekeeper Plan, but the plan does not pay for visits to non-plan doctors.
-9	Person was covered by private insurance through a Gatekeeper Plan, and whether the plan covers visits to non-plan doctors was refused, don't know, or not ascertained.
-1	Person was out-of-scope for the round, was not privately insured at any time in the round, or was not covered by private insurance through a Gatekeeper Plan.

Private Plan that has a Book or List of Doctor that Pays for Non-Plan Visits

If the respondent reported that they belong to a plan that had a book or list of doctors, a follow up question was used to determine whether the person was in a plan that pays for visits to non-plan doctors. Persons with a private insurance plan that has a book or list of doctors were classified as being covered by a plan that pays for visits to non-plan doctors if the person provided an affirmative response to the following question:

> Will (POLICYHOLDER)'s plan pay for any of the costs of visits to doctors who are **not** associated with (POLICYHOLDER)'s plan, even if (POLICYHOLDER) (do/does) **not** have a referral?

Some insured persons have more than one private plan. In these cases, if the policyholder identified any plan as a plan that had a book or list of doctors and that pays for visits to non-plan doctors, the variables PRDRNP31, PRDRNP42, and PRDRNP04 were set to

"Yes." If a person had multiple plans and one or more were identified as being a plan that had a book or list of doctors that does not pay for visits to non-plan doctors and the other(s) had missing information, the person-level variable was set to missing. Additionally, if a person had multiple plans and one or more were identified as being a plan with a book of list of doctors, but none were identified as a plan that had a book or list of doctors that pays for visits to non-plan doctors, the person-level variable was set to "No." In each round, the variables PRDRNP31, PRDRNP42, and PRDRNP04 have four possible values:

- 1 Person was covered by at least one private insurance plan with a book or list of doctors, and the plan pays for visits to non-plan doctors.
- 2 Person was covered by at least one private insurance plan with a book or list of doctors, but the plan does not pay for visits to non-plan doctors.
- -9 Person was covered by at least one private insurance plan with a book or list of doctors, and whether the plan covers visits to non-plan doctors was refused, don’t know, or not ascertained.
- -1 Person was out-of-scope for the round, was not privately insured at any time in the round, or was not covered by any private insurance plan with a book or list of doctors.

2.6.9.4 Unedited Health Insurance Variables (PREVCOVR-INSENDYY)

Duration of Uninsurance

If a person was identified as being without insurance as of January 1st in the MEPS Round 1 interview, a series of follow-up questions were asked to determine the duration of uninsurance prior to the start of the MEPS survey. Persons who were insured as of the MEPS Round 1 interview, and persons with a date of birth on or after December 31, 2003 or whose age category was less than 1 year old were skipped past this loop of questions. These questions are asked in Round 1 only.

If the person said he/she was covered by insurance in the two years prior to the MEPS Round 1 interview (PREVCOVR), the month, year (COVRMM, COVRYY), and type of coverage (Employer-sponsored (WASESTB), Medicare (WASMCARE), Medicaid/SCHIP (WASMCAID), TRICARE/CHAMPVA (WASCHAMP), VA/Military Care (WASVA), Other public (WASOTGOV, WASAFDC,WASSSI, WASSTAT1-4, WASOTHER) or Private coverage purchased through a group, association or insurance company (WASPRIV)) was ascertained. Note that under the types of coverage, up to 4 state programs (WASSTAT1-4) can be listed as response options, but only the number of programs available in the state in which the RU is located (up to 4) will be displayed. If the state in which the RU is located has less than 4 state programs available, the remaining state programs will be -1 (Inapplicable). The only exception is if the response is Refused (-7) or Don't Know (-8). In that case, WASTAT1-4 are all coded with the same missing value, regardless of the number of plans available in that specific state. Note that this is a code all that apply question, so more than one source of previous

insurance can be selected. For persons who were covered by health insurance on January 1st, it was ascertained if they were ever without health insurance in the previous year (NOINSBEF). The number of weeks/months without health insurance was also ascertained (NOINSTM, NOINUNIT). For persons who reported only non-comprehensive coverage as of January 1st, a question was asked to determine if they had been covered by more comprehensive coverage that paid for medical and doctors' bills in the previous two years (MORECOVR). If they were, the most recent month and year of coverage was ascertained (INSENDMM, INSENDYY) as was the type of coverage (see the variable names above).

Note that these variables are unedited and have been taken directly as they were recorded from the raw data. There may be inconsistencies with the health insurance variables released on public use files that indicate that an individual is uninsured in January. Out-of-scope persons in both panels and all persons in Panel 8 have been set to "Inapplicable" (-1) for PREVCOVR – INSENDYY. All other persons have PREVCOVR – INSENDYY copied directly from the value of the unedited source variable.

Persons whose January 1st insurance coverage status could not be determined due to their reference period beginning after January 1st were also asked the follow-up questions described above. In these cases, persons who reported comprehensive coverage were asked if they were ever without insurance. Those who were uninsured were asked to determine the duration of uninsurance prior to the start of their reference period. Those who reported only non-comprehensive coverage were asked if they had been covered by comprehensive coverage that paid for medical and doctors' bills in the previous two years. Coverage is determined by health insurance status during the whole reference period or the month of January and ignores that these persons were not in the household on January 1st.

2.6.9.5 Health Insurance Coverage Variables – At Any Time/At Interview Date/At 12-31 Variables (TRICR31X - EVRUNAT)

Constructed and edited variables are provided that indicate health insurance coverage at any time in a given round as well as at the MEPS interview dates and on December 31, 2004. Note that for respondents who left the RU before the MEPS interview date or before December 31st, the variables measuring coverage at the interview date or on December 31st represent coverage at the date the person left the RU. In addition, since Round 5 only covers the time period from the Round 4 interview date up to December 31st, values for the December 31st variables are equivalent to those for Round 5 variables for Panel 8 members.

The health insurance variables are constructed for the sources of health insurance coverage collected during the MEPS interviews (Panel 8, Rounds 3 through 5 and Panel 9, Rounds 1 through 3). Note that the Medicare variables on this file as well as the private insurance variables that indicate the particular source of private coverage (rather

than any private coverage) only measure coverage at the interview date and on December 31st. Users should also note that the same general editing rules were followed for the month-by-month health insurance variables released on this public use file (see section 2.6.10 for details). Editing programs checking for consistencies between these sets of variables were developed in order to provide as much consistency as possible between the round-specific indicators and the month-by-month indicators of insurance.

Public sources include Medicare, TRICARE, Medicaid/SCHIP, and other public hospital/physician coverage. State-specific program participation in non-comprehensive coverage was also identified but is not considered health insurance for the purpose of this survey.

Medicare

Medicare coverage variables (MCARE31, MCARE42, MCARE53 and MCARE04) and the edited versions of these variables (MCARE31X, MCARE42X, MCARE53X and MCARE04X) were constructed similarly to the month-by-month Medicare variables.

Medicaid/SCHIP and Other Public Hospital/Physician Coverage

Medicaid/SCHIP variables (MCAID31, MCAID42, MCAID53, MCAID04) and the edited versions of these variables (MCAID31X, MCAID42X, MCAID53X, MCAID04X, MCDAT31X, MCDAT42X, MCDAT53X, MCDAT04X) were constructed similarly to the month-by-month Medicaid/SCHIP variables.

Other Public A variables (OTPUBA31, OTPUBA42, OTPUBA53, OTPUBA04; and OTPAAT31, OTPAAT42, OTPAAT53, OTPAAT04) were constructed similarly to the month-by-month Other Public variables.

Any Public Insurance

Any public insurance variables (PUB31X, PUB42X, PUB53X, PUB04X, PUBAT31X, PUBAT42X, PUBAT53X, and PUBAT04X) and state-specific programs that provide non-comprehensive coverage variables (STAPR31, STAPR42, STAPR53, STAPR04, STPRAT31, STPRAT42, STPRAT53, and STPRAT04) were constructed similarly to the month-by-month any public insurance and state-specific program variables.

Private Insurance

Variables identifying private insurance in general (PRIV31, PRIV42, PRIV53, PRIV04, PRIVAT31, PRIVAT42, PRIVAT53, PRIVAT04) and specific private insurance sources (such as employer/union group insurance [PRIEU31, PRIEU42, PRIEU53, PRIEU04]; coverage through a job classified as self-employed with firm size of 1 [PRIS31, PRIS42, PRIS53, PRIS04]; non-group coverage [PRING31, PRING42, PRING53, PRING04]; other group coverage (PRIOG31, PRIOG42, PRIOG53, PRIOG04], coverage through an unknown private category [PRIDK31, PRIDK42, PRIDK53, PRIDK04]; and coverage from a policyholder living outside the RU [PROUT31, PROUT42, PROUT53,

PROUT04]) were constructed similarly to the month-by-month variables in section 2.6.10. Variables indicating any private insurance coverage are available for the following time periods: at any time in a given round, at the interview date and on December 31st. The variables for the specific sources of private coverage are only available for coverage on the interview dates and on December 31st.

