The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.
Emergency Room (ER) Section

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EVN-DT}

SHOW CARD ER-1.

Please look at this card and tell me which category best describes the care {you/{PERSON}} received during the visit to {PROVIDER} emergency room on {VISIT DATE}.

DIAGNOSIS OR TREATMENT ..................... 1 (ER03)
EMERGENCY (E.G., ACCIDENT OR INJURY) ....... 2 (ER03)
PSYCHOTHERAPY OR MENTAL HEALTH
   COUNSELING .................................. 3 (ER03)
FOLLOW-UP OR POST-OPERATIVE VISIT ........ 4 (ER03)
IMMUNIZATIONS OR SHOTS ..................... 5 (ER03)
PREGNANCY-RELATED (INCLUDING
   PRENATAL CARE AND DELIVERY) ......... 6 (ER03)
OTHER ......................................... 91 (ER03)
REF ............................................. -7 (ER03)
DK ............................................. -8 (ER03)

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

--------------------------------------------------------------------------
| IF CODED '6' (PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: |
| 'CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.' |
Was this visit related to any specific health condition or were any conditions discovered during this visit?

YES .................................... 1 \{ER04\}
NO ..................................... 2 \{ER05\}
REF ................................... -7 \{ER05\}
DK .................................... -8 \{ER05\}

What conditions were discovered or led \{you/{PERSON}\} to make this visit?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

<table>
<thead>
<tr>
<th>DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>**********************************************************</td>
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<table>
<thead>
<tr>
<th>GO TO ER05</th>
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</thead>
<tbody>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>ROSTER DETAILS:</td>
</tr>
<tr>
<td>Title: PERS_COND_1</td>
</tr>
<tr>
<td>COL #1 HEADER: MEDICAL CONDITION</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION</td>
</tr>
<tr>
<td>(COND.CONDNAM)</td>
</tr>
</tbody>
</table>
ROSTER DEFINITION:
DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL CONDITION(S) ASSOCIATED WITH THIS EVENT.

--------------------------

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD THE CONDITION NAME.

3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT. IF THE INTERVIEWER ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: "DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED."

--------------------------

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.

--------------------------
Looking at this card, which of these services, if any, did {you/ {PERSON}} have during this visit?

CHECK ALL THAT APPLY.

LABORATORY TESTS ....................... 1 {ER06}
SONOGRAM OR ULTRASOUND ............... 2 {ER06}
X-RAYS .................................... 3 {ER06}
MAMMOGRAM ............................... 4 {ER06}
MRI OR CATSCAN .......................... 5 {ER06}
EKG OR ECG ................................. 6 {ER06}
EEG ....................................... 7 {ER06}
VACCINATION .............................. 8 {ER06}
ANESTHESIA ............................... 9 {ER06}
OTHER DIAGNOSTIC TEST ............... 10 {ER06}
THROAT SWAB ............................. 11 {ER06}
NO SERVICES RECEIVED ................. 95 {ER06}
REF ................................... -7 {ER06}
DK .................................... -8 {ER06}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

| ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS |
| FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES |
| 4 THROUGH 9). |

| ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’ |
| (REFUSED), AND ‘-8’ (DON’T KNOW) ALONE ONLY; |
| THESE RESPONSES MAY NOT BE SELECTED WITH ANY |
| OTHER RESPONSE. |

| NOTE: ‘OTHER DIAGNOSTIC TESTS’ AND ‘NO SERVICES |
| RECEIVED’ ARE NOT DISPLAYED ON SHOW CARD. |
HARD CHECK:
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES CAN BE CODED. IF INTERVIEWER SELECTS ANOTHER CODE WITH ‘NO SERVICES’, DISPLAY THE FOLLOWING MESSAGE: “NO SERVICES RECEIVED CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER.”

NOTE: CODE ‘11’ (THROAT SWAB) IS DISPLAYED ON THE SCREEN AND ON THE SHOW CARD BETWEEN CODES ‘1’ (LABORATORY TESTS) AND ‘2’ (SONOGRAM OR ULTRASOUND).

Was a surgical procedure performed on {you/{PERSON}} during this visit?

YES .................................... 1 {ER08}
NO ..................................... 2 {ER08}
REF ................................... -7 {ER08}
DK .................................... -8 {ER08}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

During this visit, were any medicines prescribed for {you/{PERSON}}? Please include only prescriptions which were filled.

YES .................................... 1 {ER09}
NO ..................................... 2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.
Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. MULTIPLE ADD ALLOWED.
3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A MEDICINE ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS MEDICINE AND THE EVENT.
4. EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL MEDICINES ON PERSON’S ROSTER; NO FILTER.

BOX_03
=====

IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION