

**Context/Flow Specifications for the Overall CAPI Instrument
MEPS-Household Component: Panel 7 (2002-2003)
Consolidated Instrument**

[2002 Survey Questionnaires](#)

[2003 Survey Questionnaires](#)

Context: System

Ask IDSCREEN: {Collect caseid}

Context: RU

Ask Reenumeration **(RE-A)** and **(RE-B)** Sections

Ask Condition-Enumeration **(CE)** and Pregnancy-Detail **(PG)** Sections

Ask Health-Status **(HE)** Section

If {Round 2 or Round 4}

Ask Child Preventive Health Supplement **(CS)** Section

endif

Ask Calendar **(CA)** Section and Summary of Health Care Events

Ask Provider-Probes **(PP)**, Event Roster **(EV)**, and Provider Roster **(PV)** Sections

Context: Person

LOOP_01 for each PERSON on RU-Members-Roster WHERE {PERSON continues to have an unprocessed event}

BEGINLOOP

Ask Event-Driver **(ED)** Section [including...

Context: PERSON-EVENT

LOOP_02 for each PERSON-EVENT on Person's-Medical-Events-Roster WHERE {event remains to be processed}

BEGINLOOP

If {event-type is hospital-stay}

Ask Hospital-Stay **(HS)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections

endif

If {event-type is emergency-room}

Ask Emergency-Room **(ER)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections

endif

If {event-type is outpatient}

Ask Outpatient-Department **(OP)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections

endif

If {event-type is medical-visit}

Ask Medical-Provider-Visits **(MV)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections

endif

If {event-type is dental}

Ask Dental-Care **(DN)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections

endif

If {event-type is home-health}

Ask Home-Health **(HH)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections

endif

If {event-type is other-medical}

Ask Other Medical Expenses **(OM)** Section including Charge/Payment **(CP)** and Flat Fee **(FF)** Sections

endif

ENDLOOP_02

ENDLOOP_01

Context: Person

LOOP_03 for each PERSON on RU-Members-Roster

BEGINLOOP

Ask Prescribed-Medicines **(PM)** Section including Charge/Payment **(CP)** Section

If {Round 3 of Panels 2 and 3 or Round 5 of Panel 2}

Ask Alternative/Preventive-Care **(AP)** Section

endif

Ask Disability-Days **(DD)** Section

Ask Conditions **(CN)** Section

If {Round 3 or Round 5}

Ask Quality Supplement **(PC)** Section

Ask Preventive Care **(AP)** Section

endif

ENDLOOP_03

Context: RU

If {Round 2 or Round 4}

Ask Access-to-Care **(AC)** Section

endif

Context: Person

LOOP_04 for each PERSON on RU-Members-Roster WHERE {PERSON is 16 years or older or age categories 4-9}

BEGINLOOP

Ask Review-of-Employment-Information **(RJ)**, Employment-Subsection-A **(EM-A)**,

Employment- Subsection-B **(EM-B)**, and Employment-Wage **(EW)** Sections

ENDLOOP_04

Context: RU

Ask Health-Insurance **(HX)**, Old-Employment-and-Private-Related-Insurance **(OE)**, Old-Public-Related-Insurance **(PR)**,

Managed-Care **(MC)**, Private-Health-Insurance-Detail **(HP)**, and Time-Period-Covered-Detail **(HQ)** Sections

If {Round 2 or Round 4}

Ask Satisfaction-with-Health-Plan **(SP)** Section

endif

if {Round 3 or Round 5}

Ask Income **(IN)** Section

endif

If {Round 5}

Ask Assets **(AS)** Section

endif

Ask Provider-Directory **(PD)** Section

Ask Closing **(CL)** Section