Any Insurance in Period

Any insurance variables (INS31X, INS42X, INS53X, INS04X, INSAT31X, INSAT42X, INSAT53X, and INSAT04X) and state-specific programs that provide non-comprehensive coverage variables (STAPR31, STAPR42, STAPR53, STAPR04, STPRAT31, STPRAT42, STPRAT53, and STPRAT04) were constructed similarly to the month-by-month any insurance and state-specific program variables.

Ever Uninsured in Period

The variable EVRUNINS indicates whether a person was ever uninsured on the interview date or on 12/31. If the person is uninsured on the interview date/on 12/31 for any round that they were in-scope (INS##X = 2), EVRUNINS is coded as “Yes” (1). If the person is insured on the interview date/on 12/31 for all rounds that they were in-scope (INS##X = 1), EVRUNINS is coded as “No” (2). The variable EVRUNAT indicates whether a person was ever uninsured at any time in 2004. If the person is uninsured at any time in the round for any round that they were in-scope (INSAT##X = 2), EVRUNAT is coded as “Yes” (1). If the person is insured at any time in the round for all rounds that they were in-scope (INSAT##X = 1), EVRUNAT is coded as “No” (2). EVRUNINS and EVRUNAT are coded “Inapplicable” (-1) for persons who were out-of-scope for all rounds.

2.6.9.6 Dental and Prescription Drug Private Insurance Variables (DENTIN31-PMEDIN53)

Dental Private Insurance Variables

Round specific variables (DENTIN31/42/53) are provided that indicate the respondent was covered by a private health insurance plan that included at least some dental coverage for each round of 2004. It should be noted that the information was elicited from a pick-list, code all that apply, question that asked what type of health insurance a person obtained through an establishment. The list included: hospital and physician benefits including coverage through an HMO, Medigap coverage, vision coverage, dental, and prescription drugs. It is possible that some dental coverage provided by hospital and physician plans was not independently enumerated in this question. Users should also note that persons with missing information on dental benefits for all reported private plans and those who reported that they did not have dental coverage for one or more plans but had missing information on other plans are coded as not having private

dental coverage. Respondents who reported dental coverage from at least one reported private plan were coded as having private dental coverage.

Prescription Drug Private Insurance Variables

Round specific variables (PMEDIN31/42/53) are provided that indicate the respondent was covered by a private health insurance plan that included at least some prescription drug insurance coverage for each round of 2004. It should be noted that the information was elicited from a pick-list, code all that apply, question that asked what type of health insurance a person obtained through an establishment. The list included: hospital and physician benefits including coverage through an HMO, Medigap coverage, vision coverage, dental, and prescription drugs. It is possible some prescription drug coverage provided by hospital and physician plans was not independently enumerated in this question. Respondents who reported prescription drug coverage from at least one reported private plan were coded as having private prescription drug coverage. Users should note that persons with missing information on prescription drug benefits for all reported private plans and those who reported that they did not have prescription drug coverage for one or more plans but had missing information on other plans are coded as not having private prescription drug coverage.

2.6.10 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 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 in that round were asked about the family's experiences with TRICARE. These family-(RU-) level responses do not vary across RU members with TRICARE at any time during the round; for RU members without TRICARE 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 2004 Person Round Plan file, PUF HC-085. 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.

2.6.11 Utilization, Expenditures and Source of Payment Variables (TOTTCH04-RXOSR04)

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 8 (excluding 2003 events covered in Round 3) and across Rounds 1-3 for Panel 9 (excluding 2005 events covered in Round 3) to produce the annual utilization and expenditure data for 2004. 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 2004. 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 is 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., 04). More details are provided on the utilization and expenditure variables in sections 2.6.11.1 and 2.6.11.2 below.

2.6.11.1 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 2.6.11.2 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 2004. For example, all payments for an orthodontist’s fee that covered multiple visits over three years were included if the initial visit occurred in 2004. However, if a visit in 2004 to an orthodontist was part of a flat fee in which the initial visit occurred in 2003, 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 2004 but the first visit occurred in 2003, 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 2004. 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 (TOTTCH04) excludes prescribed medicines.

2.6.11.2 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 2004 (OBTOTV04) as well as the number of such visits to physicians (OBDRV04) and nonphysician providers (OBOTHV04) are contained in this file. For a small proportion of sample persons, the sum of the physician and nonphysician visit variables (OBDRV04+OBOTHV04) is less than the total number of office-based visits variable (OBTOTV04) because OBTOTV04 contains reported visits where the respondent did not know the type of provider.

Nonphysician visits (OBOTHV04) 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 (OBCHIR04), nurses/nurse practitioners (OBNURS04), optometrists (OBOPTO04), physician assistants (OBASST04), and physical or occupational therapists (OBTHER04).

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. OBDEXP04+OBOEXP04) is less than the total office-based expenditure variable (OBVEXP04) for a small proportion of sample persons. This can occur because OBVEXP04 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 two expense variables per setting: one for basic hospital facility expenses and another for payments to physicians who billed separately for services provided at the hospital. These payments are referred to as "separately billing doctor" or SBD expenses.

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 2004 (OPTOTV04) as well as the number of outpatient department visits to physicians (OPDRV04) and non physician providers (OPOTHV04) are contained in this file. For a small proportion of sample persons, the sum of the physician and non physician visit variables (OPDRV04+OPOTHV04) is less than the total number of outpatient visits variable (OPTOTV04) because OPTOTV04 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., OPVEXP04+OPOEXP04 for facility expenses) is less than the variable for total outpatient department expenditures (OPFEXP04) for a small proportion of sample persons. This can occur because OPFEXP04 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 ERTOT04 represents a count of all emergency room visits reported for the survey year. Expenditure variables associated with ERTOT04 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 ERTOT04.

Hospital Inpatient Stays

Two measures of total inpatient utilization are provided on the file: (1) total number of hospital discharges (IPDIS04) and (2) the total number of nights associated with these discharges (IPNGTD04). Please note that the variable IPNGTD04 is an imputed version of the IPNGT04 variable released earlier on HC-082. For the 54 cases that were missing length of stay information, data were imputed using a weighted sequential hot-deck procedure. IPDIS04 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 (IPZERO04). This variable can be subtracted from IPDIS04 to exclude zero-night stays from inpatient utilization estimates. In addition, separate expenditure variables are provided for zero-night facility expenses (ZIFEXP04) and for separately billing doctor expenses (ZIDEXP04). 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., IPFEXP04-ZIFEXP04 for facility expenses, IPDEXP04-ZIDEXP04 for separately billing doctor expenses).

Dental Visits

The total number of dental visits variable (DVTOT04) 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 (DVGEN04) and to orthodontists (DVORTH04). For a small proportion of sample persons, the sum of the general dentist and orthodontist visit variables (DVGEN04+DVORTH04) is greater than the total number of dental visits (DVTOT04). 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 2004 where home health care was received by the following: from any type of paid or unpaid caregiver (HHTOTD04), from agencies, hospitals, or nursing homes (HHAGD04), from self-employed persons (HHINDD04), and from unpaid informal caregivers not living with the sample person (HHINFD04). 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 2003 or 2004. Therefore, expenses reported in Round 3 were only included if more than half of the person's reference period for the round was in 2004.

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 (RXTOT04) and 13 expenditure variables included on the 2004 full-year file relating to prescribed medicines. These 13 expenditure variables include an annual total expenditure variable (RXEXP04) and 12 corresponding annual source of payment variables (RXSLF04, RXMCR04, RXMCD04, RXPRV04, RXVA04, RXTRI04, RXOFD04, RXSTL04, RXWCP04, RXOSR04, RXOPR04, and RXOPU04). The total utilization variable is a count of all prescribed medications purchased during 2004, 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 2004. 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 2004 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.

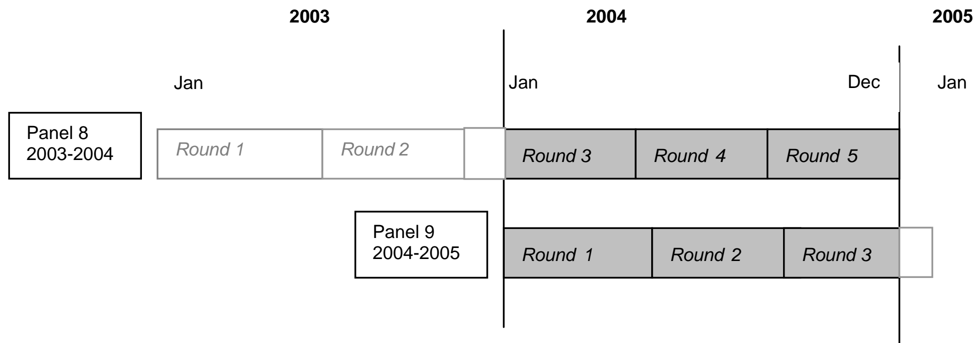
Drug price per unit outliers were analyzed on the pharmacy file by first identifying the average wholesale unit price (AWUP) of the drug by linkage through the NDC to a proprietary data base. In general, prescription drug unit prices were deemed to be outliers by comparing unit prices reported in the pharmacy data base to the AWUP and were edited, as necessary.

