Personal Health Information Management and the Design of Consumer Health Information Technology

Secondary Analysis of Data From the Medical Expenditure Panel Survey

Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov

Prepared by:

Insight Policy Research, Inc.
1901 North Moore Street, Suite 601
Arlington, VA 22209

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Prepared by:
Insight Policy Research, Inc.
1901 North Moore Street, Suite 601
Arlington, VA 22209

Supported by:
Westat
1650 Research Boulevard
Rockville, Maryland 20850

Authors:

Sid J. Schneider, Ph.D.
Barbara Gustavson, M.S.
Tiandong Li, M.S.
Huseyin Göksel, M.St.
Ralph DiGaetano, M.A.
W. Sherman Edwards, M.B.A.

AHRQ Project Officer:

Teresa Zayas Cabán, Ph.D.

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Background

This report is a key deliverable for the task order entitled *Personal Health Information Management and Design of Consumer Health IT*, which is intended to lead to a better understanding of the methods that individuals use to manage health-related information at home, and to improved design of consumer health information technology (IT). The report summarizes an analysis of data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) relevant to personal health information management. The goals of the analysis are to identify the variables that affect the techniques that people use to manage their family's health information, and to study any patterns among those variables.

Methods

The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys on health care in the United States funded by the Agency for Healthcare Research and Quality (AHRQ). In MEPS-HC, interviewers visit a nationally representative sample of households to collect data about each resident's demographic background, health status, health insurance coverage, and other characteristics. The interviewers also collect data about every health-related product and service that each resident has used, including the nature of the product or service (such as office visits, hospitalizations, prescription drugs, emergency room visits, dental care, and so on), the provider, the cost, and the payer. The interviewers visit each household five times over the course of 2 years.

While the MEPS-HC interviewers are collecting data about the household residents' health-related products and services, they observe and record the methods that the respondents used to recall those data. Specifically, the interviewers note whether the respondents used the following methods to recall information about each medical event: memory, checkbook, calendar, prescription label, documentation (e.g., statements, bills, receipts or explanations of benefits), and other[1].

MEPS-HC therefore provides an opportunity to study the methods that the respondents use to recall health-related information. This report summarizes an analysis of the MEPS-HC data conducted to help identify the variables that are associated with the respondents' choice of methods for recalling health-related information about themselves and their families.

The analysis had two parts. First, a series of tables was created to view the relationship between the respondents' choice of recall methods and the characteristics of the families, the individuals who used the health-related products and services, the respondents, and the products and services themselves. Second, a series of logistic regression analyses was run to further explore those relationships.

[1] For definitions of the recall methods please see Table B on page 7.

Results

A large number of factors seem to influence the respondents' choice of recall methods when they provide data to MEPS-HC interviewers. The characteristics of the family, the respondent, the person who used the health-related product or service, and the product or service itself all appear to have an effect on the respondents' choice of recall method.

The results suggest that the volume of health-related information that the respondent must report to the MEPS-HC interviewer appears to influence the respondents' choice of recall methods. Respondents appear to be more likely to use a calendar, and less likely to refer to prescription container labels, when they have to report that their families used a relatively large number of medical products and services.

Variables which may be proxies for low socioeconomic status, including lower family income, less educational attainment, Medicaid coverage, and lack of health insurance, appear to be associated with a decreased tendency to record medical data on the calendars, or to maintain a file of documentation, or to record data in a checkbook register, and an increased tendency to refer to prescription container labels or simply rely on memory.

In addition, demographic variables such as African-American race, Hispanic ethnicity, younger age, male sex, and worse health appear to be associated with decreased use of a checkbook, calendar, or documentation, and increased use of memory and prescription container labels.

The results also suggest that the nature of the medical event strongly influences the respondents' recall methods. For example, the respondents appear to manage data about dental care and home health care differently than they manage data about other kinds of care.

Other variables pertaining to the respondents and the persons who experienced the medical event appear to influence the respondents' recall method. These variables include health insurance status, marital status, and geographic location.

The findings suggest that the methods that MEPS-HC respondents used to recall medical data for their families were influenced by many factors. Some factors appear to have increased the likelihood that respondents would record data on calendars, and save the bills and other documentation that they received for medical products and services, and maintain data in a checkbook register. When respondents do not maintain data those ways, they must rely on their own memories, or the labels on their medicines. Designers of consumer health information technology can apply these findings by tailoring their applications to the characteristics of health care consumers.

Background

This report is a key deliverable for the task order entitled *Personal Health Information Management and Design of Consumer Health IT*, which is intended to lead to a better understanding of the methods that individuals use to manage health-related information at home, and to improved design of consumer health information technology (IT). The work reported here is motivated by a desire to add to existing body of quantitative data on the topic of the task order—personal health information management. The work involves an analysis of data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) relevant to personal health information management. The broad goals of the analysis are to: (1) identify the variables that affect the techniques that people use to manage their family's health information, (2) look for any patterns among those variables, and (3) speculate on the reasons that these variables have their effect on health information management practices.

Introduction

Purpose

MEPS is a set of large-scale surveys on health care in the United States. Funded by AHRQ, MEPS has been ongoing since 1996, providing a rich body of data that are widely used by health researchers, economists, policymakers, epidemiologists, and others. MEPS data have helped to bring about a better understanding of many important issues, such as the following:

- The characteristics of the health-related products and services that people residing in the United States use.
- The frequency with which they obtain these products and services.
- The cost of these products and services.
- The health insurance, Medicaid coverage, out-of-pocket spending, and other means used to pay for these products and services.
- The relationship between the characteristics of health care consumers and their use of health-related products and services.
- The cost and scope of health insurance available to and held by workers in the United States.

MEPS currently has three components: (1) Medical Provider Component, (2) Insurance Component, and (3) Household Component. In MEPS-HC, interviewers visit a nationally representative sample of households to collect data about each resident's demographic background, health status, health insurance coverage, and other characteristics. The interviewers also collect data about every health-related product and service that each resident has used, including the nature of the product or service (such as office visits, hospitalizations, prescription drugs, emergency room visits, and so on), the provider, the cost, and the payer.

In MEPS-HC, while the interviewers are collecting data about the household residents' health-related products and services, they record the methods that the respondent used to recall

that information. For example, the interviewers note whether the respondent simply relied on memory, or read a checkbook register, or referred to notes on a calendar to remember the date of a visit to a doctor. These MEPS-HC data on the respondents' recall methods have never been studied in any detail.

This report presents an analysis of those data. The analysis is intended to add to knowledge about health information management practices in the United States and to investigate the conditions under which health care consumers tend to use various health information management methods.

MEPS-HC Methodology

In MEPS, a "household" is defined as the person or the people who usually reside in a particular house, apartment, group of rooms, or single room occupied as a separate, civilian, non-institutional living quarters.[2] MEPS does not obtain data about people living on military facilities or in institutions such as prisons or nursing homes.

The households participating in MEPS-HC are drawn from a nationally representative sub-sample of the households that participated in the prior year's National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics. These sets of households are called "panels" because, as the term is used in survey methodology, "panels" provide data not just once, but repeatedly over a span of time. In MEPS-HC, that span of time is 2 years, always starting January 1 of the first year and ending December 31 of the second year. During each calendar year, exactly two panels are providing data; one panel is in its first year in MEPS-HC, while the other is in its second and final year.

Data for each panel are collected in five rounds of interviews over the 2 years. In the first round, the interviewers collect data about the time period between January 1 of the year the household joined the study and the current interview. In the next three rounds, the interviewers collect data about the time period between the prior interview and the current interview. In the fifth and final round, the interviewers collect data about the time period between the prior interview and December 31 of the second year of participation. The time period covered by an interview, called the "reference period" for the interview, can range from just a few months to many months, depending upon the timing of the interviews.

A household can contain one or more families. In MEPS, a family is defined as a single person or a group of persons in the same household who choose to identify themselves as a family because they are related by blood, marriage, adoption, foster care, or any other association, regardless of its legal status[3]. When a household is sampled for participation in MEPS-HC, every family in that household is asked to participate.

One member of each family, at least 16 years of age, agrees to serve as the respondent for that family. The respondents provide data about themselves and, when the family has more than

[2] Some MEPS documents use the term "Dwelling Unit" instead of "household."

[3] Some MEPS documents use the term "Reporting Unit" in place of "family."

one member, also about all the other family members. The same respondent is expected to report the data during each of the five rounds of interviews. For example, if a household contained one family with four members, one of the four would agree to serve as the respondent, who would provide data about himself or herself and also about the other three family members. Or, if a household contained two families, one member of each family would agree to serve as a respondent; each of these two respondents would provide data about his or her entire family.

The interviewers personally visit the sampled households for each round of interviews. The interviewers read the questions and record the respondents' answers using a laptop computer. Each interview lasts approximately 90 minutes, although it can last longer if a family has many members or has used many medical products and services during the reporting period[4].

The first round of interviews has many questions about each family member, covering such issues as the person's demographic characteristics, health conditions, health status, access to care, health insurance coverage, income, and employment. Subsequent rounds of interviews contain questions about any changes that occurred during the reference period, such as changes in any family member's health, employment, or marital status.

Obtaining any health-related product or service is known in MEPS as a "medical event." Medical events are classified as follows in MEPS:

1. Dental care
2. Care in emergency departments
3. Home health care
4. Hospital inpatient care
5. Outpatient care
6. Office visits
7. Prescription medicines
8. All other forms of health care

Table A presents definitions and examples for these eight categories of medical events.

[4] The MEPS data collection and other procedures are available at: http://meps.ahrq.gov.

Table A. The categories of medical events used in MEPS.

Category	Definition	Examples
Dental care	Health care related to teeth.	Fillings, cleaning, extractions, specialized work like root canals and braces.
Emergency room care	Health care in a hospital emergency department that is open 24 hours a day and where no appointments are necessary, although a provider may arrange to meet a patient there.	Care for an illness or injury in a hospital emergency department.
Home health care	Medical or personal services given to patients in their homes for a health problem or condition.	At the patient's home: physical therapy, checking vital signs, helping to give medications, cleaning, repairs, cooking, or companionship.
Hospital care	Inpatient services in a health care organization having a governing body and organized medical and professional staffs, and that provides medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week.	An overnight hospital stay for observation or treatment.
Medical visit	A visit to the office of a health care provider or a group practice, other than visits to hospitals and dental care providers.	Visits to a medical clinic, managed care or HMO center, neighborhood or family health center, laser eye surgery center, other freestanding surgical center, rural health clinic, company clinic, school clinic, urgent care center, VA health care facility other than a hospital, community health center, laboratory or x-ray center, or birthing center.
Outpatient department	A visit to a unit of a hospital or a facility connected with a hospital, to obtain health care but not hospitalization overnight.	Outpatient surgery with no overnight stay performed in a hospital; a physical examination performed at a hospital outpatient department.
Prescribed medicine	Any medicine ordered by an authorized provider requiring a written, electronic, or verbal prescription for a pharmacist to fill; free samples of prescription medicines given by a provider directly to a patient; prescription medicines administered as part of another medical event when there is a separate bill for them; or over-the-counter drugs which a provider has ordered with a written or electronic prescription or insulin and syringes for administering the drug(s).	A prescription for an antibiotic filled at a pharmacy, free samples of a prescription drug that a physician gives a patient during an office visit, a vaccine administered during an office visit when there is a separate bill, insulin and syringes even though no prescription is required, over-the-counter aspirin or pseudoephedrine obtained with a written prescription.
Other medical services	Any other health care product or service.	Eyeglasses or contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, contraceptive diaphragms and intra-uterine devices, and health-related architectural alterations or modifications.

The interviews in all five rounds contain many questions about each of the medical events that each family member experienced during the reference period. For example, there are questions that cover the following:

1. All of the products and services obtained as a part of the medical event.
2. The date that the medical event occurred.
3. The identity of the provider.
4. The hospital, clinic, physician's office, pharmacy, or other location of the medical event.
5. The private insurance, Medicaid, Medicare, sources of payment for the medical event, including private insurance, Medicare, Medicaid, out-of-pocket payments, insurance co-pays, and any other sources.
6. If the medical event was intended to address a medical condition, the nature of that condition.

Of course, many families may not routinely keep records conveniently available containing so much detailed information about each family member's medical events. For that reason, all MEPS-HC respondents are given calendars to help them report this information thoroughly and accurately. The calendars have space by each date for the respondents to write a note about doctors' appointments and other medical events. The calendars also have a pocket that respondents can use to store bills, receipts and other documentation.

While asking for information about medical events, the interviewers observe and record the methods that the respondents used to recall the data for each individual medical event. Specifically, the interviewers note whether the respondents used the following methods to recall information about each medical event. Table B presents the definitions used in MEPS for these recall methods.

Table B. Definitions used in MEPS for the recall methods that respondents might use to provide data.

Recall Method	Definition
Memory	The respondent relied on his or her own memory or the memory of a family member to recollect the information.
Checkbook	The respondent read an entry in the register of a checkbook.
Calendar	The respondent referred to notes recorded on the calendar furnished for MEPS-HC, or some other calendar.
Prescription label	The respondent checked a label on the container of a filled prescription.
Documentation	The respondent referred to statements, bills, receipts, or explanation of benefits forms from providers, Medicare, private health plans, or other sources.
Other	The respondent used some other method to find information about a medical event. This category refers to an undefined range of methods. The respondent could have kept notes on a pad of paper, or jotted down records kept in a cabinet, or used any other method.

