

**Context/Flow Specifications for the Overall CAPI Instrument MEPS-
Household Component: Panel 12 (2007-2008)
Consolidated Instrument**

[2007 Survey Questionnaires](#)

[2008 Survey Questionnaires](#)

Context: System

Ask IDSCREEN: {Collect caseid}

Context: RU

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

Context: Person

LOOP_01 for each PERSON on RU-Members Roster WHERE {PERSON is a current or institutionalized RU member}
BEGINLOOP

 Ask Priority Condition Enumeration **(PE)** Section

ENDLOOP_01

Context: RU

Ask Condition-Enumeration **(CE)** Section

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

If {Round 2 or 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_02 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_03 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_03
ENDLOOP_02
```

Context: Person

LOOP_04 for each PERSON on RU-Members-Roster

```
BEGINLOOP
```

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

```
    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_04
```

Context: RU

```
If {Round 2 or Round 4}
```

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

```
endif
```

Context: Person

LOOP_05 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_05
```

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
```