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.

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 2004. The data were collected in Rounds 1, 2, and 3 for MEPS Panel 9 and Rounds 3, 4, and 5 for MEPS Panel 8. (Note that Round 3 for a MEPS panel is designed to overlap two calendar years.) Variables convey the same information for this full-year file that has been provided for the full-year files associated with years 1996 – 2003 of MEPS. The only utilization data that appear on the file are those associated with health care events occurring in calendar year 2004. All such utilization data for 2004 reported by MEPS respondents regardless of round and panel have been included in this database.



3.1.1 References

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.

3.1.2 MEPS--Linked to the National Health Interview Survey

The households in this 2004 MEPS database are related to households participating in the National Health Interview Survey in 2002 and 2003. The households (occupied DUs) selected for MEPS Panel 8 were a subsample of the 2002 National Health Interview Survey (NHIS) responding households while those in MEPS Panel 9 were a subsample of 2003 NHIS respondents. 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 8,400 households (occupied DUs) selected for inclusion in MEPS Panel 8, of which 8,357 were eligible for fielding (college dormitories were eliminated). They were selected as a nationally representative subsample of the households responding to the 2002 NHIS. A subsample of 8,640 households was selected for MEPS Panel 9 from among households responding to the 2003 NHIS, of which 8,604 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. Households containing Hispanics and blacks are oversampled at rates of approximately 2 and 1.5 times, respectively, the rate of remaining households. 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-089: 2004 Full Year Consolidated Data File," weight variables are provided for estimation purposes. The weight variables (PERWT04F, FAMWT04F, SAQWT04F and DIABW04F) provided in this file supercede the weight variables provided in the 2004 Full Year Population Characteristics File (HC-082). 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

Generally, a sample representing about three-eighths of the NHIS responding households is made available for use in MEPS. A subsample of these 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 eligible for MEPS 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 incorporate into analyses 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 these three informational components just discussed in Rows A, B, and C. 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 Response rates for Full Year file (Panel 9 Rounds 1-3/Panel 8, Rounds 3-5)

		Panel 8	Panel 9	2004 Combined
A.	Percentage of NHIS sample eligible for MEPS	90.1%	90.3%	
B.	Number of households sampled from the NHIS	8,400	8,640	
C.	Number of Households sampled from the NHIS and fielded for MEPS	8,357	8,604	
D.	Round 1 – Number of RUs eligible for interviewing	9,045	9,250	
E.	Round 1 – Number of RUs with completed interviews	7,177	7,205	
F.	Round 2 – Number of RUs eligible for interviewing	7,393	7,427	
G.	Round 2 – Number of RUs with completed interviews	7,049	7,027	
H.	Round 3 – Number of RUs eligible for interviewing	7,165	7,187	
I.	Round 3 – Number of RUs with completed interviews	6,892	6,861	
J.	Round 4 – Number of RUs eligible for interviewing	7,001		
K.	Round 4 – Number of RUs with completed interviews	6,799		
L.	Round 5 – Number of RUs eligible for interviewing	6,833		
M.	Round 5 – Number of RUs with completed interviews	6,726		
Overall response rates through the Spring of 2005 P9: A x (E/D) x (G/F) x (I/H) P8: A x (E/D) x (G/F) x (I/H) x (K/J) x (M/L) Combined: 0.49 x P8 + 0.51 x P9		62.7% (Panel 8 through Round 5)	63.5% (Panel 9 through Round 3)	63.1%

3.2.1 Response Rates

In order to produce annual health care estimates for calendar year 2004 based on the full MEPS sample, data from the MEPS Panel 8 and Panel 9 samples are combined. More specifically, full calendar year 2004 data collected in Rounds 3 through 5 for the MEPS from the Panel 8 sample are combined with data from the first three rounds of data collection for the MEPS Panel 9 sample (the general approach is described below).

In gaining understanding about the determination 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, as well as 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 8, Round 2 the ratio of 7,049 (Row G) to 7,393 (Row F) multiplied by 100 represents the percentage response rate for the round (95.3 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 8 and 9 for 2004 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 9 represents about 51 percent of the combined sample size while Panel 8 represents the remaining 49 percent. Thus, the combined response rate has been computed as .51 times the overall Panel 9 response rate through Round 3 plus .49 times the overall Panel 8 response rate through Round 5.

3.2.2 Panel 9 Response Rates

For MEPS Panel 9, Round 1 8,604 households were fielded in 2004 (row C of Table 3.1), a nationally representative subsample of the households responding to the 2003 National Health Interview Survey (NHIS).

Table 3.1 shows the number of RUs eligible for interviewing in each Round of Panel 9 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 90.3 (the percentage of the NHIS sampled households eligible for MEPS) yields an overall response rate of 63.5 percent for Panel 9 through Round 3.

3.2.3 Panel 8 Response Rates

For MEPS Panel 8, 8,357 households were fielded in 2003 (as indicated in Row C of Table 3.1), a nationally representative subsample of the households responding to the 2002 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 8. The overall response rate for Panel 8 has been computed in a similar fashion to that of Panel 9 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 8 through Round 5 is 62.7 percent.

3.2.4 Combined Panel Response

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 8 response rate was weighted by a factor of .49 while that of Panel 9 by a factor of .51, 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 (.49 x 62.7) plus (.51 x 63.5) or 63.1 percent (as shown in Table 3.1).

3.2.5 Oversampling

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 (i.e., 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, 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 was roughly 1.5 to 1.

As with the MEPS Panel 8 sample, Panel 9 NHIS responding households eligible for MEPS and containing 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, for Panel 9 (but not Panel 8) households containing blacks and not among those households selected with certainty were also oversampled. Roughly, two-thirds of such black households were selected for MEPS. About 53 percent of all remaining NHIS households eligible for MEPS were also sampled for Panel 9 (the rate was about 53 percent for "remaining" NHIS households for Panel 8 as well). To accomplish this, systematic samples were selected from each stratum formed from the MEPS-eligible households, as described above. In summary, households containing Hispanics, blacks, Asians, and those predicted to be under 200 percent of poverty were oversampled for both Panels 8 and 9.

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

3.3.1 Overview

There is a single person-level weight variable called PERWT04F. 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). For Panel 8 persons, the time period includes both 2003 and 2004; for Panel 9 persons, it only pertains to 2004.

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 2004 and for the slightly smaller population of persons in the civilian, noninstitutionalized population on December 31, 2004. To obtain a cross-sectional (point-in-time) estimate for inscope persons living in the country on December 31, 2004, the analysis should be restricted to cases where INSC1231=1 (the person is inscope on December 31, 2004). The weight variable PERWT04F 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 2004	PERWT04F>0	32,737
Civilian, Noninstitutionalized Population on December 31, 2004	PERWT04F>0 and INSC1231=1	32,333

3.4 Details on Person-Level Weights Construction

3.4.1 Overview

The person-level weight PERWT04F was developed in three stages. A person-level weight for Panel 9 was created, including both an adjustment for nonresponse over time and raking, controlling to Current Population Survey (CPS) population estimates based on six different variables (race/ethnicity, sex, age, poverty status, region, MSA). Then a person-level weight for Panel 8 was created, again including an adjustment for nonresponse over time and raking, controlling to CPS population estimates based on the same six variables. A composite weight was formed from the Panel 8 and Panel 9 weights by multiplying the panel weights by factors corresponding to the relative sample size of the two panels. Then a final raking was undertaken on this composite weight variable, again based on the same six variables used previously.

3.4.2 MEPS Panel 8

The person-level weight for MEPS Panel 8 was developed using the 2003 full-year weight for an individual as a "base" weight for survey participants present in 2003. For key, inscope respondents who joined an RU sometime in 2004 after being out-of-scope in 2003, the "base" weight was taken to be the 2003 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 2004 for key, responding persons inscope on December 31, 2004. These control totals were derived by scaling back the population distribution obtained from the March 2005 CPS to reflect the December 2004 estimated population distribution. Variables used for person-level poststratification included: Census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex; and age. Key responding persons not inscope on December 31, 2004 but inscope earlier in the year retained, as their final Panel 8 weight, the weight after the nonresponse adjustment.

3.4.3 MEPS Panel 9

The person-level weight for MEPS Panel 9 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 2004 as well as raking to the same population control figures for December 2004 used for the MEPS Panel 8 weights for key, responding persons inscope on December 31, 2004. The same five variables employed for Panel 8 raking (census region, MSA status, race/ethnicity, sex, and age) were used for Panel 9 raking. As with Panel 8, Panel 9 key, responding persons not inscope on December 31, 2004 but inscope earlier in the year retained the weight after nonresponse adjustment as their final Panel 9 weight.

Note that the MEPS Round 1 weights for both panels incorporated the following components: the original household probability of selection for the NHIS; 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 figures at the family and person-level obtained from the corresponding March CPS data bases.