The interviewers can record that the respondent used one or more than one of these methods to recall the information about a medical event. For example, an interviewer might record that a respondent furnished the information about a particular medical event—including its cost, purpose, and provider—by consulting a calendar, and also by looking at the register of a

checkbook. An interviewer can record that the respondent used different recall methods to report different medical events during a single interview.

The interviewers record the respondents' recall methods for every medical event, except for prescription medicines for which the respondent or a family member did not file a claim for payment. For example, if the pharmacist submitted the claim, or if no one submitted a claim at all, then the interviewer does not record the methods that the respondent used to recall the information about the prescription.

In summary, MEPS-HC interviewers collect a large amount of information about family members in sampled households across the United States. Over a 2-year period, they also collect comprehensive information about every medical event that the family members experienced. For most of these medical events, the MEPS-HC interviewers make note of the methods that the respondents use to find this information. MEPS-HC therefore provides an opportunity to study the methods that the respondents use to manage health information in their homes. Analysis of the MEPS-HC data could help identify the variables that are associated with the respondents' choice of methods for recalling health-related information about themselves and their families.

Study Methods

This report presents an analysis of MEPS-HC data collected during the calendar years 2004, 2005, and 2006, the most recent 3 years for which data are available. Participation in MEPS during those 3 years is shown in Table C below.

Table C. Participation in MEPS-HC, January 1, 2004 to December 31, 2006.

Total number of households	24,525
Total number of families	29,798
Total number of family members	70,919
Number of families with at least one medical event	26,369
Number of family members with at least one medical event	57,338
Total number of medical events reported	667,094

Figures A through C show the distribution of families across the number of medical events reported annually in 2004, 2005, and 2006. The figures show that while the vast majority of families reported less than 20 medical events annually, some families reported well over 100 medical events annually. The x-axes in the figures extend only to 150, but a few families had hundreds of medical events in a year. Figure D displays the proportion of medical events for which the respondents used each of the recall methods.

Figure A. Distribution of Families Across the Number of Medical Events Reported in 2004

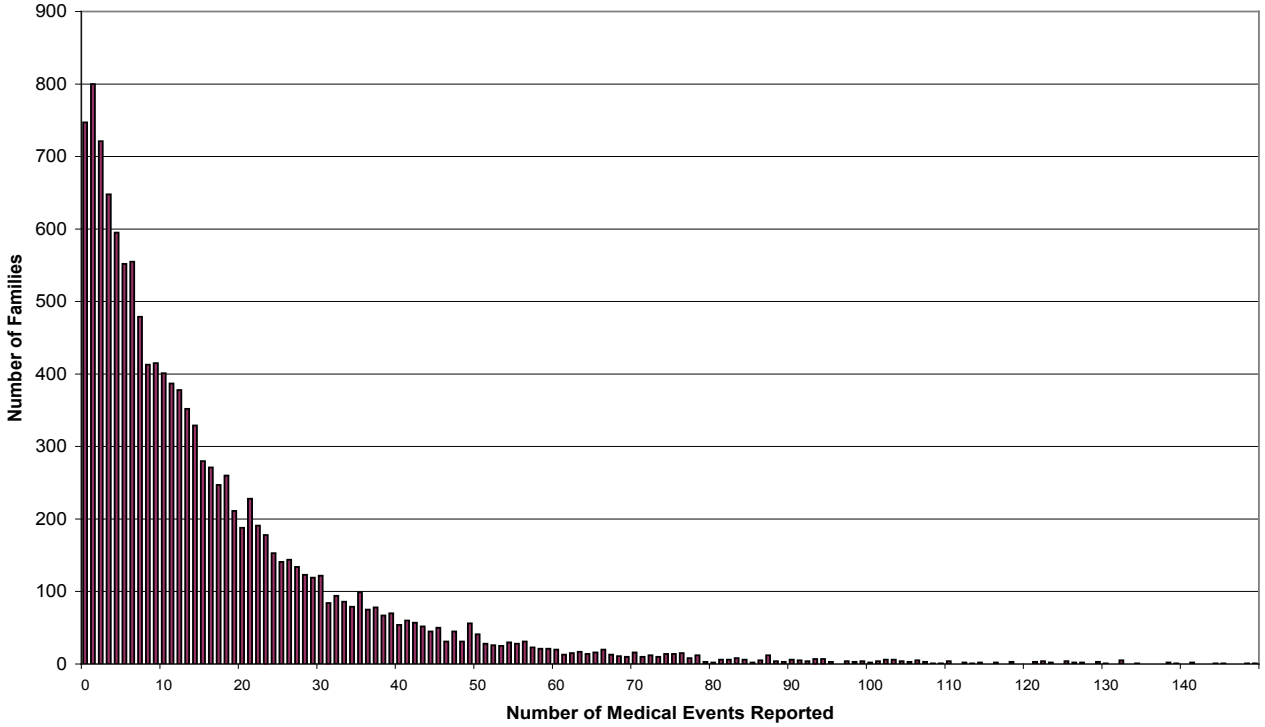


Figure B. Distribution of Families Across the Number of Medical Events Reported in 2005

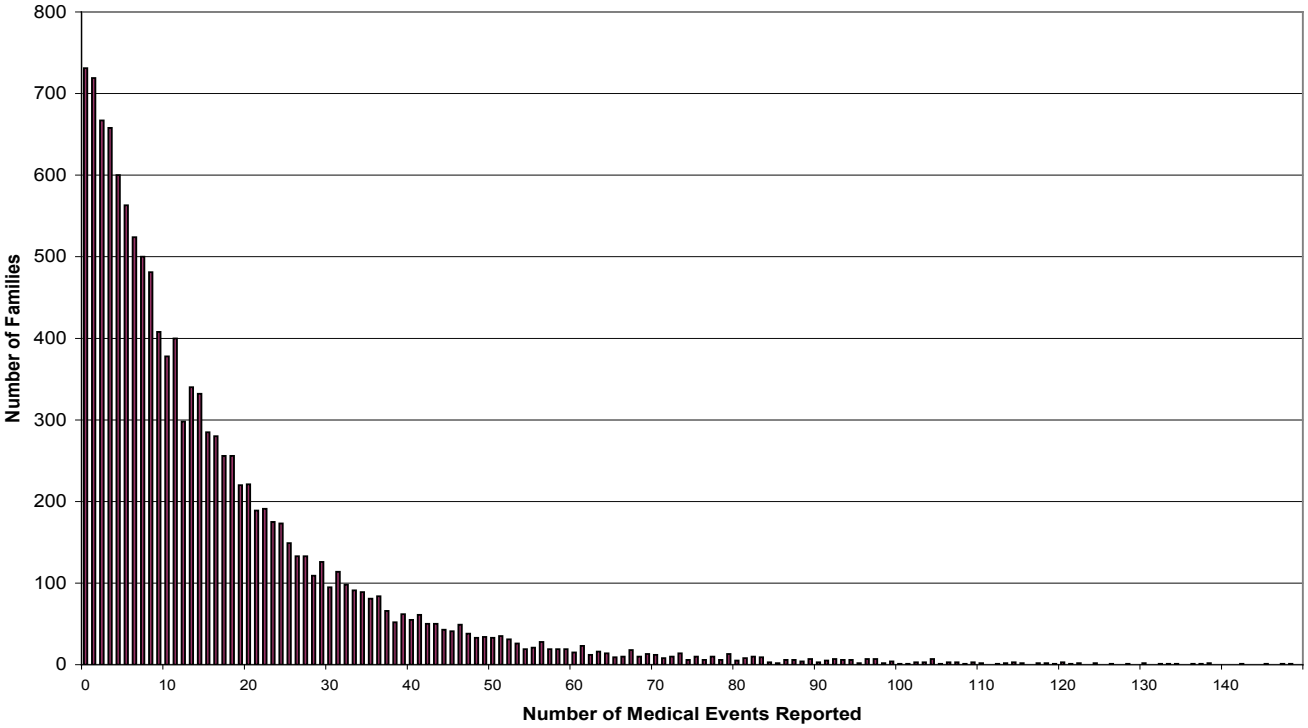


Figure C. Distribution of Families Across the Number of Medical Events Reported in 2006

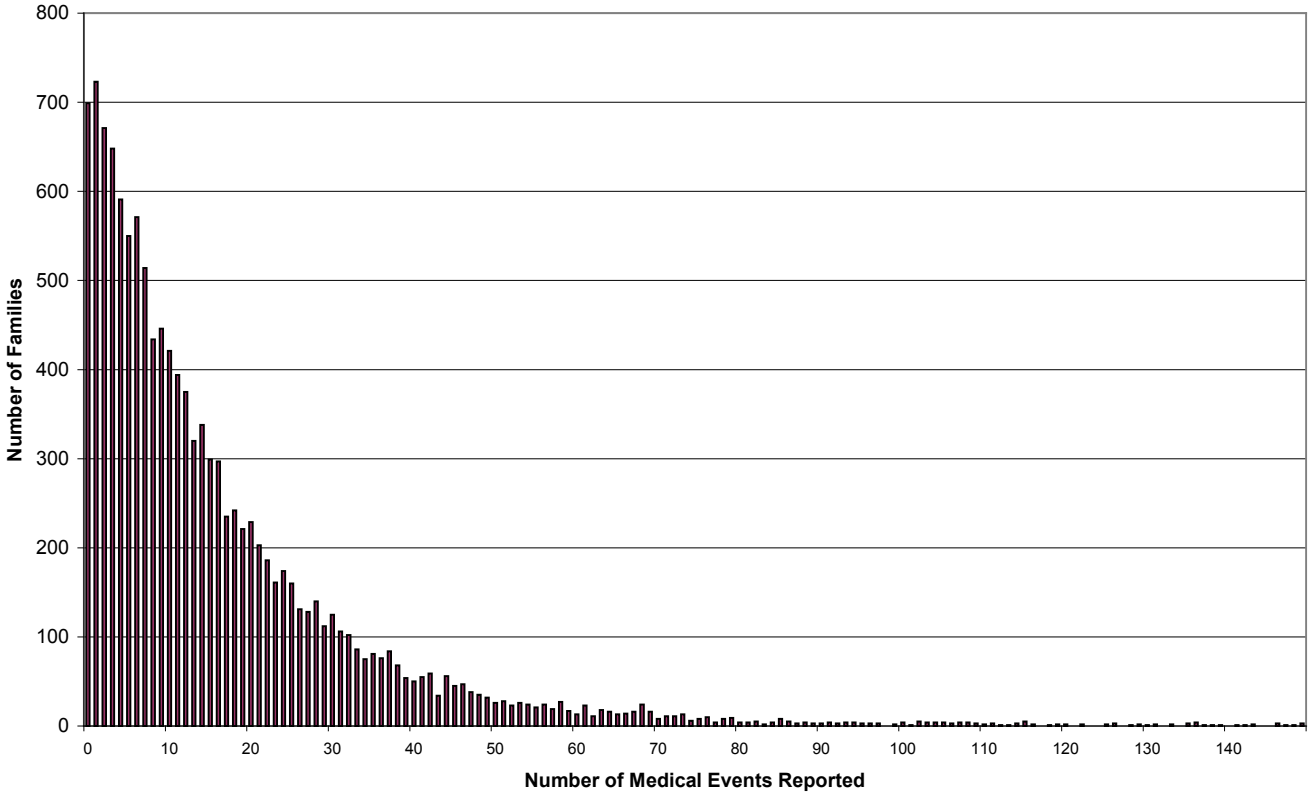
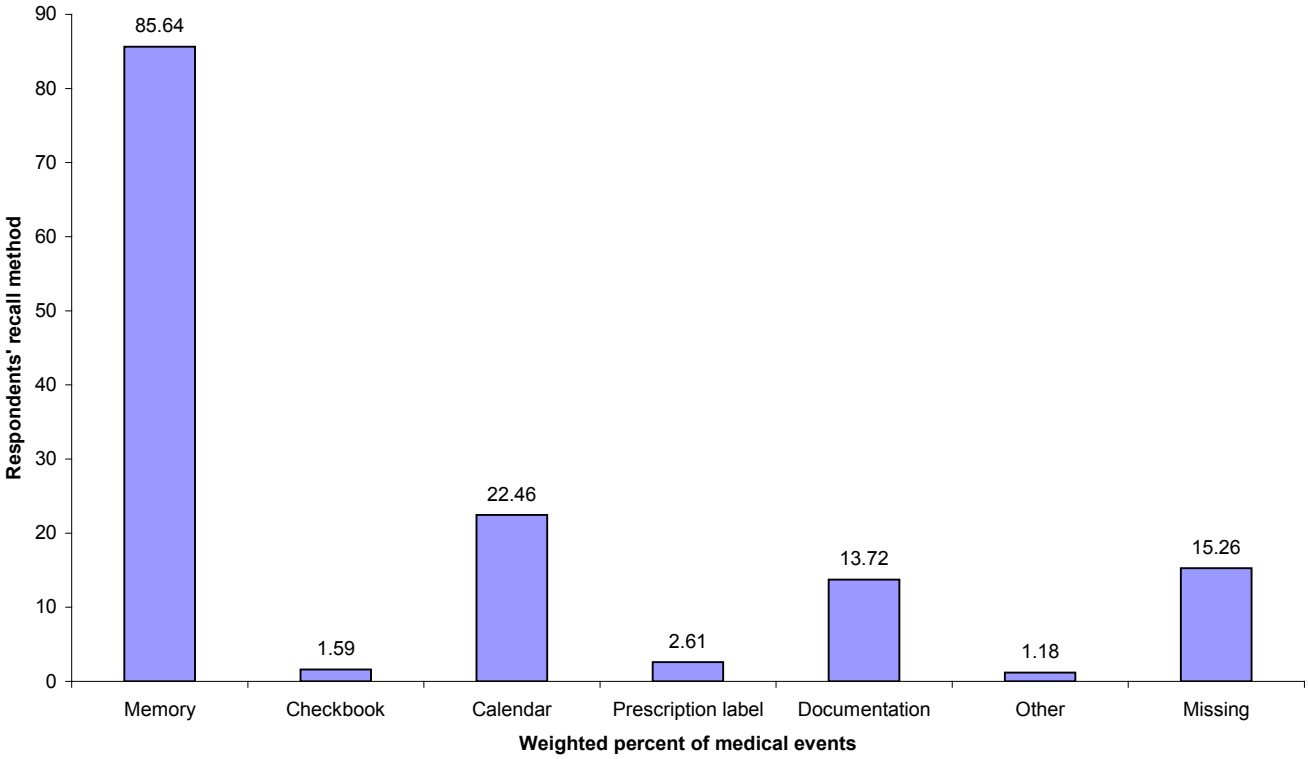


Figure D. Weighted percent of medical events for which the respondents used each recall method.



