

DATA COLLECTION SCHEDULE FOR MEPS SUPPLEMENTS

Panel Number	Panel 1					Panel 2					Panel 3					Panel 4				
	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5
Access to care		x					x		x			x		x			x		x	
Additional other medical expenses			x		x			x		x			x		x			x		x
Adult self administered questionnaire (SAQ)		x																	x	
Alternative/preventive care			x					x		x			x							
Assets					x					x					x					x
Caregiver				x			x		x			x								
Child Health and preventive care																				x
Diabetes Care Supplement																				x
Health status-IADLs, ADLs, equipment, limitations	x		x		x	x		x		x	x		x		x	x		x		x
Health status-IADLs, ADLs, vision, hearing, children		x		x			x		x			x		x			x		x	
IC permission forms-first sample		x					x													
IC permission forms-second IC sample				x																
IC sample identification	x		x			x		x			x		x			x		x		
Income			x		x			x		x			x		x			x		x
Long term care				x			x		x			x								
MPC permission forms-all eligible events		x	x	x	x		x	x	x	x		x	x	x	x		x	x	x	x
MPC permission forms-hospital based events only	x					x					x					x				
Parent administered questionnaire (PAQ)			x																x	
Pharmacy permission forms			x		x			x		x			x		x				x	
Policy booklets-first IC sample	x					x														
Policy booklets-second IC sample			x																	
Preventive care supplement																				x
Quality priority conditions																				x
Satisfaction with health plan		x					x		x			x		x			x		x	

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Panel Number	Panel 5					Panel 6					Panel 7					Panel 8				
	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5
Access to care		x		x			x		x			x		x			x		x	
Additional other medical expenses			x		x			x		x			x		x			x		x
Adult self administered questionnaire (SAQ)		x		x			x		x			x		x			x		x	
Alternative/preventive care																				
Assets					x					x					x					x
Caregiver																				
Child Health and preventive care				x			x		x			x		x			x		x	
Diabetes Care Supplement			x		x			x		x			x							
Health status-IADLs, ADLs, equipment, limitations	x		x		x	x		x		x	x		x		x	x		x		x
Health status-IADLs, ADLs, vision, hearing, children		x		x			x		x			x		x			x		x	
IC permission forms-first sample																				
IC permission forms-second IC sample																				
IC sample identification	x		x			x		x		x	x		x		x	x		x		x
Income			x		x			x		x			x		x			x		x
Long term care																				
MPC permission forms-all eligible events		x	x	x	x		x	x	x	x		x	x	x	x		x	x	x	x
MPC permission forms-hospital based events only	x					x					x					x				
Parent administered questionnaire (PAQ)		x																		
Pharmacy permission forms			x		x			x		x			x		x			x		x
Policy booklets-first IC sample																				
Policy booklets-second IC sample																				
Preventive care supplement			x		x			x		x			x		x			x		x
Quality priority conditions			x		x			x		x			x		x			x		x
Satisfaction with health plan		x		x			x		x			x		x			x		x	