3.4.4 Raking

Beginning in 2003, "raking" was being employed to calibrate surveys 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 (for example, within 1, 10, 100, 500, etc. of the control totals). For example, 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 Final Weight for 2004

Variables used in the raking of the person-level weights to control totals derived from CPS data included: census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex, and age. Persons included in the raking process were those inscope on December 31, 2004. In addition, the weights of some persons out-of-scope on December 31, 2004 were

poststratified. Specifically, the weights of persons out-of-scope on December 31, 2004 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 2004 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.

Overall, the weighted population estimate for the civilian, noninstitutionalized population over the course of the year (PERWT04F>0) is 293,527,003 (see Table 3.3). The weighted population for the population that was in-scope for the survey on December 31, 2004 (PERWT04F>0 and INSC1231=1) is 289,659,890.

Table 3.3. Persons with a person weight for the 2004 Full Year file

	Panel 8	Panel 9	Combined	Population estimate (weighted total of combined sample)
Number	16,058	16,679	32,737	293,527,003

3.4.6 A Note on MEPS Population Estimates

Recent MEPS population estimates reflect noteworthy "jumps" in CPS estimates, the source of the control figures used for raking the MEPS weights. 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 is 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 provide population estimates for Hispanics that are roughly 8 percent higher than previous projections suggested. For the full year 2002 files there is 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.

3.4.7 Coverage

The target population associated with this MEPS database is persons in the 2004 U.S. civilian, noninstitutionalized population at anytime during the year. However, the MEPS sampled households are a subsample of the NHIS households interviewed in 2002 (Panel 8) and 2003 (Panel 9). New households created after the NHIS interviews for the respective Panels and consisting exclusively of persons who entered the target population after 2002 (Panel 8) or after 2003 (Panel 9) 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. The set of uncovered persons constitutes only a small proportion of the MEPS target population.

3.5 Family-Level Estimation Using This MEPS Public Use Release

There are two family weight variables provided in this release: FAMWT04F and FAMWT04C. FAMWT04F can be used to make estimates for the cross-section of families in the U.S. civilian noninstitutionalized population on December 31, 2004 where families are identified based on the MEPS definition of a family unit. Estimates can include MEPS families that existed at some time during 2004 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, 2004. FAMWT04C can be used to make estimates for the cross-section of families in the U.S. civilian, noninstitutionalized population on December 31, 2004 where families are identified based on the CPS definition of a family unit.

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 (FAMWT04F or FAMWT04C). 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 18 while 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 12/31/04 and therefore part of a MEPS family on 12/31/04. 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 famiy 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, 2004, analyze only families where FAMS1231 is 2 or more). Estimates can also be made for the cross-section of CPS families on December 31, 2004 based on the 13,349 sample CPS families in this data file.

Table 3.4 MEPS Families

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 12/31/04	FAMWT04F>0 & FMRS1231=1	12,913	FAMS1231
Families in the Civilian Noninstitutionalized Population on 12/31/04 plus families and members of families in existence earlier in 2004 who were not part of the civilian noninstitutionalized population on 12/31/04	FAMWT04F>0	13,018	FAMSZEYR

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 FAMWT04F 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 FAMWT04C to the analytic variable(s) of interest to obtain national CPS family estimates.

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, 2004 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 poststratification process 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 (PERWT04F) of the family reference person (FAMRFPYR=1) of the MEPS family with which they were associated. These CPS family-level weights (FAMWT04C) were then raked to population control figures derived from CPS estimates for December 2004 (derived by scaling the family population totals from the March 2005 CPS back to reflect December 31, 2004). In addition to poverty status (below poverty, above poverty but below 200 percent of poverty, other), the family-level poststratification incorporated the following variables: census region; MSA status; race/ethnicity of reference person (Hispanic, black but non Hispanic, 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, 2004. The family level weight variable for MEPS families (FAMWT04F) 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 for the CPS defined family containing the MEPS family reference person.

The weighted population estimate for CPS families on December 31, 2004 based on 13,349 CPS families in the sample is 125,781,167. Overall, the weighted population estimate for the 12,913 MEPS family units containing at least one member of the U.S. civilian, noninstitutionalized population on December 31, 2004 (those families whose members have FAMWT04F>0 and FMRS1231=1) is 121,817,592. The inclusion of families whose members left the inscope population prior to December 31, 2004 increases the estimated total number of families represented by the 13,018 MEPS responding families (whose members have FAMWT04F>0) to 123,017,651.

Table 3.5. Families with a family weight for the 2004 Full Year file

	Panel 7	Panel 8	Combined	Population estimate (weighted total of combined sample)
Number	6,407	6,611	13,018	123,017,651

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 heath 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

For analytic purposes, a single person-level weight variable, SAQWT04F, has been provided for use with the data obtained from the Self-Administered Questionnaire (SAQ). This questionnaire was administered in Panel 9, Round 2 and Panel 8, 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.

The 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 2004 (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.

In all, there were 20,973 persons assigned a SAQ weight with the sum of the weights being 215,999,254 (an estimate of the civilian, noninstitutionalized population aged 18 or older at the time the SAQ was administered).

The Panel 8 response rate for the 2004 SAQ was 93.4 percent, while the Panel 9 response rate for the 2004 SAQ was 91.9 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 .49 was associated with Panel 8, and a value of .51 was associated with Panel 9). The pooled response rate for the combined panels for the 2004 SAQ is 92.6 percent.

3.8 Weights and Response Rates for the Diabetes Care Survey

A person-level weight, DIABW04F, 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.

In all, 1,620 people were assigned a DCS weight (DIABW04F>0). The sum of the DCS weights is 15,805,050, 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 respondent. In addition, persons who joined an RU in Round 3 of Panel 9 or Round 5 of Panel 8, some of whom may have diabetes, were not eligible for the SAQ and thus not eligible for a DCS weight.

The Panel 8 response rate for the 2004 DCS was 91.5 percent. The Panel 9 response rate for the 2004 DCS was 90.6 percent. The pooled response rate for the combined panels for the DCS is 91.1 percent. The pooled response rate is a weighted average for the two panels, reflecting their relative sample sizes (roughly 50 percent of the respondents are from Panel 8, the remaining 50 percent from Panel 9).

3.9 Variance Estimation

To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for estimates based on MEPS survey data, the complex sample design of MEPS for both person and family-level analyses must be taken into account. Various approaches can be used to develop such estimates of variance including use of the Taylor series or replication methodologies. Replicate weights for use with the MEPS 2004 data are available on HC-036.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The variance strata variable is named VARSTR while the variance PSU variable is named VARPSU. Specifying a “with replacement” design in a computer software package, such as SUDAAN, provides 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 actual number available. For MEPS sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), one can expect at least 100 degrees of freedom for the 2004 full year data associated with the corresponding estimates of variance.

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 year. However, beginning with the 2002 Point-in-Time PUF, the variance strata and PSUs have been developed to be compatible with MEPS data associated with the NHIS sample design used through 2005. Such data can be pooled and the variance strata and PSU variables provided can be used without modification for variance estimation purposes for estimates covering multiple years of data. There are 203 variance estimation strata, each stratum with either two or three variance estimation PSUs.

Note that a new NHIS sample design is being implemented beginning in 2006. As a result, the MEPS variance estimation structure will be modified for MEPS data collected in 2007 and beyond.

3.10 Guidelines for which Weight to Use for Analysis Involving Data/Variables from Multiple Sources and Supplements: MEPS 2004 Full-Year File

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

For person level analyses not involving variables from the SAQ or DCS, PERWT03F should always be used.

For person-level analysis involving variables from the SAQ but not the DCS, the SAQWT04F 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, SAQWT04F is the appropriate weight even though person level socio-demographic variables, health status, and health insurance 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 DIABW04F should be used for those eligible to provide DCS data.

For all family-level analyses, FAMWT04F should be used.