Note—Interviewers could note that respondents could use more than one recall method for any medical event. The recall method was classified as "missing" when interviewers did not note any recall method.

Tables

First, tables were created in order to investigate the association between the recall methods that the respondents used to report data about their families' medical events and the characteristics of the families, of the people who experienced the medical events, of the respondents, and of the medical events themselves. All of the tables use the same format, shown in Table D. Five columns in the tables correspond to the respondents' recall methods. The rows in the tables correspond to characteristics of the families, the people who experienced the medical events, the respondents, or the medical events themselves. Entries in the tables show the percentages and the 95 percent confidence intervals (95% CIs) of those percentages, of the medical events that fall into the row and column categories. The tables are in the appendix as Tables 1 through 54.

Row Variables

In Tables 1 through 5, the row variables pertain to the respondents' families. In Tables 6 through 24, they pertain to the person who experienced the medical event. In Tables 25 through 43, they pertain to the respondents. In Table 44, they pertain to the medical events themselves.

Table 2 is an example of a table in which the row variables pertain to the respondents' families. In that table, the rows correspond to the number of people in the family. Those rows are labeled "1 person family," "2 person family," "3-4 person family," "5-6 person family," and "7 or more person family." The table suggests the extent to which the size of the family is associated with the recall method that the respondent used.

Table D. Format of the data tables.

Variable name	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Category 1	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Average estimate (95% CI)
Category 2	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Average estimate (95% CI)
Category 3	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Percent estimate (95% CI)	Average estimate (95% CI)

Table 6 is an example of a table in which the row variables pertain to the people who experienced the medical events. In that table, the rows correspond to the age of that person. The table suggests the extent to which the age of the person who experienced the medical event is associated with the recall method that the respondent used.

Table 26 is an example of a table in which the row variables pertain to the respondents. In that table, the rows correspond to the sex of the respondent; one row is labeled "male," and another is labeled "female." The table suggests the extent to which the sex of the respondent is associated with the recall method that the respondent used. Sometimes the respondent is the person who experienced the medical event; respondents report their own medical events, as well as those of all other family members. The respondents' own medical events are counted in both the tables with row variables that pertain to the person who experienced the medical events and the tables with row variables that pertain to the respondent.

Table 44 is the only table in which the row variable pertains to the nature of the medical events. In this table, the rows are labeled "dental care," "emergency room," "home health care," and so on. That table suggests the extent to which the nature of a medical event is associated with the recall method that the respondent used to report that medical event.

Column Variables

Each table has five columns corresponding to the methods that the respondents used to recall each medical event. The headings of these columns are: "memory," "checkbook," "calendar," "prescription label," and "documentation." The tables have no column for "other," however, even though the interviewers could check that category, because "other" refers to an undefined range of recall methods and simply means "none of the above."

The rightmost column has the heading, "Average annual weighted number of events with at least one recall method selected (1000s)." Entries in that column show the weighted annual number of medical events during 2004 through 2006 for the categories in the row variable. The 95% CI appears below that number. The weighting adjusts for discrepancies between the demographic characteristics of the people whose data are collected in MEPS-HC and the overall U.S. population. It also adjusts for nonresponse for those who refuse to provide data or withdraw from MEPS before the final round of interviews.

The entries in the rightmost column were calculated counting only medical events for which the interviewer recorded that the respondent used at least one recall method, which could include "other." Medical events for which the interviewer recorded no data about the respondent's recall method were excluded from the calculation. There are two ways that the recall method data could be absent. First, as mentioned above, interviewers record the recall methods for prescriptions only when the respondent or a family member submitted a claim. For that reason, data for the respondents' recall methods exist for only 3.4 percent of the prescriptions filled in the years 2004 to 2006. Second, interviewers sometimes simply neglected to record the respondent's recall methods.

Entries

The entries in the other cells on the table are the percent of medical events that fit into the categories specified by the row and column. The 95% CI is shown for each percentage. For example, Table 26 shows that the male respondents recalled 90.7 percent of all the medical events that they reported by using their memories, 1.6 percent by referring to a checkbook, 21.1 percent by looking at notes on a calendar, 2.6 percent by looking at prescription labels and 13.8 percent by reading documentation. Each of these proportions was calculated using the figure shown in the rightmost column as the denominator. For example, in Table 26, 552,303 (in 1000s) served as the denominator in calculating the proportions in the row labeled "male." The numerator was the average annual weighted number of events over 2004, 2005, and 2006 in the column categories. The numerators are not shown in the tables. For example, in Table 26, the male respondents recalled an average of 116,536 medical events (weighted, in 1000s) annually using a calendar. That numerator (116,536) divided by the denominator (552,303), produces the 21.1 percent shown in Table 26 in the row labeled "male" and the column labeled "calendar"; male respondents used a calendar to help them recall an average of 21.1 percent of the medical events that they reported during the period 2004 to 2006. Because interviewers could record more than one recall method for each medical event, the sum of the proportions across each row in every table is more than 100 percent.

The 95% CIs suggest the relationships between the row variables and the respondents' recall methods. When two 95% CIs in a column do not overlap, the two associated proportions can be said to differ with a level of confidence of at least 95 percent (expressed as "$p < .05$"). For example, in Table 28, in the column labeled "memory," the 95% CI for Hispanic respondents of .887-.911 does not overlap with the 95% CI for non-Hispanic respondents of .923-.949. Therefore, Hispanic respondents and non-Hispanic respondents appear to differ ($p < .05$) in the proportion of medical events that they report with the aid of their memories. However, the CIs in the column labeled "calendar" for this table do overlap, suggesting that Hispanic and non-Hispanic respondents do not differ in the proportion of medical events that they report with the aid of calendars.

In every table, medical events are categorized as appropriate at the time of the interview. For example, a family member might be single at the time of one interview, but married at the time of a subsequent interview. On Table 10, the medical events for that family member collected during the first interview would be counted in the row "never married." The medical events for that same family member collected during the later interview would be counted in the row "married."

Tables Pertaining to the Characteristics of the Family

Tables 1 to 5 show the relationship between the characteristics of the respondents' families and the respondents' recall methods.

Number of medical events reported in the interview. Table 1 uses the row variable "number of medical events reported in the interview." For example, if in an interview the respondent reported a total of five medical events for all members of the family during the

reference period, each of those five events would be classified into the second row of the table, labeled "middle third: 4 – 8 events."

Family size. Table 2 uses the row variable "family size," or the number of individuals in the family for which the respondent was reporting data in the interview.

Metropolitan statistical area. Table 3 uses the row variable "metropolitan statistical area," abbreviated "MSA." The interviewer records whether the family is located in a MSA, using the most recent definitions given by the Office of Management and Budget (OMB). A MSA consists of a core urban area of 50,000 or more population, as well as the adjacent counties that have a high degree of social and economic integration with the urban core, as measured by the numbers of commuters. OMB annually issues a list defining current MSAs.

Family income as a percentage of the poverty line. Table 4 uses the row variable "family income (percentage of the poverty line)." The percentage of the poverty line is calculated using the family income, computed as the sum of the incomes of all family members, and the number of family members. The calculation employs the poverty line definitions that the Census Bureau sets using data from the Current Population Survey.

Census region. Table 5 uses the row variable "Census region" in which the family is located. The states that compose each of the four Census regions are shown in Table E below.

Table E. The four Census regions of the United States.

Region	States in that region
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
Midwest	Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
West	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming

Tables Pertaining to the Characteristics of the Person who Experienced the Medical Event and the Respondent

Tables 6 to 24 show the relationship between the characteristics of the people who experienced the medical events and the respondents' recall methods. Tables 25 through 43 show the relationship between the characteristics of the respondents themselves and their recall methods.

Age. Tables 6 and 25 use the row variable "age." Interviewers ask for the age and date of birth of each individual in the family. They ask the respondent to resolve any inconsistencies.

Table 6 shows the data for the age of person who experienced the medical event while Table 25 shows the data for the age of the respondent. In this section of this report, tables are paired in

this manner. The first table listed displays data for the person who experienced the medical event, while the second table listed displays data for the respondent.

Sex. Tables 7 and 26 use the row variable "sex." This variable is either "male" or "female."

Race. Tables 8 and 27 use the row variable "race." Interviewers can record more than one race for an individual. In that case, the individual is in the "multiple races reported" category.

Hispanic ethnicity. Tables 9 and 28 use the row variable "Hispanic ethnicity." The interviewers ask the questions about race and Hispanic background in the first interview.

Marital status. Tables 10 and 29 use the row variable "marital status." During each interview, the interviewer ascertains each adult family member's current marital status. The interviewers do not ask about the marital status of individuals younger than 16 years of age, which is automatically categorized as "inapplicable" and not included in Tables 10 and 29.

Education. Tables 11 and 30 use the row variable "years of education when first joined the panel." This information is obtained only during the first interview. The variable represents the person's educational attainment at that time.

Employment. Tables 12 and 31 use the row variable "employment status." The response categories are: "currently employed," "not currently employed but has a job to return to," "not currently employed but had a job at some time during the reference period," and "not employed currently or at any time during the reference period."

The category "currently employed" means employed[5] at the time of the interview. The category "not currently employed but has a job to return to" applies if the person did not work during the reference period but has a job to return to at the time of the interview. This situation could exist, for example, because of a layoff, Family Medical Leave Act absence, or strike.

Income. Tables 13 and 32 use the row variable "person's total income." This variable is the sum of all possible income components over the entire year in which the medical event occurred[6].

Health care expenditures. Tables 14 and 33 use the row variable "total health care expenditures," which refers to the total cost of the individual's health care during the year that the medical event occurred. This cost is computed by summing all amounts paid by all sources, such as the individuals themselves, family members, private insurance, Medicare, Medicaid, and

[5] The term "employed" refers to paid work for wages, salary, commission, or pay in kind. Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), and work without pay in a family business or farm run by a relative. This definition excludes unpaid volunteer work such as for a church or charity, unpaid leaves of absences, temporary layoffs such as due to a strike, and work around the house.

[6] Income includes annual earnings from wages, salaries, bonuses, tips, commissions; business and farm gains and losses; unemployment and workman's compensation; interest and dividends; alimony, child support, and other private cash transfers; private pensions, IRA withdrawals, social security, and veterans payments; supplemental security income and cash welfare payments from public assistance, Aid to Families with Dependent Children, and Aid to Dependent Children; gains or losses from estates, trusts, partnerships, S corporations, rent, and royalties; and any other sources of income.

any other public programs. The sums take into account any reimbursements. For example, if an individual pays a medical bill and later receives a partial reimbursement from a private insurer, the total amount that the provider actually receives is considered the total expenditure. This row variable has five categories: $0 for individuals with no health care expenditures for the year, $2 - $1,687 for those in the bottom quartile of people who had health care expenditures in the year, $1,688 - $4,622 for those in the second quartile, $4,623 - $11,777 for those in the third quartile, and $11,778 and above for those in the top quartile.

Health care expenditures paid by self or family. Tables 15 and 34 use the row variable "total health care expenditures paid by self or family." This amount is the sum of all payments for health-related products or services by the person who experienced the medical event and any other members of the family during the year that the medical event occurred. It does not include any amounts that were paid by any other source. This row variable has five categories: $0 for individuals with no health care expenditures paid by themselves of family members for the year, $1 - $306 for those in the bottom quartile of people who had such health care expenditures in the year, $307 - $859 for those in the second quartile, $860 - $1,970 for those in the third quartile, and $1,971 and above for those in the top quartile.

Health status. Tables 16 and 35 use the row variable "self-perceived health status." This variable is the response to the question, "In general, compared to other people of (the person's) age, would you say that (the person's) health is excellent, very good, good, fair, or poor?" in which the words "the person's" are replaced with the name of a family member if the question is about a family member other than the respondent, or with "your" if the question is about the respondent.

Mental health status. Tables 17 and 36 use the row variable "self-perceived mental health status." This variable is the response to the question, "In general, would you say that (the person's) mental health is excellent, very good, good, fair, or poor?" in which the words "the person's" are replaced with the name of a family member if the question is about a family member other than the respondent, or with "your" if the question is about the respondent.

Health insurance status. Several tables were created to investigate the relationship between health insurance coverage and the respondents' recall methods. In Tables 18 and 37, the row variable is "health insurance status." The variable is set to "any private" if the person was covered by private insurance at any time during the calendar year in which the medical event occurred. The variable is set to "public only" if the person had only public insurance during the calendar year. If the person had both public and private insurance during the calendar year, then the variable is set to "any private." If the person had neither public nor private insurance at any time during the calendar year, then the variable is set to "uninsured." For purposes of this variable, TRICARE[7] is counted as private insurance.