D. Variable-Source Crosswalk

SURVEY ADMINISTRATION VARIABLES - PUBLIC USE

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
PANEL04	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
FAMID04	Family ID (Student Merged In) – 12/31/04	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
RULETR04	RU Letter As of 12/31/04	CAPI Derived
RUSIZE31	RU Size – R3/1	CAPI Derived
RUSIZE42	RU Size – R4/2	CAPI Derived
RUSIZE53	RU Size – R5/3	CAPI Derived
RUSIZE04	RU Size As of 12/31/04	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
RUCLAS04	RU fielded as: Standard/New/Stud-12/31/04	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
FAMSZE04	RU Size Including Students As of 12/31/04	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
REGION04	Census Region As Of 12/31/04	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
MSA04	MSA Status As Of 12/31/04	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
REFPRS04	Reference Person As Of 12/31/04	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
RESP04	1st Respondent Indicator As Of 12/31/04	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
PROXY04	Was Respondent A Proxy As Of 12/31/04	RE 2
INTVLANG	Language Interview Was Completed	CL62A
BEGRFD31	R3/1 Reference Period Begin Date: Day	CAPI Derived
BEGRFM31	R3/1 Reference Period Begin Date: Month	CAPI Derived
BEGRFY31	R3/1 Reference Period Begin Date: Year	CAPI Derived
ENDRFD31	R3/1 Reference Period End Date: Day	CAPI Derived
ENDRFM31	R3/1 Reference Period End Date: Month	CAPI Derived
ENDRFY31	R3/1 Reference Period End Date: Year	CAPI Derived
BEGRFD42	R4/2 Reference Period Begin Date: Day	CAPI Derived
BEGRFM42	R4/2 Reference Period Begin Date: Month	CAPI Derived
BEGRFY42	R4/2 Reference Period Begin Date: Year	CAPI Derived
ENDRFD42	R4/2 Reference Period End Date: Day	CAPI Derived
ENDRFM42	R4/2 Reference Period End Date: Month	CAPI Derived
ENDRFY42	R4/2 Reference Period End Date: Year	CAPI Derived
BEGRFD53	R5/3 Reference Period Begin Date: Day	CAPI Derived
BEGRFM53	R5/3 Reference Period Begin Date: Month	CAPI Derived
BEGRFY53	R5/3 Reference Period Begin Date: Year	CAPI Derived
ENDRFD53	R5/3 Reference Period End Date: Day	CAPI Derived
ENDRFM53	R5/3 Reference Period End Date: Month	CAPI Derived
ENDRFY53	R5/3 Reference Period End Date: Year	CAPI Derived
ENDRFD04	2004 Reference Period End Date: Day	RE Section
ENDRFM04	2004 Reference Period End Date: Month	RE Section
ENDRFY04	2004 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
INSCOP04	Inscope – R5/3 Start Through 12/31/04	RE Section
INSC1231	Inscope Status on 12/31/04	Constructed
INSCOPE	Was Person Ever Inscope In 2004	RE Section
ELGRND31	Eligibility – R3/1	RE Section
ELGRND42	Eligibility – R4/2	RE Section
ELGRND53	Eligibility – R5/3	RE Section
ELGRND04	Eligibility Status as of 12/31/04	RE Section

VARIABLE	DESCRIPTION	SOURCE
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 - PUBLIC USE

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
AGE04X	Age as of 12/31/04 (Edited/Imputed)	RE 12, 57-66
DOBMM	Date of Birth: Month	RE 12, 57-66
DOBYY	Date of Birth: Year	RE 12, 57-66
SEX	Sex	RE 12, 57, 61
RACEX	Race (Edited/Imputed)	RE 101A, 102
RACEAX	Asian Among Races Reported (Edited/Imputed)	RE101A
RACEBX	Black Among Races Reported (Edited/Imputed)	RE101A
RACEWX	White Among Races Reported (Edited/Imputed)	RE101A
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
MARRY04X	Marital Status–12/31/04 (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
SPOUID04	Spouse ID – 12/31/04	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
SPOUIN04	Marital Status W/Spouse Present–12/31/04	RE 13, 76, 77, 97
EDUCYEAR	Years of Educ When First Entered MEPS	RE 103-105
HIDEGYR	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
FTSTU04X	Student Status If Ages 17-23 – 12/31/04	RE 11A, 106-108
ACTDTY31	Military Full-Time Active Duty – R3/1	RE 14, 96A
ACTDTY42	Military Full-Time Active Duty – R4/2	RE 14, 96B1
ACTDTY53	Military Full-Time Active Duty – R5/3	RE 14, 96B1
DIDSERVE	Ever Served In Armed Forces	RE 18, 95
VETVIET	Served In Vietnam War Era	RE 35, 94, 94A, 95, 96
VETKOR	Served In Korean War Era	RE 35, 94, 94A, 95, 96
VETWW	Served In WWI Or WW2 Era	RE 35, 94, 94A, 95, 96
VETGULF	Served in Persian Gulf/Desert Storm	RE 35, 94, 94A, 95, 96
VETOTH	Served In Other Period	RE 35, 94, 94A, 95, 96

VARIABLE	DESCRIPTION	SOURCE
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
RFREL04X	Relation To Ref Pers – 12/31/04 (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
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
SSIDIS04	SSI Receipt Due To Disability	IN 39
AFDC04	Did Person’s Check Include Tanf	IN 44
FILEDR04	Has Person Filed A Fed Income Tax Return	IN 02
WILFIL04	Will Person File Fed Income Tax Return	IN 03
FLSTAT04	Person’s Filing Status	IN 04
FILER04	Primary Or Secondary Filer	IN 04
JTINRU04	Joint Filer’s Membership In RU	IN 05
JNTPID04	PID of Joint Filer	IN 05
CLMDEP04	Did/Will Pers Claim Dependents On Return	IN 06
DEPDNT04	Person Is Flagged A Dependent	IN 07
DPINRU04	Dependents In/Out Of RU	IN 07
DPOTSD04	How Many Dependents Live Outside RU	IN 08
TAXFRM04	Tax Form Person Will File	IN 09
DEDUCT04	Itemize Or Standard Deduction	IN 10
TOTDED04	Total Of All Itemized Deductions	IN 14
CLMHIP04	Did/Will Pers Deduct Health Insur Prem	IN 15
EICRDT04	Did/Will Pers Receive Earned Inc Credit	IN 17
FOODST04	Did Anyone Purchase Food Stamps	IN 55
FOODMN04	Number Of Months Food Stamps Purchased	IN 56
FOODCT04	Monthly Amount Family Paid For Food Stamps	IN 57
FOODVL04	Monthly Value Of Food Stamps	IN 58
TTLP04X	Person’s Total Income	Constructed
POVCAT04	Family Income As Percent Of Poverty Line	Constructed
WAGEP04X	Person’s Wage Income	Constructed
WAGIMP04	Wage Imputation Flag	Constructed
BUSNP04X	Person’s Business Income	Constructed
BUSIMP04	Business Income Imputation Flag	Constructed
UNEMP04X	Person’s Unemployment Comp Income	Constructed
UNEIMP04	Unemployment Imputation Flag	Constructed
WCMPP04X	Person’s Workers’ Compensation	Constructed
WCPIMP04	Workers' Comp Imputation Flag	Constructed
INTRP04X	Person’s Interest Income	Constructed
INTIMP04	Interest Imputation Flag	Constructed
DIVDP04X	Person’s Dividend Income	Constructed
DIVIMP04	Dividend Imputation Flag	Constructed
SALEP04X	Person’s Sales Income	Constructed
SALIMP04	Sales Income Imputation Flag	Constructed
PENSP04X	Person’s Pension Income	Constructed
PENIMP04	Pension Income Imputation Flag	Constructed
SSECP04X	Person’s Social Security Income	Constructed
SSCIMP04	Social Security Imputation Flag	Constructed

VARIABLE	DESCRIPTION	SOURCE
TRSTP04X	Person’s Trust/Rent Income	Constructed
TRTIMP04	Trust Income Imputation Flag	Constructed
VETSP04X	Person’s Veteran’s Income	Constructed
VETIMP04	Veteran's Income Imputation Flag	Constructed
IRASP04X	Person’s Ira Income	Constructed
IRAIMP04	Ira Income Imputation Flag	Constructed
REFDP04X	Person’s Refund Income	Constructed
REFIMP04	Refund Income Imputation Flag	Constructed
ALIMP04X	Person’s Alimony Income	Constructed
ALIIMP04	Alimony Income Imputation Flag	Constructed
CHLDP04X	Person’s Child Support	Constructed
CHLIMP04	Child Support Imputation Flag	Constructed
CASHP04X	Person’s Other Regular Cash Contrib	Constructed
CSHIMP04	Cash Contribution Imputation Flag	Constructed
SSIP04X	Person’s SSI	Constructed
SSIIMP04	SSI Imputation Flag	Constructed
PUBP04X	Person’s Public Assistance	Constructed
PUBIMP04	Public Assistance Imputation Flag	Constructed
OTHRP04X	Person’s Other Income	Constructed
OTHIMP04	Other Income Imputation Flag	Constructed

HEALTH STATUS VARIABLES - PUBLIC USE

VARIABLE	DESCRIPTION	SOURCE
RTHLTH31	Perceived Health Status – RD 3/1	CE 1
RTHLTH42	Perceived Health Status – RD 4/2	CE 1
RTHLTH53	Perceived Health Status – RD 5/3	CE 1
MNHLTH31	Perceived Mental Health Status – RD 3/1	CE 2
MNHLTH42	Perceived Mental Health Status – RD 4/2	CE 2
MNHLTH53	Perceived Mental Health Status – RD 5/3	CE 2
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

VARIABLE	DESCRIPTION	SOURCE
ACTLIM53	Any Limitation Work/Housewrk/Schl – RD 5/3	HE 19-20
WRKLIM31	Work Limitation – RD 3/1	HE 20A
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-RD4/2	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
ANYLIM04	Any Limitation in P8R3,4,5/P9R1,2,3	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 Prescrib Med(0-17)-R4/2	CS03
CHPMHB42	CSHCN: Pmed for Hlth/Behv Cond (0-17)-R4/2	CS03OV1
CHPMCN42	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/Behav Cond(0-17)-R4/2	CS04OV1
CHSRCN42	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/Behav 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
CHTHCO42	CSHCN: Ther Cond Last 12+ Mos (0-17)-R4/2	CS06OV2

VARIABLE	DESCRIPTION	SOURCE
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	Problem 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
CHPRRE42	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
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