Tables 19 and 38 use the row variable "ever have private insurance." This variable is set to "yes" if the person was covered by any private health insurance for at least one day of the calendar year in which the medical event occurred.

[7] TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses.

Tables 20 and 39 use the row variable "ever have Medicare." The variable is set to "yes" if the person was covered by Medicare for at least one day of the calendar year in which the medical event occurred.

Tables 21 and 40 use the row variable "ever have Medicaid/SCHIP." The variable is set to "yes" if the person was covered by Medicaid or State Children's Health Insurance Program (SCHIP) for at least one day of the calendar year in which the medical event occurred. For purposes of this variable, Medicaid HMOs requiring the payment of a premium are not counted as Medicaid.

Tables 22 and 41 use the row variable "ever have TRICARE." This variable is set to "yes" if the individual had TRICARE coverage for at least one day of the calendar year in which the medical event occurred.

Tables 23 and 42 use the row variable "ever have Medicaid HMO with a premium." This variable refers to Medicaid HMOs that charge a premium. If the person was covered by such a Medicaid HMO for at least one day of the calendar year in which the medical event occurred, then this variable is set to "yes."

Tables 24 and 43 have the row variable "ever have other public insurance." This variable refers to the many other health insurance programs available under the auspices of specific states. For example, the Maryland AIDS Drug Assistance Program is classified as "other public insurance." If the person was covered by such a program for at least one day of the calendar year in which the medical event occurred, this variable is set to "yes."

Table Pertaining to the Characteristics of the Medical Event

Table 44 shows the relationship between the characteristics of the medical event itself and the respondents' recall methods. The row variable is the category for the medical event— dental care, care in emergency departments, home health care, hospital inpatient care, outpatient care, office visits, prescription medicines, and all other forms of health care (as defined in Table A).

Logistic Regression Analyses

Ten logistic regression analyses were run to explore the results from the tables. The goal of the logistic regression analyses was to study the extent to which each of the row variables in Tables 1 through 44 could predict whether the respondents would use each of the five recall methods to provide data about a medical event during an interview. These logistic regression analyses were exploratory; that is, they were not run to test particular *a priori* hypotheses.

In Tables 1 through 44, each variable is considered separately in its own table. The tables show the relationship between each row variable and the respondents' choice of recall methods. Logistic regression analyses go a step further in exploring the relationship between each variable and the use of the recall methods. Logistic regression analyses test this relationship for each variable while controlling for the effects of the other variables. Therefore, logistic regression can

distinguish the effects of related variables, such as poverty status and Medicaid status, to more clearly reveal the factors that influence the respondents' choice of recall methods[8].

The predictor variables in the logistic regression analyses were the row variables in Tables 1 through 44. One variable—"ever had private insurance during the reference period" (the row variable in Table 19)—had to be excluded from the analysis because it was collinear[9] with other predictor variables.

For each logistic regression analysis, the outcome variable was the respondents' use of one of the five recall methods: (1) memory, (2) checkbook, (3) calendar, (4) prescription label, and (5) documentation.

Two logistic regression analyses were run for each of these five outcome variables. The first analysis used predictor variables pertaining to: (1) the family (the row variables in Tables 1 through 5); (2) the person who experienced the medical event (the row variables in Tables 6 through 24); and (3) the medical event itself (the row variable in Table 44). In the second analysis, variables pertaining to the respondent (the row variables in Tables 25 through 43) were used instead of variables pertaining to the person who experienced the medical event. The variables pertaining to the respondent and the variables pertaining to the person who experienced the medical event could not both be used as predictor variables in the same analyses because for many medical events, the respondent was the person who experienced the medical event.

The ten logistic regression analyses employed a stepwise backward selection process. First, all predictor variables were entered into the model. Then, the least statistically significant variable in the model was trimmed. That is, a variable was trimmed when its t-test had the least significant p level of all the variables in the model. The t-test reflects the contribution of the variable to the ability of the model to predict the outcome variable. This process was repeated, trimming variables one by one, until the model contained only variables whose t-tests had a significance level of $p < .05$. In this way, predictor variables that were not significantly related to the outcome variable were not included in the ten models (for example, "metropolitan statistical area" was not included in any of the models because it was not found to be significantly [$p < .05$] associated with the respondents' use of any of the recall methods).

[8] Readers who need a concise introduction to logistic regression analyses of survey data should refer to http://www.cdc.gov/nchs/tutorials/Nhanes/NHANESAnalyses/LogisticRegression/Info1.htm.

[9] When two or more predictor variables are highly correlated and added to a logistic regression model simultaneously, their separate effects are impossible to differentiate. For that reason, only the variable that is most strongly associated with the outcome variable can be in the model. The method used to detect colinearity in these analyses is known as the Variance Inflation Factor method.

Results

Tables

Tables 1 through 44 reveal that many variables were associated with the respondents' choice of recall methods. Table F below, which summarizes Tables 1 through 44, reveals a pattern: Certain characteristics of the family, the person who experienced the medical event, and the respondent tended to have at least one of the following effects on the respondents' choice of recall method:

- Increase the likelihood that a respondent would use memory
- Increase the likelihood that a respondent would refer to prescription labels
- Decrease the likelihood that a respondent would refer to a checkbook
- Decrease the likelihood that a respondent would refer to a calendar
- Decrease the likelihood that a respondent would refer to documentation.

Two characteristics of the *family* had four of those five effects:

1. Fewer medical events for the family reported in the interview
2. Lower family income

A total of *13* characteristics of *the person who experienced the medical event and the respondent* had at least one of the five effects:

1. Younger age
2. African-American race (as compared with white race)
3. Hispanic ethnicity
4. Lower educational attainment
5. Lower personal income
6. Lower health care expenditures
7. Lower health care expenditures paid by self or family
8. Worse self-perceived health
9. Worse self-perceived mental health
10. Covered only by public insurance during the calendar year
11. Never had private insurance during the calendar year
12. Ever covered by Medicaid during the calendar year
13. Ever covered by TRICARE during the calendar year

Table F below shows that only the variable African-American race had all five effects: increasing the likelihood that the respondent would use memory and prescription labels, and decreasing the likelihood that the respondent would refer to a checkbook, calendar, and documentation. The other variables had one to four of those five effects. None of the variables had a contrary effect, such as decreasing the likelihood that a respondent would use memory.

Table F below also suggests that the region of the country where the family is located was associated with the respondents' choice of recall methods. In the Midwest, respondents tended

to use memory less than respondents in other regions did. In the South, respondents tended to use prescription labels more than respondents in other regions did. In the Northeast, respondents tended not to refer to documentation.

Table F. Summary of the findings (Tables 1 through 44).

Table	Variable	Memory	Check-book	Calendar	Prescription label	Documentation
3	Decreasing number of events reported in interview	↑		↓	↑	↓
6	Decreasing family income	↑	↓		↑	↓
7	Region: Midwest	↓				
7	Region: South				↑	
7	Region: Northeast					↓
	For the person who experienced the medical event					
8	Decreasing age		↓	↓		
10	African American (vs. white)	↑	↓	↓	↑	↓
11	Hispanic (vs. not Hispanic)	↑	↓		↑	↓
13	Decreasing education	↑	↓		↑	↓
15	Decreasing personal income	↑			↑	↓
16	Decreasing health care expenditure	↑		↓		↓
17	Decreasing health care expenditure paid by self, family	↑	↓	↓		↓
18	Worse self-perceived health	↑	↓		↑	↓
19	Worse self-perceived mental health	↑	↓		↑	↓
20	Had only public insurance (vs. private) in calendar year	↑	↓		↑	↓
21	Never had private insurance in calendar year	↑	↓		↑	↓
23	Ever on Medicaid in calendar year	↑	↓		↑	↓
24	Ever on TRICARE in calendar year		↓			
	The results for the respondent who reported the medical event are identical except for the variable "age"					
27	Decreasing age	↑	↓	↓		↓
	For the type of medical event					
46	Home health care	↑				↓
46	Dental		↑			↑
46	Prescription			↓	↑	

An up arrow ↑ denotes increased use of the recall method and a down arrow ↓ denotes decreased use. For example, the second line displays results from Table 4 suggesting that lower family income is associated with an increased likelihood that respondents would rely on memory to report information about the family's medical events.

Logistic Regression Analyses

The results of the logistic regression analyses are shown in detail in Tables 45 through 54 and summarized in Tables G and H below. Table G summarizes the results of the logistic regression analyses that include variables that pertain to the person who experienced the medical event, while Table H summarizes the results of the logistic regression analyses that include variables that pertain to the respondent.

The values of beta and the odds ratios in Tables 45 through 54 show the strength of the relationship between each predictor variable and the outcome variable, while controlling for the other predictor variables in the model. Beta is the natural logarithm of the odds ratio. The p values in Tables 45 through 54 show whether the beta is significantly different from 0, or equivalently, whether the odds ratio is significantly different from 1. Rows are in bold font when the p value is less than .05.

Table G shows that 31 variables are associated with the respondents' use of one or more of the five recall methods. Table H shows that 33 variables are associated with the respondents' use of one or more of the five recall methods. On both tables, 20 variables are significantly associated with the respondents' use of three or more of the five recall methods. These 20 variables may be particularly useful for gaining an understanding of the influences on the respondents' recall methods. Table I displays these 20 variables, the three or more recall methods with which they are associated, and the direction of that association.

The results of the logistic regression analyses confirmed the pattern that certain characteristics of the families, the people who experienced the medical events, and the respondents are associated with at least one of the following effects on the respondents' choice of recall methods:

- Increase the likelihood that a respondent would use memory
- Increase the likelihood that a respondent would refer to prescription labels
- Decrease the likelihood that a respondent would refer to a checkbook
- Decrease the likelihood that a respondent would refer to a calendar
- Decrease the likelihood that a respondent would refer to documentation.

Three characteristics of the *family* were associated with at least one of the five effects:

1. Fewer medical events reported in the interview
2. Larger family size
3. Lower family income

A total of *17* characteristics of the *person who experienced the medical event* was associated with at least one of the five effects:

1. Younger age
2. Male
3. African-American race

4. American Indian / Alaska Native race
5. Asian race
6. Multiple races reported
7. Hispanic ethnicity
8. Lower educational attainment
9. Employed
10. Decreasing health care expenditures paid by self or family
11. Worse perceived health
12. Covered only by public insurance during the calendar year
13. Not ever covered by Medicare during the calendar year
14. Ever covered by Medicaid during the calendar year
15. Ever covered by TRICARE during the calendar year
16. Not ever covered by a Medicaid HMO during the calendar year
17. Ever covered by other public insurance during the calendar year

A total of *16* characteristics of the *respondent* was associated with at least one of the five effects:

1. Younger age
2. Male
3. African-American race
4. Asian race
5. Hawaiian / Pacific Islander race
6. Hispanic ethnicity
7. Lower educational attainment
8. Employed
9. Decreasing health care expenditures paid by self or family
10. Greater health care expenditures
11. Worse perceived mental health
12. Covered only by public insurance during the calendar year
13. Uninsured during the calendar year
14. Ever covered by Medicare during the calendar year
15. Ever covered by Medicaid during the calendar year
16. Not ever covered by a Medicaid HMO during the calendar year

Much like the results for the tables (shown in Table F), only the variable African-American race had all five effects in the logistic regression results: increasing the likelihood that the respondent would use memory and prescription labels, and decreasing the likelihood that the respondent would refer to a checkbook, calendar, and documentation. The other variables had one to four of those five effects. None of these variables had a contrary effect, such as decreasing the likelihood that a respondent would use memory.

Table G. Summary of the results of the logistic regression analyses, showing variables that pertain to the family, to the medical event, and to the person who experienced the medical event.

Variable	Memory	Checkbook	Calendar	Prescription label	Documentation
Variables pertaining to the family					
Decreasing number of events reported in interview			↓	↑	
Decreasing family income	↑	↓		↑	↓
Region: Midwest (vs. South)	↓		↓	↓	
Region: Northeast (vs. South)				↓	↓
Variables pertaining to the person who experienced the medical event					
Younger age		↓			
Male		↓	↓		↓
Race: African American (vs. white)	↑	↓	↓	↑	↓
Race: American Indian (vs. white)	↑				
Race: Asian (vs. white)			↓		↓
Race: Multiple races reported (vs. white)		↓			↓
Hispanic	↑			↑	↓
Marital status: Divorced (vs. married)		↑			↓
Marital status: Never married (vs. married)			↓	↓	
Decreasing education				↑	↓
Employment: Unemployed, job to return to (vs. employed)				↓	
Increasing health care expenditure paid by self, family		↑			
Worse perceived health	↑	↓		↑	↓
Only public insurance (vs. any private insurance)	↑			↑	↓
Uninsured (vs. any private insurance)	↑	↑	↓		↓
Not ever on Medicare in calendar year				↑	↓
Ever on Medicaid in calendar year		↓			↓
Ever on TRICARE in calendar year		↓		↑	↓
Not ever on Medicaid HMO in calendar year		↓		↑	
Ever on other public insurance in calendar year				↑	
Variable pertaining to the medical event					
Dental (vs. medical visit)		↑	↓	↓	↑
Emergency room (vs. medical visit)		↓	↓	↓	↑
Home health care (vs. medical visit)	↑	↓	↓	↓	↓
Hospital (vs. medical visit)		↓	↓		
Outpatient (vs. medical visit)				↓	↑
Prescription (vs. medical visit)			↓	↑	
Other medical (vs. medical visit)	↑	↑	↓	↓	↓

Table H. Summary of the results of the logistic regression analyses, showing variables that pertain to the family, to the medical event, and to the respondent.

Variable	Memory	Checkbook	Calendar	Prescription label	Documentation
Variables pertaining to the family					
Decreasing number of events reported in interview			↓	↑	
Greater family size					↓
Decreasing family income	↑	↓			↓
Region: Midwest (vs. South)	↓		↓	↓	
Region: Northeast (vs. South)				↓	↓
Variables pertaining to the respondent					
Decreasing age		↓			↓
Male			↓		↓
Race: African American (vs. white)	↑	↓	↓	↑	↓
Race: Asian (vs. white)			↓		↓
Race: Hawaiian (vs. white)		↓			↓
Hispanic				↑	↓
Marital status: Divorced (vs. married)		↑			↓
Marital status: Never married (vs. married)	↑		↓	↓	↓
Decreasing education	↑		↓	↑	↓
Employment: Not employed during round	↓				
Decreasing personal income	↑		↑	↑	
Increasing health care expenditure		↓			
Increasing health care expenditure paid by self, family		↑			
Worse self-perceived health		↓	↑	↑	↓
Worse self-perceived mental health			↓		
Only public insurance (vs. any private insurance)	↑				↓
Uninsured (vs. any private insurance)	↑		↓	↑	↓
Ever on Medicare in calendar year		↓			
Ever on Medicaid in calendar year		↓		↑	↓
Ever on TRICARE in calendar year		↓	↑		↓
Not ever on Medicaid HMO in calendar year		↓			↓
Variable pertaining to the medical event					
Dental (vs. medical visit)		↑	↓	↓	↑
Emergency room (vs. medical visit)		↓	↓	↓	↑
Home health care (vs. medical visit)	↑		↓	↓	↓
Hospital (vs. medical visit)		↓			
Outpatient (vs. medical visit)				↓	↑
Prescription (vs. medical visit)			↓	↑	
Other medical (vs. medical visit)	↑	↑	↓	↓	↓

Table I below shows that 10 variables were associated with three or more of the five effects--increasing the likelihood that the respondents would use memory or prescription labels as a recall method, or decreasing the likelihood that a respondent would use a checkbook, calendar, or documentation, without having a contrary effect such as decreasing the likelihood that a respondent would use memory.

One characteristic of the *family* was associated with at least three of the five effects:

1. Lower family income

A total of *five* characteristics of the *person who experienced the medical event* was associated with at least three of the five effects:

1. Male
2. African-American race
3. Hispanic ethnicity
4. Worse perceived health
5. Ever on TRICARE in the calendar year

Four characteristics of the *respondent* were associated with at least three of the five effects:

1. African-American race
2. Lower educational attainment
3. Uninsured during the calendar year
4. Ever covered by Medicaid in the calendar year

Table I. Summary of the results of the logistic regression analyses, showing variables that were associated ($p < .05$) with at least three recall methods.

Variable	Memory	Checkbook	Calendar	Prescription label	Documentation
Variables pertaining to the family					
Decreasing family income	↑	↓		↑	↓
Region: Midwest (vs. South)	↓		↓	↓	
Variables pertaining to the person who experienced the medical event					
Male		↓	↓		↓
African American (vs. white)	↑	↓	↓	↑	↓
Hispanic	↑			↑	↓
Worse perceived health	↑	↓		↑	↓
Insurance status: Uninsured (vs. insured)	↑	↑	↓		↓
Ever on TRICARE		↓		↑	↓
Variables pertaining to the respondent					
African American (vs. white)	↑	↓	↓	↑	↓
Never married (vs. married)	↑		↓	↓	↓
Less education	↑		↓	↑	↓
Less personal income	↑		↑	↑	
Worse self-perceived health		↓	↑	↑	↓
Insurance status: Uninsured (vs. insured)	↑		↓	↑	↓
Ever on Medicaid in calendar year		↓		↑	↓
Ever on TRICARE in calendar year		↓	↑		↓
Variable pertaining to the medical event					
Dental (vs. medical visit)		↑	↓	↓	↑
Emergency room (vs. medical visit)		↓	↓	↓	↑
Home health care (vs. medical visit)	↑	↓	↓	↓	↓
Other medical (vs. medical visit)	↑	↑	↓	↓	↓

Discussion

The results from the tables and logistic regression analyses point to several conclusions. The results strongly suggest that respondents do not choose the methods that they use to help themselves recall data for the MEPS interviews at random. The characteristics of the families, the respondents, the people who experienced the medical events, and the characteristics of the medical events themselves all appear to influence the respondents' choice of recall methods.

Characteristics of the Families, the Respondents, and the People who Experienced the Medical Events

First, the results suggest that respondents whose families have experienced a large number of medical events tend to use a calendar to keep a record of those medical events. Respondents who have fewer medical events to report are less likely to use a calendar.

All respondents are issued a calendar and asked to use it to record data about their families' medical events. The respondents are also asked to keep documentation about their families' medical events in a pocket at the back of the calendar. All the respondents realize that the interviewers will visit five times over the course of 2 years and ask detailed questions about the families' medical events. The results suggest that respondents who have to report many medical events are more inclined to use the calendar as a memory aid. Respondents who have to report fewer medical events may feel that they do not need to maintain a calendar.

Respondents whose families had many medical events to report also were less likely than respondents whose families had fewer medical events to rely on prescription container labels as a recall method. Prescription labels have some useful data for the MEPS interviewers. They have the date that the prescription was filled, the name of the pharmacy where the prescription was filled, the name of the drug, and the name of the provider who wrote the prescription. However, prescription labels lack much information, such as the cost of the prescription, and the date of the visit to the provider who wrote the prescription. Also, prescription container labels are not a useful data source for medical events that do not involve a prescription. The results suggest that respondents who had many medical events to report could not depend upon prescription container labels as a memory aid. They needed to use the calendar, so that they could write down all the data that they needed to report.

The second conclusion is that lower socioeconomic status appears to have five effects on the respondents' strategies for managing MEPS data:

1. Increase the likelihood that respondents will rely on their memories
2. Increase the likelihood that respondents will examine prescription container labels
3. Decrease the likelihood that respondents will refer to a checkbook
4. Decrease the likelihood that respondents will record data on a calendar
5. Decrease the likelihood that respondents will keep and consult documentation.

Lower family income was associated with four of those five effects. Less educational attainment for the people who experienced the medical events was associated with two of those effects; less educational attainment for the respondents was associated with four of the those effects. Medicaid coverage for the people who experienced the medical events or for the respondents was associated with two of those effects. A lack of health insurance for the people who experienced the medical events or for the respondents was associated with four of those effects.

Lower family income, Medicaid coverage, and a lack of health insurance are all measures of lower socioeconomic status. These results suggest that lower socioeconomic status is associated with less use of proactive data management strategies—keeping a file containing documentation or recording notes in a checkbook register or on a calendar—and more use of passive data management strategies—relying on memory, or checking prescription container labels that were created by a pharmacy.

The third conclusion to be drawn from the results concerns the demographic characteristics of the respondents and the people who experienced the medical events. African-American race, Hispanic ethnicity, younger age and male sex are associated with increased use of memory and prescription container labels and decreased use of a checkbook, calendar, or documentation. These demographic characteristics resemble lower socioeconomic status in their effect on the respondents' recall methods.

African-American race for the people who experienced the medical event or for the respondent was associated with all five effects. Hispanic ethnicity for the people who experienced the medical events was associated with three of the five effects; Hispanic ethnicity for the respondents was associated with two of the five effects. Younger age for the people who experienced the medical events was associated with one of the five effects; younger age for the respondents was associated with two of the five effects. Male sex for the people who experienced the medical events was associated with three of the five effects; male sex for the respondents was associated with two of the five effects.

The reasons for these findings are unclear. Conceivably, African-American and Hispanic families participating in MEPS-HC may be more likely than white, non-Hispanic families to be in a lower socioeconomic category. Perhaps younger people or males are less likely than older people and females to maintain a calendar or keep a file of documentation.

The fourth conclusion pertains to the health status variable. When the person who experienced the medical event is in relatively poor perceived health, the respondent is more likely to rely on memory and prescription container labels, and less likely to use a checkbook, or documentation. A similar pattern occurred for the respondent, except that when the respondents were in relatively poor health, they tended to use a calendar more. Perhaps this finding suggests that people in relatively poor health are less likely to go to the trouble of keeping documentation. However, because they have relatively many medical appointments, they do tend to keep up a calendar.

Characteristics of the Medical Events

The results of the logistic regression analyses also suggest that the nature of the medical event was associated with the recall method that the respondent used:

- For *dental visits*, the respondents tended to refer to a *checkbook or documentation*, but not to a calendar or prescription labels.
- For *emergency room visits*, respondents tended to refer to *documentation*, but not to a checkbook, a calendar, or prescription labels.
- For *home health care*, respondents tended to rely on their *memories*, rather than consulting a calendar, prescription labels, or bills.
- For *hospital stays*, respondents tended *not* to refer to a *checkbook or calendar*.
- For *outpatient visits*, respondents tended to refer to *documentation*, but not prescription labels.
- For *prescriptions*, respondents tended to rely on *prescription labels* but not a calendar, as one might expect.
- For *other* medical products and services, respondents tended to rely on their *memories* or refer to a *checkbook*, but not to a calendar, prescription labels, or bills.

These findings may reflect the manner in which the families tend to pay for medical expenses. Dentists may tend to issue documentation like bills and receipts, and patients may tend to pay dentists at least partially by check. Respondents may therefore refer to a checkbook or bills and receipts to gather information about dental visits. Emergency rooms and outpatient departments may often issue bills which patients submit to their insurance carriers without writing a check themselves. Respondents may therefore tend to refer to bills but not a checkbook to gather information about these medical events. Home health care may often involve independent nursing aides who are paid in cash; respondents have to rely on their memories to recall information about home health care because there are often no bills, receipts, or checks involved. In addition, information about prescriptions can easily be retrieved from the container labels, which may reduce the need to rely on any other source of data. Finally, many of the products and services in this "other" category are not covered by insurance, such as bathroom aids for the disabled, and contraceptive supplies. For that reason, consumers may tend to pay for them with cash and check. Respondents therefore find information about these "other" products and services by consulting a checkbook, or trying to remember.

Other Results

The logistic regression results also suggest that the respondents' recall methods varied by the location of the family. Respondents in the Northeast were less likely than respondents in the South to refer to prescription labels or to bills. Respondents in the Midwest were less likely than respondents in the South ones to rely on their memories, or to refer to a calendar or prescription labels. The reasons behind these results are unclear.

A few other patterns are visible in the results of the logistic regression analyses:

- Respondents tended to refer to a checkbook as a recall method when they, or the person who experienced the medical event, was divorced, or had relatively high health care expenses paid by themselves or another family member.

- Respondents tended to refer to a checkbook as a recall method when the person who experienced the medical event was uninsured or covered by a Medicaid HMO.

- Respondents tended not to refer to prescription labels when they, or the person who experienced the medical event, was unmarried.

The reasons for these results are not clear. However, it is possible that respondents with relatively high health care expenses that they or another family member paid for themselves are likely to have written a relatively large number of checks for health-related products and services. They therefore may have maintained a checkbook register and consulted it during the MEPS-HC interviews. Similarly, uninsured people may have often had to pay by check for their health-related expenses, rather than let the provider submit a claim to an insurer. Individuals covered by a Medicaid HMO may have written many checks to pay the HMO fees and co-pays. For these reasons uninsured people and people covered by a Medicaid HMO may be able to use their checkbook registers as a good information source in MEPS-HC.

Less clear is why the marital status variable appears to be associated with the respondents' choice of recall methods. However, this finding raises the possibility that married people differ from people without spouses in the ways that they tend to manage their health-related information.

Limitations

The methods used for this analysis have some important limitations. The analyses did not begin with a set of predictions derived from prior research. The statistical analyses were not designed with an eye toward testing the validity of any such predictions. Instead, the analyses were run solely with the intent of searching for patterns in the results. There is a strong possibility that the patterns identified in this report could be artifacts of any number of unrelated processes rather than new insights into personal health information management.

Moreover, MEPS was not designed with the intent of studying personal health information management practices. No evaluation study has ever been undertaken to assess the validity and reliability of the interviewers' observations of the respondents' recall methods. Had MEPS been designed to study personal health information management practices, it could have included followup questions and inquiries about whether the respondents had a checking account, or still had in their possession the calendars that the MEPS-HC interviewers distribute when the households are recruited.

In addition, these logistic regression analyses involved a large number of predictor variables. There is a high probability that some variables that were poor predictors of the recall methods were entered into the models purely as statistical artifacts.

It is quite likely that participation in MEPS itself affected the respondents' choice of recall methods. If the families were not sampled to participate, they may well have used different methods for managing their personal health information at home. For example, they certainly would not have been given the MEPS-HC calendars. They might have felt less motivation to be careful storing their bills and receipts.

On the other hand, the research design has a number of strengths. The dataset included a very large number of medical events. The sample of households is nationally representative. The strategy for weighting the data is well established. The results arguably can be generalized to all households in the United States. The results seem plausible and are reasonably consistent across a number of separate analyses. They raise some intriguing questions about personal health information management practices.

Implications of the Results

The results described in this report suggest that numerous factors influence the extent to which health care consumers use different methods to store or recall health-related information. The results suggest that people tend to manage different sorts of health-related information in different ways. Those ways appear to be influenced by billing and paying practices. Given differences in retrieval methods by race and ethnicity, cultural competence may be extremely important in the design of consumer health information technology, especially in meeting the needs of African-American and Hispanic families. In addition, the unique needs of the more indigent households have to be taken into account.