VARIABLE	DESCRIPTION	SOURCE
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
CHOLCK53	How Lng Cholest Lst Chck (>17) – RD 5/3	AP16
CHECK53	How Lng Lst Routne Checkup (>17) – RD 5/3	AP17
FLUSHT53	How Lng Last Flu Sht (>17) – RD 5/3	AP18
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
SRTHRT53	12MO: Serious Sore Throat (0-17)-RD 5/3	PC01A
THSYMP53	12MO: Sore Thrt/Oth Symptms(0-17)-RD 5/3	PC01B
DRTHRT53	12MO: See Dr for Sore Thrt (0-17)-RD 5/3	PC01C
THANTB53	12MO: Dr Pres Antbtc Sre Thrt (0-17)-RD 5/3	PC01D
THSWAB53	12MO: Dr Gave Throat Swab (0-17)-RD 5/3	PC01E
THSYMF53	12MO: Fam Same Sre Thrt Symp (0-17)-RD 5/3	PC01F
THSWBF53	12MO: Dr Gave Fam Thrt Swab (0-17)-RD 5/3	PC01G
THANTF53	12MO: Dr Pres Fam Atbtc Sr Tht(0-17)-RD 5/3	PC01H
DIABDX53	Diabetes Diagnosis – RD 5/3	PC02
ASTHDX53	Asthma Diagnosis – RD 5/3	PC04
ASSTIL53	Does Person Still Have Asthma - RD 5/3	PC04A
ASATAK53	Asthma Attack Last 12 Mos– RD 5/3	PC05
ASACUT53	Used Acute Pres Inhaler Last 3 Mos-RD5/3	PC05A

VARIABLE	DESCRIPTION	SOURCE
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
HIBPDX53	High Blood Pressure Diag (>17) – RD 5/3	PC09
BPMLDX53	Mult Diag High Blood Press (>17) – RD 5/3	PC10
BPCHEK53	Time Snce Lst Blood Pres Chk (>17) – RD 5/3	PC11
BPMONT53	# Mos Snce Lst Blood Pres Chk (>17) – RD 5/3	PC11OV
CHDDX53	Coronary Hrt Disease Diag (>17) – RD 5/3	PC12_01
ANGIDX53	Angina Diagnosis (>17) – RD 5/3	PC12_02
MIDX53	Heart Attack (MI) Diag (>17) – RD 5/3	PC12_03
OHRTDX53	Other Heart Disease Diag (>17) – RD 5/3	PC12_04
STRKDX53	Stroke Diagnosis (>17) – RD 5/3	PC12_05
EMPHDX53	Emphysema Diagnosis (>17) – RD 5/3	PC12_06
NOFAT53	Restrict HGH Fat/Choles Food (>17)–RD 5/3	PC13_01
EXRCIS53	Advised to Exercise More (>17) – RD 5/3	PC13_02
ASPRIN53	Tke Aspirn Every (Othr) Day (>17)–RD 5/3	PC15
NOASPR53	Taking Aspirin Unsafe (>17) – RD 5/3	PC16
STOMCH53	Tke Asprn Unsafe B/C Stomch (>17) – RD 5/3	PC17
JTPAIN53	Joint Pain Last 12 Months (>17) – RD 5/3	PC18
ARTHDX53	Arthritis Diagnosis (>17) – RD 5/3	PC19
ARTHTX53	Arthritis Treatmnt Currently (>17)RD5/3	PC20
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

VARIABLE	DESCRIPTION	SOURCE
ADSPEC42	SAQ 12 Mos: Needed To See Specialist	SAQ Q16
ADPRRE42	SAQ 12Mos: Problem Getting Spec Referral	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 Prbs 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 Prbs 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 - 29
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 Oftn Everythng an Effort	SAQ Q34
ADWRTH42	SAQ 30 Days: How Often Felt Worthless	SAQ Q35
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 Q38
ADINSB42	SAQ: Health Insurance Not Worth Cost	SAQ Q39
ADRISK42	SAQ: More Likely To Take Risks	SAQ Q40
ADOVER42	SAQ: Can Overcome Ills Without Med Help	SAQ Q41
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 A-One-C – 2004	DCS Q2
DSCKFT53	DCS: Times Feet Checked For Sores – 2004	DCS Q3
DSEY0553	DCS: Dilated Eye Exam In 2005	DCS Q4
DSEY0453	DCS: Dilated Eye Exam In 2004	DCS Q4
DSEY0353	DCS: Dilated Eye Exam In 2003	DCS Q4
DSEB0353	DCS: Dilated Eye Exam Before 2003	DCS Q4
DSEYNV53	DCS: Never Had Dilated Eye Exam	DCS Q4

VARIABLE	DESCRIPTION	SOURCE
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
DSPRX53	DCS: Was Respondent A Proxy	Constructed

DISABILITY DAYS VARIABLE – PUBLIC USE

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 - PUBLIC USE

VARIABLE	DESCRIPTION	SOURCE
ACCELI42	Pers Eligible for Access Supplement-R4/2	Constructed
LANGHM42	AC01 Pers Language Prfernce at Home-R4/2	AC01
ENGHME42	AC02 HH Comfortable Speakng English-R4/2	AC02
ENGSPK42	AC02A Not Comfrtble Speakng English-R4/2	AC02A
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 Slf-R4/2	AC08
CARECO42	AC08 Oth Reas No USC:Cost Of Med Cr-R4/2	AC08
OTHINS42	AC08 Oth Reas No USC:Ins Reltd Reas-R4/2	AC08
KNOWDR42	AC08 Oth Reas No USC: Knows/Is a 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
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

VARIABLE	DESCRIPTION	SOURCE
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 Offce 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 - PUBLIC USE

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 Worked For Pay in Life as of 12/31/04	EM 1-4, 51; RJ 1, 6; Constructed
HRWG31X	Hourly Wage Rd 3/1 CMJ (Imputed)	EW 5, 7, 11-13, 17-18, 24; EM 104, 111
HRWG42X	Hourly Wage Rd 4/2 CMJ (Imputed)	EW 5, 7, 11-13, 17-18, 24; EM 104, 111
HRWG53X	Hourly Wage Rd 5/3 CMJ (Imputed)	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 R3/1	EM 2-3, 51, 104, 111; EW 2-24
HRHOW42	How Hourly Wage Was Calculated R4/2	EM 2-3, 51, 104, 111; EW 2-24
HRHOW53	How Hourly Wage Was Calculated R5/3	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

VARIABLE	DESCRIPTION	SOURCE
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
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 R3/1 CMJ (Ed)	EM113, 117; RJ07, 08, 08A; HX and OE Sections
DISVW42X	Disavowed Health Ins at R4/2 CMJ (Ed)	EM113, 117; RJ07, 08, 08A; HX and OE Sections
DISVW53X	Disavowed Health Ins at R5/3 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

VARIABLE	DESCRIPTION	SOURCE
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 One Locat	EM 1-3, 51, 94; RJ01
MORE42	Rd 4/2 CMJ Firm Has More Than One Locat	EM 1-3, 51, 94; RJ01
MORE53	Rd 5/3 CMJ Firm Has More Than One 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
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, 10OV
YCHJ4253	Why Chngd Job Between Rd 4/2 and Rd 5/3	RJ10, 10OV

VARIABLE	DESCRIPTION	SOURCE
STJBMM31	Month Started Rd 3/1 CMJ	EM10, 10OV, 10OV2; RJ01, 02A
STJBDD31	Day Started Rd 3/1 CMJ	EM10, 10OV, 10OV2; RJ01, 01A
STJBYY31	Year Started Rd 3/1 CMJ	EM10, 10OV, 10OV2; RJ01, 01A
STJBMM42	Month Started Rd 4/2 CMJ	EM10, 10OV, 10OV2; RJ01, 01A
STJBDD42	Day Started Rd 4/2 CMJ	EM10, 10OV, 10OV2; RJ01, 01A
STJBYY42	Year Started Rd 4/2 CMJ	EM10, 10OV, 10OV2; RJ01, 01A
STJBMM53	Month Started Rd 5/3 CMJ	EM10, 10OV, 10OV2; RJ01, 01A
STJBDD53	Day Started Rd 5/3 CMJ	EM10, 10OV, 10OV2; RJ01, 01A
STJBYY53	Year Started Rd 5/3 CMJ	EM10, 10OV, 10OV2; 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

VARIABLE	DESCRIPTION	SOURCE
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
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