The results presented in this report suggest that consumer health information technology (IT) should be designed in a way that can be tailored to the characteristics of individual users. Developers may be able to apply those results in the design of their products. In addition, future research could compare competing designs for consumer health information technology across individuals and families with different characteristics.

The data from MEPS suggest that some groups of people are not inclined either to keep records using memory aids like calendars, or to keep files of documentation. Future consumer health IT applications may need to be designed to offer special help to these groups. In the near future, different consumer health IT systems could include tools that assist users in managing the data that are most important for their particular needs.

Next Steps

Analyses of future rounds of MEPS interviews could be enlightening. Starting in 2010, MEPS-HC interviewers will have two new response alternatives for the item on how the respondents recalled the information about the medical events. The interviewers will be able to select "Electronic Records" and "Pharmacy Patient Profile" in addition to the existing five alternatives and "other." The data from MEPS-HC starting in 2010 should therefore be particularly applicable to the design of consumer health IT.

In addition, future research could examine the various components of existing consumer health IT applications to study why some components are more widely used than others. Continuing analyses of MEPS-HC data may suggest how the user characteristics may influence the users' utilization of and satisfaction with different consumer health IT applications.

Appendix: Tables and Results from Logistic Regression Analyses

Table 1. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "number of medical events reported in the interview". Included are medical events from all MEPS-HC interviews, 2004-2006.

Number of medical events reported in the interview	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Top third : 9 - 200 events	89.6	1.6	25.5	2.4	15.4	1,469,397
	(88.3 - 90.9)	(1.4 - 1.9)	(22.9 - 28.1)	(2.1 - 2.7)	(14.3 - 16.4)	(1,393,735 - 1,545,060)
Middle third : 4 - 8 events	91.1	1.7	20.6	3.4	13.3	462,698
	(90.1 - 92.0)	(1.5 - 2.0)	(18.8 - 22.4)	(3.1 - 3.7)	(12.4 - 14.2)	(441,542-483,855)
Bottom third : 1 - 3 events	92.9	2.0	17.4	4.0	10.4	200,664
	(92.1 - 93.7)	(1.7 - 2.3)	(15.7 - 19.2)	(3.6 - 4.4)	(9.7 - 11.1)	(191,159-210,170)

Table 2. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "family size". Included are medical events from all MEPS-HC interviews, 2004-2006.

Family size	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
1 person family	91.2	2.0	22.1	3.0	13.8	451,968
	(90.1 - 92.2)	(1.6 - 2.3)	(19.8 - 24.4)	(2.6 - 3.4)	(12.7 - 14.9)	(421,811-482,125)
2 person family	89.4	1.8	24.1	2.5	15.9	773,030
	(88.1 - 90.8)	(1.6 - 2.1)	(21.3 - 26.8)	(2.1 - 2.8)	(14.7 - 17.2)	(727,808-818,251)
3-4 person family	90.4	1.4	24.7	2.7	14.3	673,210
	(89.0 - 91.7)	(1.1 - 1.7)	(22.1 - 27.4)	(2.3 - 3.1)	(13.0 - 15.6)	(636,339-710,081)
5-6 person family	90.7	1.6	22.4	3.1	11.3	203,801
	(88.8 - 92.5)	(1.0 - 2.2)	(19.5 - 25.2)	(2.5 - 3.8)	(9.6 - 13.0)	(187,917-219,685)
7 or more person family	90.0	1.0	22.5	3.5	10.4	30,716
	(82.8 - 97.2)	(0.0 - 2.0)	(17.2 - 27.8)	(2.6 - 4.5)	(3.3 - 17.4)	(25,462-35,969)

Table 3. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "metropolitan statistical area". Included are medical events from all MEPS-HC interviews, 2004-2006.

Metropolitan statistical area	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
In a metropolitan statistical area	90.1	1.7	23.7	2.7	14.5	1,771,733
	(88.9 - 91.3)	(1.5 - 1.9)	(21.3 - 26.2)	(2.4 - 3.0)	(13.5 - 15.5)	(1,674,087-1,869,380)
Not in a metropolitan statistical area	90.8	1.6	23.3	3.0	14.3	361,005
	(88.1 - 93.4)	(1.0 - 2.1)	(18.2 - 28.5)	(2.1 - 3.9)	(12.3 - 16.4)	(308,531-413,480)

Table 4. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "family income (percentage of poverty line)". Included are medical events from all MEPS-HC interviews, 2004-2006.

Family income (percentage of poverty line)	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Negative or poor (less than 100%)	94.5	0.7	22.6	4.6	5.7	233,282
	(93.3 - 95.8)	(0.5 - 0.9)	(19.7 - 25.6)	(0.039-.053)	(4.8 - 6.6)	(214,977-251,587)
Near poor (100% to less than 125%)	93.7 (0.921-95%2)	1.4	24.4	4.2	8.9	89,875
		(0.9 - 1.9)	(20.5 - 28.3)	(3.5 - 4.9)	(7.0 - 10.7)	(81,980-97,769)
Low income (125% to less than 200%)	93.0	1.3	24.3	4.1	10.0	255,168
	(0.917-.943)	(1.0 - 1.6)	(21.4 - 27.2)	(3.5 - 4.7)	(8.7 - 11.3)	(239,485-270,851)
Middle income (200% to less than 400%)	90.5	1.6	24.5	2.7	14.4	635,526
	(89.0 - 92.1)	(1.3 - 1.9)	(21.8 - 27.3)	(2.3 - 3.0)	(13.2 - 15.6)	(600,459-670,593)
High income (greater than or equal to 400%)	87.8	2.1	23.1	1.8	18.5	918,908
	(86.6 - 89.1)	(1.8 - 2.4)	(20.8 - 25.3)	(1.6 - 2.0)	(17.2 - 19.8)	(863,183-974,634)

Table 5. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "census region". Included are medical events from all MEPS-HC interviews, 2004-2006.

Census region	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Northeast	93.0	1.5	22.8	2.5	11.3	447,680
	(91.5 - 94.5)	(1.2 - 1.9)	(18.4 - 27.2)	(2.1 - 2.9)	(9.8 - 12.9)	(405,888-489,472)
Midwest	85.2	1.7	20.5	1.6	17.5	509,901
	(81.9 - 88.5)	(1.4 - 2.1)	(15.9 - 25.1)	(1.2 - 2.1)	(15.5 - 19.5)	(463,155-556,647)
South	91.7	1.8	26.6	3.7	14.5	702,983
	(90.2 - 93.3)	(1.3 - 2.2)	(23.2 - 30.0)	(3.1 - 4.2)	(12.8 - 16.3)	(651,647-754,319)
West	90.8	1.7	23.5	2.8	14.0	472,174
	(88.7 - 92.9)	(1.2 - 2.1)	(17.6 - 29.5)	(2.1 - 3.6)	(12.5 - 15.5)	(416,933-527,416)

Table 6. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "age". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Age	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
0 to 14 years	89.8 (87.8 - 91.8)	10.0 (0.7 - 1.3)	24.3 (21.7 - 27.0)	2.7 (2.3 - 3.1)	12.3 (11.0 - 13.7)	274,186 (257,748-290,625)
15 to 19 years	90.6 (89.1 - 92.2)	1.5 (1.0 - 2.0)	20.9 (18.0 - 23.8)	1.8 (1.5 - 2.1)	13.7 (11.9 - 15.6)	95,062 (88,001-102,124)
20 to 24 years	93.1 (91.6 - 94.7)	1.0 (0.7 - 1.3)	20.9 (17.8 - 24.0)	21.0 (1.6 - 2.6)	9.6 (8.2 - 11.1)	81,946 (74,466-89,426)
25 to 34 years	91.1 (89.7 - 92.5)	1.2 (0.9 - 1.5)	21.6 (19.0 - 24.1)	2.5 (2.1 - 2.9)	12.8 (11.1 - 14.6)	205,492 (189,786-221,198)
35 to 44 years	90.1 (88.5 - 91.7)	1.7 (1.3 - 2.1)	22.8 (20.2 - 25.5)	2.9 (2.5 - 3.4)	15.1 (13.6 - 16.7)	268,926 (251,210-286,641)
45 to 54 years	89.9 (88.6 - 91.2)	1.7 (1.4 - 2.0)	22.5 (19.8 - 25.2)	2.9 (2.5 - 3.3)	15.4 (14.0 - 16.8)	356,454 (335,227-377,681)
55 to 64 years	89.8 (88.2 - 91.3)	2.3 (1.8 - 2.7)	23.9 (21.0 - 26.8)	2.7 (2.3 - 3.1)	15.6 (13.8 - 17.3)	334,464 (312,152-356,775)
65 to 74 years old	89.2 (87.4 - 91.0)	1.9 (1.5 - 2.3)	24.5 (21.3 - 27.7)	2.8 (2.3 - 3.2)	16.5 (14.7 - 18.3)	258,959 (236,592-281,325)

Table 6. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "age". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Age	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
75 years and over	91.1	2.1	27.9	3.2	14.3	257,255
	(89.7 - 92.5)	(1.6 - 2.6)	(24.1 - 31.7)	(2.5 - 3.8)	(12.8 - 15.8)	(235,009-279,502)

Table 7. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "sex". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Sex	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Male	90.3	1.5	22.9	2.7	14.1	865,430
	(89.1 - 91.6)	(1.3 - 1.8)	(20.6 - 25.2)	(2.4 - 3.0)	(13.1 - 15.1)	(821,676-909,183)
Female	90.2	1.8	24.2	2.8	14.7	1,267,330
	(89.0 - 91.3)	(1.6 - 2.0)	(21.9 - 26.5)	(2.5 - 3.1)	(13.7 - 15.7)	(1,206,605-1,328,055)

Table 8. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "race". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Race	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
White only	89.5	1.8	24.4	2.6	15.6	1,818,929
	(88.3 - 90.7)	(1.6 - 2.1)	(22.0 - 26.8)	(2.3 - 2.9)	(14.6 - 16.6)	(1,729,395-1,908,464)
Black only	95.3	0.7	18.9	4.2	6.5	196,148
	(94.4 - 96.2)	(0.4 - 0.9)	(16.3 - 21.4)	(3.6 - 4.7)	(5.1 - 7.8)	(177,511-214,786)
American Indian/Alaska native only	96.8	1.0	21.5	5.1	7.6	15,378
	(94.4 - 99.1)	(0.0 - 2.0)	(10.2 - 32.8)	(1.9 - 8.4)	(2.6 - 12.6)	(9,692-21,065)
Asian only	91.9	1.2	16.5	2.4	12.3	56,678
	(89.3 - 94.4)	(0.6 - 1.8)	(13.5 - 19.6)	(1.6 - 3.2)	(9.4 - 15.2)	(48,504-64,852)
Native Hawaiian/Pacific islander only	93.9	0.3	29.7	4.2	8.8	5,331
	(90.6 - 97.3)	(-.1 - 0.7)	(20.8 - 38.6)	(2.1 - 6.3)	(4.7 - 13.0)	(2,829-7,833)
Multiple races reported	92.9	0.7	24.3	3.2	8.8	40,295
	(90.7 - 95.1)	(0.2 - 1.2)	(18.9 - 29.6)	(2.0 - 4.5)	(6.3 - 11.3)	(32,191-48,398)

Table 9. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "Hispanic ethnicity". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Hispanic ethnicity	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Hispanic	93.4	1.1	23.7	5.6	7.5	181,781
	(92.1 - 94.7)	(0.8 - 1.4)	(20.6 - 26.9)	(4.9 - 6.2)	(6.3 - 8.7)	(163,024-200,538)
Not Hispanic	89.9	1.7	23.7	2.5	15.1	1,950,979
	(88.7 - 91.1)	(1.5 - 2.0)	(21.3 - 26.0)	(2.2 - 2.8)	(14.1 - 16.1)	(1,858,574-2,043,383)

Table 10. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "marital status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Marital status (16 or older only)	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Married	89.1	1.9	24.6	2.5	16.7	1,034,018
	(87.8 - 90.5)	(1.6 - 2.1)	(22.1 - 27.1)	(2.2 - 2.9)	(15.5 - 17.9)	(980,660-1,087,377)
Widowed	91.3	2.0	25.3	3.9	14.2	199,236
	(90.0 - 92.5)	(1.5 - 2.6)	(21.7 - 28.9)	(3.2 - 4.6)	(12.8 - 15.6)	(182,941-215,532)
Divorced	91.9	2.0	22.8	3.1	11.6	227,558
	(90.3 - 93.5)	(1.6 - 2.4)	(19.6 - 26.0)	(2.6 - 3.6)	(10.3 - 13.0)	(207,332-247,785)
Separated	94.4	1.1	25.0	4.5	8.2	37,939
	(92.8 - 96.0)	(0.2 - 2.0)	(20.5 - 29.4)	(3.4 - 5.7)	(5.7 - 10.6)	(32,280-43,598)
Never married	91.7	1.3	19.8	2.4	12.1	336,691
	(90.6 - 92.8)	(1.1 - 1.6)	(17.6 - 21.9)	(2.1 - 2.7)	(10.9 - 13.3)	(315,582-357,801)