MONTHLY HEALTH INSURANCE COVERAGE INDICATORS

VARIABLE	DESCRIPTION	SOURCE
TRImm04X	Covered By TRICARE In mm 04 (Ed), where mm = JA-DE	HX12, 13, PR19-22, HQ Section
MCRmm04	Covered By Medicare In mm 04, where mm = JA-DE	HX05-07, 27, 29, 29OV
MCRmm04X	Covered By Medicare In mm 04 (Ed), where mm = JA-DE	HX05-07, 27, 29, 29OV, see documentation, section 2.6.9, for additional edit specifications
MCDmm04	Cov By Medicaid or SCHIP In mm 04, where mm = JA-DE	HX10-11, PR07-10 and HQ Section
MCDmm04X	Cov By Medicaid or SCHIP In mm 04 (Ed), where mm = JA-DE	MCDmm04, HX14-16, 18-19, 41-43, 45, PR11-14, 23-32, 39-42
OPAmm04	Cov By Other Public A Ins In mm 04, where mm = JA-DE	HX14-15, 41-45, PR 23-32 and HQ Section
OPBmm04	Cov By Other Public B Ins In mm 04, where mm = JA-DE	HX14-15, 41-43, PR23-30 and HQ Section
STAmm04	Covered By Other State Prog In mm 04, where mm = JA-DE	HX16-19, PR35-38 and HQ Section
PUBmm04X	Covr By Any Public Ins In mm 04 (Ed), where mm = JA-DE	TRImm04X, MCRmm04X, MCDmm04X, OPAmm04, OPBmm04

VARIABLE	DESCRIPTION	SOURCE
PEGmm04	Covered By Empl Union Ins In mm 04, where mm = JA-DE	HX2-4, 21-24, 48; HP, OE, HQ, EM, RJ Sections
PDKmm04	Covr By Priv Ins (Source Unknwn) mm 04, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
PNGmm04	Covered By Nongroup Ins In mm 04, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
POGmm04	Covered By Other Group Ins In mm 04, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
PRSmm04	Covered By Self-Emp-1 Ins In mm 04, where mm = JA-DE	HX3, 4, 48, HQ, OE, RJ and EM sections
POUmm04	Covered By Holder Outside Of RU In mm 04, where mm = JA-DE	HX21-24, 48, HP, OE, and HQ Sections
PRImm04	Covered By Private Ins In mm 04, where mm = JA-DE	POGmm04, PDKmm04, PEGmm04, PRSmm04, POUmm04, PNGmm04
HPEmm04	Holder Of Empl Union Ins In mm 04, where mm = JA-DE	PEGmm04, HP9, 11
HPDmm04	Holder Of Priv Ins (Source Unknwn) mm 04, where mm = JA-DE	PDKmm04; HP11
HPNmm04	Holder Of Nongroup Ins In mm 04, where mm = JA-DE	PNGmm04; HP11
HPOmm04	Holder Of Other Group Ins In mm 04, where mm = JA-DE	POGmm04; HP11
HPSmm04	Holder Of Self-Emp-1 Ins In mm 04, where mm = JA-DE	PRSmm04; HP9

VARIABLE	DESCRIPTION	SOURCE
HPRmm04	Holder Of Private Insurance In mm 04, where mm = JA-DE	HPEmm04, HPSmm04, HPOmm04, HPNmm04, HPDmm04
INSmm04X	Covr By Hosp/Med Ins In mm 04 (Ed), where mm = JA-DE	PUBmm04X, PRImm04

SUMMARY HEALTH INSURANCE COVERAGE INDICATORS

VARIABLE	DESCRIPTION	SOURCE
PRVEV04	Ever Have Private Insurance During 04	Constructed
TRIEV04	Ever Have TRICARE During 04	Constructed
MCREV04	Ever Have Medicare During 04 (ED)	Constructed
MCDEV04	Ever Have Medicaid/SCHIP During 04 (ED)	Constructed
OPAEV04	Ever Have Other Public A Ins During 04	Constructed
OPBEV04	Ever Have Other Public B Ins During 04	Constructed
UNINS04	Uninsured All Of 04	Constructed
INSCOV04	Health Insurance Coverage Indicator 04	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
TRIST04X	Covered by TRICARE Standard – 12/31/04	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
TRIPR04X	Covered by TRICARE Prime – 12/31/04	HX12, 12A, 13, PR19, 19A, 20-22, HQ Section

VARIABLE	DESCRIPTION	SOURCE
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
TRIEX04X	Covered by TRICARE Extra – 12/31/04	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
TRILI04X	Covered by TRICARE For Life – 12/31/04	HX12, 12A, 13, PR19, 19A, 20-22, 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
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
MCDHMO04	Covered By Medicaid or SCHIP HMO – 12/31/04	HX10-11, HX14-16, HX18-19, HX41-43, HX45, PR07-10, PR11-14, PR23-32, PR39-42 and HQ Section

VARIABLE	DESCRIPTION	SOURCE
MCDMC31	Covered 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	Covered 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
MCDMC04	Covered By Mcaid/SCHIP Gtkeepr Plan-12/31/04	MCDHMO04, 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
PRVHMO04	Covered By Private HMO –12/31/04	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

VARIABLE	DESCRIPTION	SOURCE
PRVMNC42	Covered By Private Gatekeeper Plan-R4/2	MC01-02, HX2-4, 21-24,48; HP, OE, HQ, EM, and RJ Sections
PRVMNC04	Covered By Priv Gatekeeper Plan-12/31/04	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
PRVDRL04	Cov by Priv Plan w/Doctor List-12/31/04	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
PHMONP04	Cov by HMO-Pays Non-Plan Drs Vis-12/31/04	PRVHMO04, 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
PMNCNP04	Cov by Gatekp-Pays Non-Plan Drs-12/31/04	PRVMNC04, 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
PRDRNP04	Cov by Dr List-Pays Non-Plan Drs-12/31/04	PRVDRL04, 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 9 Only	HX64
COVRMM	Month Most Recently Covered–Panel 9 Only	HX65
COVRYY	Year Most Recently Covered–Panel 9 Only	HX65
WASESTB	Was Prev Ins By Empl Or Union–Pnl 9 Only	HX66, HX78

VARIABLE	DESCRIPTION	SOURCE
WASMCARE	Was Prev Ins By Medicare–Panel 9 Only	HX66, HX78
WASMCAID	Was Prev Ins By Mcaid/SCHIP–Panel 9 Only	HX66, HX78
WASCHAMP	Was Prev Ins TRICARE/Champva–Panl 9 Only	HX66, HX78
WASVA	Was Prev Ins VA/Militar Care–Panl 9 Only	HX66, HX78
WASPRIV	Was Prev Ins Grp/Assoc/Ins Co–Pnl 9 Only	HX66, HX78
WASOTGOV	Was Prev Ins By Oth Gov Prg–Panel 9 Only	HX66, HX78
WASAFDC	Was Prev Ins By Public AFDC–Panel 9 Only	HX66, HX78
WASSSI	Was Prev Ins By SSI Program–Panel 9 Only	HX66, HX78
WASSTAT1	Was Prev Ins By Stat Prog 1–Panel 9 Only	HX66, HX78
WASSTAT2	Was Prev Ins By Stat Prog 2–Panel 9 Only	HX66, HX78
WASSTAT3	Was Prev Ins By Stat Prog 3–Panel 9 Only	HX66, HX78
WASSTAT4	Was Prev Ins By Stat Prog 4–Panel 9 Only	HX66, HX78
WASOTHER	Was Prev Ins By Oth Source–Panel 9 Only	HX66, HX78
NOINSBEF	Evr Wout Hlth Insr Prev Yr–Panel 9 Only	HX70
NOINSTM	# Wks/Mon Wout Hlth Ins Prv Yr–Pnl 9 Onl	HX71
NOINUNIT	Unit Of Time Wout Hlth Ins–Panel 9 Only	HX71OV
MORECOVR	Cov By Mor Compr Pl Prev 2 Yr–Pnl 9 Only	HX76
INSENDMM	Month Most Recently Covd–Panel 9 Only	HX77
INSENDYY	Year Most Recently Covd–Panel 9 Only	HX77

OTHER HEALTH INSURANCE COVERAGE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
TRICR31X	Cov By TRICARE - R3/1 Int Dt (Ed)	Constructed
TRICR42X	Cov By TRICARE - R4/2 Int Dt (Ed)	Constructed
TRICR53X	Cov By TRICARE 12-31/R3 Int Dt (Ed)	Constructed
TRICR04X	Cov By TRICARE - 12/31/04 (Ed)	Constructed
TRIAT31X	Any Time Cov TRICARE - R3/1	Constructed
TRIAT42X	Any Time Cov TRICARE - R4/2	Constructed
TRIAT53X	Any Time Cov TRICARE - R5/3	Constructed
TRIAT04X	Any Time Cov TRICARE - 12/31/04	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
MCAID04	Cov By Medicaid Or SCHIP - 12/31/04	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
MCAID04X	Cov By Medicaid Or SCHIP - 12/31/04 (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
MCARE04	Cov By Medicare - 12/31/04	Constructed

VARIABLE	DESCRIPTION	SOURCE
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
MCARE04X	Cov By Medicare - 12/31/04 (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
MCDAT04X	Any Time Cov Medicaid Or SCHIP-12/31/04	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
OTPAAT04	Any Cov Ot Gov Mcaid/SCHIP HMO-12/31/04	Constructed
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
OTPBAT04	Any Cv Ot Gv Nt Mcaid/SCHIP HMO-12/31/04	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
OTPUBA04	Cov/Pay Oth Gov Mcaid/SCHIP HMO-12/31/04	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
OTPUBB04	Cov Oth Gov Not Mcaid/SCHIP HMO-12/31/04	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
PRIDK04	Cov By Priv Ins (Dk Plan) - 12/31/04	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
PRIEU04	Cov By Empl/Union Grp Ins - 12/31/04	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
PRING04	Cov By Non-Group Ins - 12/31/04	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
PRIOG04	Cov By Other Group Ins - 12/31/04	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