Table 11. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "years of education when first joined the panel". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Years of education when first joined the panel	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Less than 9th grade	91.5	1.0	23.2	3.8	11.7	297,941
	(90.1 - 93.0)	(0.8 - 1.3)	(20.7 - 25.7)	(3.3 - 4.3)	(10.5 - 13.0)	(280,120-315,762)
9th to 12th grade	91.1	1.6	23.3	3.2	12.9	765,853
	(90.0 -92.3)	(1.4 - 1.9)	(20.6 - 25.9)	(2.8 - 3.5)	(11.8 - 14.0)	(726,227-805,480)
1 to 3 years of college	90.1	1.9	24.3	2.5	14.6	423,166
	(88.7 - 91.5)	(1.5 - 2.3)	(21.5 - 27.1)	(2.1 - 2.9)	(13.4 - 15.9)	(396,382-449,951)
4 years of college	88.1	2.1	23.6	1.7	18.5	303,181
	(86.6 - 89.5)	(1.7 - 2.4)	(21.0 - 26.2)	(1.5 - 2.0)	(16.8 -20.2)	(280,389-325,973)
5+ years of college	89.1	2.2	23.8	1.5	19.2	226,675
	(87.5 - 90.8)	(1.7 - 2.7)	(20.6 - 27.1)	(1.2 - 1.8)	(17.4 - 21.1)	(200,559-252,791)

Table 12. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "employment status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Employment status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Employed on interview date	89.5	1.9	22.2	2.3	16.3	925,522
	(88.3 - 90.7)	(1.7 - 2.2)	(20.1 - 24.3)	(2.1 - 2.6)	(15.2 - 17.5)	(878,619-972,426)
Not employed but has a job to return to	90.6	3.0	21.7	1.6	10.3	4,238
	(85.1 - 96.1)	(0.9 - 6.8)	(11.0 - 32.4)	(0.6 - 2.5)	(5.1 - 15.5)	(3,211-5,264)
Had a job at some time during the round	91.2	1.9	21.8	2.6	12.7	60,775
	(89.5 - 92.8)	(1.1 - 2.6)	(18.4 - 25.2)	(2.0 - 3.3)	(11.0 - 14.4)	(55,456-66,094)
Not employed during the round	91.1	1.6	25.2	3.3	13.2	843,328
	(90.0 - 92.2)	(1.4 - 1.9)	(22.4 - 28.1)	(2.9 - 3.7)	(12.2 - 14.3)	(795,372-891,284)

Table 13. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "person's total income". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Person's total income	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Less than $10,000	91.1 (89.7 - 92.4)	1.2 (1.0 - 1.4)	23.9 (21.5 - 26.4)	3.2 (2.8 - 3.6)	11.7 (10.6 -12.7)	748,386 (711,749-785,023)
$10,000 - $24,999	91.8 (90.6 - 92.9)	1.6 (1.4 - 1.9)	24.8 (21.9 - 27.8)	3.2 (2.8 - 3.6)	12.9 (0.118-.141)	510,269 (480,256-540,282)
$25,000 - $49,999	89.2 (87.9 - 90.5)	2.1 (1.7 - 2.5)	22.7 (20.4 - 25.1)	2.4 (2.0 - 2.7)	17.0 (0.158-.182)	493,841 (465,943-521,740)
$50,000 - $74,999	88.2 (86.6 - 89.8)	2.1 (1.7 - 2.6)	23.9 (21.2 - 26.5)	1.8 (1.5 - 2.1)	18.0 (16.3 - 19.7)	224,785 (208,390 - 241,179)
$75,000 - $99,999	88.4 (86.2 - 90.7)	2.0 (1.4 - 2.7)	21.3 (17.9 - 24.7)	1.8 (1.3 - 2.3)	19.2 (15.9 - 22.4)	83,391 (73,034 - 93,749)
$100,000 - $149,999	86.7 (83.8 - 89.6)	2.9 (1.7 - 4.1)	20.1 (16.1 - 24.1)	1.5 (1.0 - 1.9)	20.3 (16.7 - 23.8)	46,358 (40,099 - 52,617)
$150,000 - $199,999	85.9 (0.801 - 0.917)	1.6 (0.9 - 2.4)	22.8 (17.4 - 28.2)	1.3 (0.8 - 1.9)	21.4 (15.2 - 27.7)	24,433 (20,364 - 28,501)
$200,000 or more	80.5 (0.656 - 095%4)	1.7 (- 0.1 - 3.4)	31.2 (13.1 - 49.2)	0.6 (- 0.2 - 1.4)	12.9 (4.1 - 21.7)	1,296 (589 - 2,004)

Table 14. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "total health care expenditures". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Total health care expenditures	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
$0	95.1	0.0	17.2	0.1	5.7	3,409
	(91.1 - 99.2)	(0.0 - 0.0)	(11.2 - 23.2)	(0.0 - 0.1)	(2.0 - 9.4)	(2,835 - 3,984)
$2 - $1,687	91.0	1.6	20.6	2.8	12.9	543,764
	(89.9 - 92.1)	(1.4 - 1.9)	(18.8 - 22.5)	(2.5 - 3.1)	(12.0 - 13.8)	(518,364 - 569,163)
$1,688 - $4,622	89.1	1.9	23.2	2.7	16.5	540,106
	(87.9 - 90.2)	(1.6 - 2.2)	(20.8 - 25.6)	(2.4 - 3.1)	(15.3 - 17.6)	(512,957 - 567,255)
$4,623 - $11,777	89.6	1.7	24.5	2.9	15.4	531,833
	(88.3 - 90.9)	(1.4 - 2.0)	(22.0 - 27.0)	(2.6 - 3.3)	(14.1 - 16.6)	(503,291 - 560,376)
$11,778 - $645,980	91.3	1.4	26.5	2.5	13.1	513,647
	(89.8 - 92.7)	(1.1 - 1.8)	(23.5 - 29.6)	(2.1 - 3.0)	(11.8 - 14.3)	(477,501 - 549,794)

Table 15. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "total health care expenditures paid by self or by family". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Total health care expenditures paid by self or by family	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
$0	95.0	.2	22.2	2.3	3.4	73,244
	(93.5-96.4)	(0.1-.2)	(19.7-24.7)	(2.0-2.7)	(2.7-4.2)	(68,155-78,333)
$1 - $306	91.7	1.1	22.4	3.6	10.6	519,813
	(90.5-92.9)	(0.9-1.2)	(20.4-24.4)	(3.2-3.9)	(9.8-11.4)	(495,386-544,239)
$307 - $859	89.6	1.7	23.0	2.7	15.7	517,889
	(0.882-.909)	(0.014-.019)	(0.206-.255)	(2.4-3.1)	(14.6-16.7)	(491,091-544,686)
$860 - $1,970	88.7	2.0	24.2	2.5	17.6	515,266
	(87.4-90.0)	(1.7-2.3)	(21.6-26.7)	(2.1-2.8)	(16.2-19.0)	(485,921-544,610)
$1,971 - $113,819	90.2	2.2	25.3	2.3	15.6	506,549
	(88.9-91.6)	(1.8-2.6)	(22.4-28.3)	(1.9-2.7)	(14.3-16.9)	(469,054-544,043)

Table 16. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "self perceived health status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Self perceived health status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Excellent	89.2	1.8	23.0	1.7	15.8	415,271
	(87.9 - 90.5)	(1.5 - 2.1)	(20.8 - 25.3)	(1.5 - 1.9)	(14.6 - 17.0)	(389,916 - 440,627)
Very good	88.9	2.1	22.6	2.1	16.7	604,707
	(87.7 - 90.1)	(1.8 - 2.4)	(20.4 - 24.8)	(1.9 - 2.4)	(15.4 - 17.9)	(573,675 - 635,739)
Good	90.5	1.8	24.5	3.2	14.7	603,548
	(89.3 - 91.8)	(1.5 - 2.1)	(22.1 - 27.0)	(2.8 - 3.6)	(13.8 - 15.7)	(575,618 - 631,477)
Fair	91.9	1.1	25.4	3.9	11.2	324,914
	(90.4 - 93.4)	(0.8 - 1.3)	(22.2 - 28.6)	(3.4 - 4.4)	(10.1 - 12.3)	(303,968 - 345,860)
Poor	93.1	0.8	23.1	4.0	8.8	173,801
	(91.7 - 94.5)	(0.5 - 1.1)	(19.6 - 26.7)	(3.2 - 4.7)	(7.4 - 10.3)	(159,525 - 188,077)

Table 17. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "self perceived mental health status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Self perceived mental health status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Excellent	89.6	1.7	24.1	2.3	15.2	689,562
	(88.4 - 90.9)	(1.5 - 2.0)	(21.9 - 26.4)	(2.0 - 2.5)	(14.2 - 16.3)	(651,188 - 727,937)
Very good	89.1	2.0	23.1	2.4	16.2	607,225
	(87.7 - 90.5)	(1.7 - 2.3)	(20.8 - 25.5)	(2.1 - 2.7)	(15.0 - 17.3)	(576,022 - 638,429)
Good	91.0	1.6	23.8	3.2	13.6	568,015
	(89.8 - 92.1)	(1.3 - 1.9)	(21.3 - 26.4)	(2.8 - 3.6)	(12.5 - 14.7)	(538,545 - 597,485)
Fair	92.4	.9	23.8	4.1	11.0	194,522
	(91.1 - 93.8)	(0.7 - 1.2)	(20.5 - 27.1)	(3.4 - 4.7)	(9.7 - 12.4)	(180,971 - 208,072)
Poor	94.6	0.8	23.4	3.5	8.3	63,172
	(93.0 - 96.2)	(0.3 - 1.3)	(18.7 - 28.0)	(0.026 - 0.045)	(0.058 - 0.108)	(54,797 - 71,546)

Table 18. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "health insurance status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Health insurance status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Any private	89.0	1.8	23.7	2.2	16.9	1,584,807
	(87.7 - 90.2)	(1.6 - 2.0)	(21.3 - 26.0)	(1.9 - 2.4)	(15.8 - 17.9)	(1,503,953 - 1,665,661)
Public only	93.9	1.0	24.7	4.6	7.0	444,177
	(92.8 - 95.1)	(0.7 - 1.3)	(22.1 - 27.3)	(4.0 - 5.2)	(6.3 - 7.8)	(415,663 - 472,691)
Uninsured	93.9	2.3	19.2	3.9	9.1	103,776
	(92.7 - 95.0)	(1.7 - 2.9)	(16.2 - 22.2)	(3.1 - 4.6)	(7.7 - 10.6)	(96,180 - 111,372)

Table 19. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have private insurance". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Ever have private insurance	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	88.9	1.9	23.7	2.1	17.0	1,545,452
	(87.6 - 90.2)	(1.6 - 2.1)	(21.3 - 26.0)	(1.9 - 2.4)	(15.9 - 18.1)	(1,464,955 - 1,625,949)
No	93.7	1.2	23.6	4.4	7.7	587,308
	(92.7 - 94.7)	(1.0 - 1.5)	(21.1 - 26.1)	(3.8 - 4.9)	(7.0 - 8.5)	(554,795 - 619,820)

Table 20. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have Medicare". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Ever have Medicare	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	90.8	1.8	25.8	3.1	14.5	626,777
	(89.6 - 92.0)	(1.5 - 2.1)	(22.8 - 28.8)	(2.7 - 3.5)	(13.2 - 15.7)	(584,956 - 668,599)
No	90.0	1.6	22.8	2.6	14.4	1,505,982
	(88.7 - 91.3)	(1.4 - 1.8)	(20.6 - 25.0)	(2.3 - 2.9)	(13.5 - 15.4)	(1,433,826 - 1,578,139)

Table 21. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have Medicaid or SCHIP with no premium". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Ever have Medicaid or SCHIP with no premium	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	94.8	0.5	23.3	0.5	3.9	315,686
	(93.4 - 96.3)	(0.3 - 0.6)	(20.7 - 25.8)	(4.4 - 5.6)	(3.2 - 4.5)	(291,876-339,495)
No	89.4	1.9	23.7	2.3	16.3	1,817,074
	(88.2 - 90.6)	(1.7 - 2.1)	(21.4 - 26.1)	(2.1 - 2.6)	(15.3 - 17.3)	(1,728,012-1,906,136)

Table 22. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have TRICARE." Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Ever have TRICARE	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	89.9	1.0	28.9	3.2	13.8	75,300
	(86.5 - 93.3)	(0.7 - 1.3)	(23.5 - 34.3)	(2.3 - 4.0)	(10.8 - 16.7)	(63,584 - 87,016)
No	90.2	1.7	23.5	2.7	14.5	2,057,460
	(89.1 - 91.4)	(1.5 - 1.9)	(21.3 - 25.7)	(2.4 - 3.0)	(13.6 - 15.4)	(1,960,838 - 2,154,081)

Table 23. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have Medicaid HMO with a premium". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Ever have Medicaid HMO with a premium	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	93.0	3.6	22.3	1.7	16.5	9,031
	(89.3 - 96.6)	(0.7 - 6.4)	(14.3 - 30.3)	(0.8 - 2.5)	(10.6 - 22.4)	(6,342 - 11,720)
No	90.2	1.7	23.7	2.8	14.4	2,123,729
	(89.1 - 91.3)	(1.5 - 1.9)	(21.4 - 25.9)	(2.5 - 3.0)	(13.5 - 15.4)	(2,026,289 - 2,221,169)

Table 24. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have other public insurance". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the person who experienced the medical event Ever have other public insurance	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	92.2	1.8	19.6	2.4	13.3	24,394
	(88.1 - 96.3)	(1.0 - 2.6)	(14.1 - 25.1)	(1.5 - 3.2)	(9.0 - 17.6)	(19,263 - 29,524)
No	90.2	1.7	23.7	2.7	14.5	2,108,366
	(89.1 - 91.3)	(1.5 - 1.9)	(21.5 - 26.0)	(2.5 - 3.0)	(13.6 - 15.4)	(2,011,215 - 2,205,516)