VARIABLE	DESCRIPTION	SOURCE
PRIS04	Cov By Self-Emp-1 Ins - 12/31/04	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
PRIV04	Cov By Priv Hlth Ins - 12/31/04	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
PRIVAT04	Any Time Cov Private Ins - 12/31/04	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
PROUT04	Cov By Someone Out Of Ru - 12/31/04	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
PUB04X	Cov By Public Ins - 12/31/04 (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
PUBAT04X	Any Time Cov By Public - 12/31/04	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
INS04X	Insured - 12/31/04 (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
INSAT04X	Insured Any Time In R3 Until 12/31/04/R5	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
STAPR04	Cov By State-Spec Prog - 12/31/04	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
STPRAT04	Any Time Cov By State Ins - 12/31/04	Constructed
EVRUNINS	Ever Uninsured In 04 Using PRIV/PUBX	Constructed
EVRUNAT	Ever Uninsured In 04 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
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

EXPERIENCES WITH PUBLIC PLAN VARIABLES – PUBLIC USE

VARIABLE	LABEL	SOURCE
GDCPBM42	Mcaid/O Pub: Prob Getting Pers Doc-R4/2	SP24
APRTRM42	Mcaid/O Pub: Need Apprvl 4 Treatmnt-R4/2	SP25
APRDLM42	Mcaid/O Pub: Delay Waiting 4 Apprvl-R4/2	SP26
LKINFM42	Mcaid/O Pub: Info On How Plan Works-R4/2	SP27
PBINFM42	Mcaid/O Pub: Problem Finding Info-R4/2	SP28
CSTSVM42	Mcaid/O Pub: Call Customer Service-R4/2	SP29
PBSVCM42	Mcaid/O Pub: Prob Get Help Fr Csrvc-R4/2	SP30
PPRWKM42	Mcaid/O Pub:Fill Out Paperwrk 4 Pln-R4/2	SP31
PBPWKM42	Mcaid/O Pub: Prob W Plan Paperwork-R4/2	SP32
RTPLNM42	Mcaid/O Pub: Rate Experience W Plan-R4/2	SP33
GDCPBT42	TRICARE: Prob Getting Pers Doc-R4/2	SP35
APRTRT42	TRICARE: Need Apprvl 4 Treatmnt-R4/2	SP36
APRDLT42	TRICARE: Delay Waiting 4 Apprvl-R4/2	SP37
LKINFT42	TRICARE: Info On How Plan Works-R4/2	SP38
PBINFT42	TRICARE: Problem Finding Info-R4/2	SP39
CSTSVT42	TRICARE: Call Customer Service-R4/2	SP40
PBSVCT42	TRICARE: Prob Get Help Fr Cst Srvc-R4/2	SP41
PPRWKT42	TRICARE: Fill Out Paperwrk 4 Pln-R4/2	SP42
PBPWKT42	TRICARE: Prob W Plan Paperwork-R4/2	SP43
RTPLNT42	TRICARE: Rate Experience W Plan-R4/2	SP44

PERSON-LEVEL UTILIZATION VARIABLES - PUBLIC USE

VARIABLE	DESCRIPTION	SOURCE
OBTOTV04	# Office-Based Provider Visits 2004	Constructed
OBDRV04	# Office-Based Physician Visits 2004	Constructed
OBOTHV04	# Office-Based Non-Physician Visits 2004	Constructed
OBCHIR04	# Office-Based Chiropractor Visits 2004	Constructed
OBNURS04	# Off-Based Nurse/Practitioner Visits 2004	Constructed
OBOPTO04	# Office-Based Optometrist Visits 2004	Constructed
OBASST04	# Office-Based Physician Assistant Visits 2004	Constructed
OBTHER04	# Office-Based PT/OT Visits 2004	Constructed
OPTOTV04	# Outpatient Dept Provider Visits 2004	Constructed
OPDRV04	# Outpatient Dept Physician Visits 2004	Constructed
OPOTHV04	# Outpatient Dept Non-DR Visits 2004	Constructed
AMCHIR04	# Chiropractor Visits (Office-based plus Outpatient) 2004	Constructed
AMNURS04	# Ambulatory Nurse/Practitioner Visits (Office-based plus Outpatient) 2004	Constructed
AMOPTO04	# Ambulatory Optometrist Visits (Office-based plus Outpatient) 2004	Constructed
AMASST04	# Physician Assistant Visitts (Office-based plus Outpatient) 2004	Constructed
AMTHER04	# Ambulatory PT/OT Therapy Visits (Office-based plus Outpatient) 2004	Constructed
ERTOT04	# Emergency Room Visits 2004	Constructed
IPZERO04	# Zero-Night Hospital Stays 2004	Constructed
IPDIS04	# Hospital Discharges 2004	Constructed
IPNGT04	# Nights in Hosp for Discharges 2004	Constructed
DVTOT04	# Dental Care Visits 2004	Constructed
DVGEN04	# General Dentist Visits 2004	Constructed
DVORTH04	# Orthodontist Visits 2004	Constructed
HHTOTD04	# Home Health Provider Days 2004	Constructed
HHAGD04	# Agency Home Health Provider Days 2004	Constructed
HHINDD04	# Non-Agency Home Hlth Providr Days 2004	Constructed
HHINFD04	# Informal Home Hlth Provider Days 2004	Constructed
RXTOT04	# Prescribed Medicines including Refills 2004	Constructed

WEIGHTS VARIABLES - PUBLIC USE

VARIABLE	DESCRIPTION	SOURCE
PERWT04F	Expenditure File Person Weight, 2004	Constructed
FAMWT04F	Expenditure File Family Weight, 2004	Constructed
FAMWT04C	Expenditure File Family Weight-CPS Family on 12/31/04	Constructed
SAQWT04F	Expenditure File SAQ Weight, 2004	Constructed
DIABW04F	Expenditure File Diabetes Care Supplement Weight, 2004	Constructed
VARSTR	Variance Estimation Stratum – 2004	Constructed
VARPSU	Variance Estimation PSU – 2004	Constructed

Appendix 1: Summary of Utilization and Expenditure Variables by Health Service Category

HEALTH SERVICE CATEGORY	UTILIZATION VARIABLE(S)	EXPENDITURE VARIABLE(S)[1]
All Health Services	--	TOT***04

Office Based Visits		
Total Office Based Visits (Physician + Non-physician + Unknown)	OBTOTV04	OBV***04
Office Based Visits to Physicians	OBDRV04	OBD***04
Office Based Visits to Non-Physicians	OBOTHV04	OBO***04
Office Based Visits to Chiropractors	OBCHIR04	OBC***04
Office Based Nurse or Nurse Practitioner Visits	OBNURS04	OBN***04
Office Based Visits to Optometrists	OBOPTO04	OBE***04
Office Based Physician Assistant Visits	OBASST04	OBA***04
Office Based Physical or Occupational Therapist Visits	OBTHER04	OBT***04

Hospital Outpatient Visits		
Total Outpatient Visits (Physician + Non-physician + Unknown)	OPTOTV04	**--**
Facility Expense	--	OPF***04
SBD Expense	--	OPD***04
Outpatient Visits to Physicians	OPDRV04	--
Facility Expense	--	OPV***04
SBD Expense	--	OPS***04
Outpatient Visits to Non-Physicians	OPOTHV04	--
Facility Expense	--	OPO***04
SBD Expense	--	OPP***04

1 See key at end of table for specific categories for ***.

HEALTH SERVICE CATEGORY	UTILIZATION VARIABLE(S)	EXPENDITURE VARIABLE(S)
Emergency Room Visits		
Total Emergency Room Visits	ERTOT04	--
Facility Expense	--	ERF***04
SBD Expense	--	ERD***04
Inpatient Hospital Stays (Including Zero Night Stays)		
Total Inpatient Stays (Including Zero Night Stays)	IPDIS04, IPNGTD04	--
Facility Expense	--	IPF***04
SBD Expense	--	IPD***04
Zero night Hospital Stays	IPZERO04	--
Facility Expense	--	ZIF***04
SBD Expense	--	ZID***04
Dental Visits		
Total Dental Visits	DVTOT04	DVT***04
General Dental Visits	DVGEN04	DVG***04
Orthodontist Visits	DVORTH04	DVO***04
Home Health Care		
Total Home Health Care	HHTOTD04	--
Agency Sponsored	HHAGD04	HHA***04
Paid Independent Providers	HHINDD04	HHN***04
Informal	HHINFD04	--
Other		
Vision Aids	--	VIS***04
Other Medical Supplies and Equipment	--	OTH***04
Prescription Medicines[2]	RXTOT04	RX***04

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

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

[2] No charge variables on file for prescription medicines.