Table 25. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "age". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Age	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
16 to 19 years	95.6 (93.7 - 97.4)	0.5 (0.2 - 0.9)	16.9 (11.3 - 22.6)	2.0 (1.3 - 2.7)	5.7 (3.7 - 7.7)	13,357 (11,293 - 15,421)
20 to 24 years	94.1 (92.3 - 95.9)	0.8 (0.4 - 1.1)	19.7 (16.8 - 22.7)	2.4 (1.9 - 3.0)	7.0 (5.7 - 8.2)	78,772 (70,976 - 86,568)
25 to 34 years	90.9 (89.2 - 92.6)	1.1 (0.8 - 1.4)	22.7 (20.1 - 25.2)	2.9 (2.4 - 3.3)	12.0 (10.5 - 13.4)	292,130 (272,202 - 312,058)
35 to 44 years	89.8 (88.2 - 91.5)	1.5 (1.2 - 1.9)	23.4 (20.8 - 26.0)	2.6 (2.3 - 3.0)	14.8 (13.3 - 16.2)	427,921 (401,661 - 454,181)
45 to 54 years	89.6 (88.2 - 90.9)	1.6 (1.3 - 1.9)	22.1 (19.5 - 24.8)	2.7 (2.3 - 3.0)	15.7 (14.3 - 17.1)	457,716 (429,819 - 485,613)
55 to 64 years	89.8 (88.2 - 91.3)	2.2 (1.7 - 2.6)	24.9 (21.8 - 28.0)	2.7 (2.3 - 3.1)	15.6 (13.9 - 17.3)	359,193 (334,995 - 383,390)
65 to 74 years	89.6 (87.8 - 91.4)	2.0 (1.6 - 2.3)	24.2 (21.0 - 27.5)	2.7 (2.3 - 3.2)	16.2 (14.4 - 18.0)	258,408 (235,240 - 281,576)
75 years and over	90.8 (89.3 - 92.3)	2.1 (1.6 - 2.7)	28.5 (24.5 - 32.4)	3.3 (2.6 - 4.0)	14.6 (12.9 - 16.2)	221,084 (200,197 - 241,971)

Table 26. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "sex". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Sex	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Male	90.7	1.6	21.1	2.6	13.8	552,303
	(89.5 - 92.0)	(1.3 - 1.9)	(18.7 - 23.5)	(2.3 - 3.0)	(12.5 - 15.0)	(516,089 - 588,518)
Female	90.0	1.7	24.7	2.8	14.8	1,557,902
	(88.8 - 91.2)	(1.5 - 1.9)	(22.3 - 27.1)	(2.5 - 3.1)	(13.8 - 15.8)	(1,483,896 - 1,631,907)

Table 27. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "race". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Race	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
White only	89.5	1.8	24.4	2.6	15.6	1,813,575
	(88.2 - 90.7)	(1.6 - 2.1)	(22.0 - 26.9)	(2.3 - 2.9)	(14.6 - 16.6)	(1,723,251 - 1,903,899)
Black only	95.3	0.7	19.2	4.2	6.5	190,830
	(94.4 - 96.2)	(0.4 - 0.9)	(16.6 - 21.9)	(3.6 - 4.7)	(5.2 - 7.9)	(172,491 - 209,168)
American Indian/Alaska native only	95.5	0.7	23.7	5.7	9.3	13,563
	(92.3 - 98.8)	(0.1 - 1.3)	(12.0 - 35.5)	(2.0 - 9.3)	(3.8 - 14.8)	(8,680 - 18,445)
Asian only	92.2	1.3	16.3	2.4	11.6	53,445
	(89.5 - 95.0)	(0.7 - 2.0)	(13.2 - 19.4)	(1.5 - 3.3)	(8.6 - 14.7)	(45,424 - 61,465)
Native Hawaiian/Pacific islander only	95.7	0.2	20.1	2.5	6.2	5,757
	(92.2 - 99.3)	(- 0.1 - 0.4)	(7.9 - 32.4)	(0.9 - 4.0)	(2.0 - 10.5)	(2,546 - 8,968)
Multiple races reported	92.6	0.7	24.2	3.2	10.2	33,036
	(89.7 - 95.4)	(0.2 - 1.1)	(17.4 - 31.1)	(2.1 - 0.44)	(7.0 - 13.3)	(25,797 - 40,275)

Table 28. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "Hispanic ethnicity". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Hispanic ethnicity	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Hispanic	93.6	1.0	23.3	5.8	6.9	171,650
	(92.3 - 94.9)	(0.7 - 1.3)	(20.3 - 26.4)	(5.1 - 6.6)	(5.9 - 7.9)	(153,396 - 189,905)
Not Hispanic	89.9	1.7	23.8	2.5	15.2	1,938,554
	(88.7 - 91.1)	(1.5 - 2.0)	(21.4 - 26.1)	(2.2 - 2.8)	(14.2 - 16.2)	(1,846,965 - 2,030,143)

Table 29. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "marital status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Marital status (16 or older only)	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Married	89.0	1.7	24.6	2.5	16.4	1,314,137
	(87.7 - 90.4)	(1.5 - 2.0)	(22.1 - 27.1)	(2.1 - 2.8)	(15.2 - 17.6)	(1,248,340 - 1,379,934)
Widowed	91.0	2.2	24.5	3.9	14.1	191,436
	(89.7 - 92.4)	(1.6 - 2.8)	(21.1 - 27.8)	(3.2 - 4.6)	(12.6 - 15.6)	(176,183 - 206,689)
Divorced	91.9	1.8	23.5	3.2	11.1	270,725
	(90.2 - 93.6)	(1.5 - 2.2)	(20.2 - 26.8)	(2.7 - 3.6)	(9.8 - 12.3)	(247,508 - 293,942)
Separated	93.4	0.9	26.1	4.2	9.2	48,087
	(91.6 - 95.2)	(0.2 - 1.7)	(22.1 - 30.1)	(3.2 - 5.2)	(6.4 - 12.0)	(41,904 - 54,270)
Never married	92.8	1.2	1.9	2.7	10.4	283,969
	(91.7 - 93.8)	(0.9 - 1.5)	(16.9 - 21.1)	(2.3 - 3.1)	(8.9 - 11.8)	(264,214 - 303,725)

Table 30. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "years of education when first joined the panel". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Years of education when first joined the panel	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Less than 9th grade	94.5	.9	20.8	7.0	.070	91,909
	(93.2 - 95.9)	(0.4 - 1.4)	(17.7 - 24.0)	(6.0 - 8.1)	(5.9 - 8.2)	(82,323 - 101,495)
9th to 12th grade	91.6	1.5	23.7	3.4	12.0	819,709
	(90.4 - 92.7)	(1.3 - 1.7)	(21.0 - 26.3)	(3.0 - 3.7)	(11.0 - 13.0)	(776,837 - 862,581)
1 to 3 years of college	90.4	1.7	24.4	2.6	14.3	516,094
	(89.1 - 91.8)	(1.4 - 2.0)	(21.6 - 27.2)	(2.2 - 3.0)	(13.0 - 15.6)	(483,884 - 548,303)
4 years of college	86.7	2.0	24.9	1.7	18.8	388,573
	(84.9 - 88.6)	(1.6 - 2.4)	(22.4 - 27.5)	(1.5 - 2.0)	(17.1 - 20.6)	(360,269 - 416,878)
5+ years of college	89.1	2.1	22.2	1.4	18.7	288,716
	(87.5 - 90.7)	(1.6 - 2.6)	(19.2 - 25.2)	(1.2 - 1.7)	(16.9 - 20.6)	(257,279 - 320,154)

Table 31. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "employment status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Employment status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Employed on interview date	89.7	1.8	22.3	2.3	15.7	1,151,757
	(88.5 - 90.9)	(1.5 - 2.0)	(20.2 - 24.5)	(2.0 - 2.5)	(14.6 - 16.8)	(1,093,684 - 1,209,830)
Not employed but has a job to return to	91.4	3.2	25.0	3.2	14.9	4,345
	(86.0 - 96.8)	(- 0.7 - 7.2)	(14.1 - 35.9)	(0.7 - 5.6)	(8.8 - 21.0)	(3,318 - 5,371)
Had a job at some time during the round	92.2	1.7	21.3	2.7	11.3	62,593
	(90.6 - 93.9)	(1.0 - 2.4)	(17.9 - 24.8)	(2.1 - 3.3)	(9.6 - 13.0)	(56,647 - 68,540)
Not employed during the round	90.7	1.6	25.7	3.4	13.2	887,798
	(89.4 - 91.9)	(1.3 - 1.8)	(22.8 - 28.5)	(3.0 - 3.8)	(12.1 - 14.3)	(837,408 - 938,188)

Table 32. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "person's total income". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Person's total income	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Less than $10,000	91.7 (90.2 - 93.2)	1.2 (0.9 - 1.4)	24.9 (22.1 - 27.8)	3.9 (3.3 - 4.4)	10.6 (9.4 - 11.8)	497,376 (468,413 - 526,340)
$10,000 - $24,999	91.6 (90.4 - 92.8)	1.5 (1.3 - 1.8)	25.8 (22.9 - 28.7)	33.0 (2.9 - 3.7)	12.6 (11.5 - 13.8)	554,768 (522,760 - 586,777)
$25,000 - $49,999	89.4 (88.0 - 90.8)	2.0 (1.6 - 2.3)	22.4 (20.0 - 24.8)	2.3 (2.0 - 2.6)	16.4 (15.2 - 17.6)	589,063 (556,206 - 621,920)
$50,000 - $74,999	88.5 (86.8 - 90.3)	2.0 (1.6 - 2.4)	22.7 (20.0 - 25.4)	1.7 (1.4 - 2.0)	17.7 (15.9 - 19.5)	280,575 (259,401 - 301,750)
$75,000 - $99,999	88.3 (86.0 - 90.7)	2.0 (1.3 - 2.7)	20.4 (16.9 - 23.9)	1.5 (1.1 - 1.9)	18.5 (15.3 - 21.8)	104,911 (92,501 - 117,320)
$100,000 - $149,999	85.8 (82.3 - 89.4)	2.4 (1.3 - 3.6)	18.0 (14.1 - 21.9)	1.1 (0.8 - 1.4)	21.3 (17.2 - 25.3)	53,531 (45,692 - 61,370)
$150,000 - $199,999	84.7 (79.2 - 90.1)	2.0 (0.6 - 3.4)	22.9 (17.3 - 28.5)	1.2 (0.7 - 1.7)	21.7 (15.9 - 27.4)	28,189 (23,325 - 33,052)
$200,000 or more	81.3 (64.4 - 98.1)	1.5 (0.4 - 2.6)	33.1 (14.8 - 51.4)	1.1 (- 0.3 - 2.5)	13.3 (3.4 - 23.1)	1,792 (747 - 2,836)

Table 33. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "total health care expenditures". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Total health care expenditures	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
$0	94.5	1.2	20.1	4.1	6.7	48,199
	(93.2 - 95.9)	(0.7 - 1.7)	(17.1 - 23.1)	(3.2 - 4.9)	(5.2 - 8.1)	(43,498 - 52,900)
$2 - $1,687	90.5	1.7	20.7	2.8	14.0	553,245
	(89.2 - 91.8)	(1.4 - 1.9)	(18.7 - 22.8)	(2.4 - 3.1)	(12.9 - 15.2)	(525,448 - 581,042)
$1,688 - $4,622	88.8	1.8	23.8	2.7	16.2	568,121
	(87.5 - 90.2)	(1.6 - 2.1)	(21.2 - 26.5)	(2.4 - 3.0)	(15.1 - 17.4)	(537,617 - 598,626)
$4,623 - $11,777	89.9	1.8	24.9	2.8	14.7	517,826
	(88.6 - 91.3)	(1.4 - 2.1)	(22.0 - 27.7)	(2.4 - 3.1)	(13.4 - 16.0)	(487,041 - 548,610)
$11,778 - $645,980	91.4	1.5	26.6	2.7	13.5	422,813
	(90.0 - 92.8)	(1.1 - 1.9)	(23.4 - 29.7)	(2.2 - 3.2)	(12.0 - 15.0)	(391,737 - 453,890)

Table 34. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "total health care expenditures paid by self or by family". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Total health care expenditures paid by self or by family	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
$0	94.3	.8	21.0	3.3	6.9	86,777
	(92.9 - 95.6)	(0.5 - 1.0)	(18.3 - 23.7)	(2.7 - 3.9)	(5.3 - 8.5)	(79,770 - 93,783)
$1 - $306	91.4	1.1	22.3	3.4	11.3	505,556
	(90.2 - 92.7)	(0.9 - 1.3)	(20.2 - 24.3)	(3.0 - 3.8)	(10.4 - 12.3)	(479,808 - 531,305)
$307 - $859	89.3	1.6	23.7	2.7	15.0	548,834
	(87.8 - 90.9)	(1.3 - 1.8)	(20.9 - 26.4)	(2.3 - 3.0)	(13.9 - 16.1)	(519,647 - 578,022)
$860 - $1,970	88.6	2.2	23.9	2.6	17.3	505,620
	(87.2 - 90.0)	(1.8 - 2.5)	(21.3 - 26.5)	(2.2 - 3.0)	(15.9 - 18.7)	(475,455 - 535,785)
$1,971 - $113,819	90.8	2.1	25.7	2.2	15.8	463,417
	(89.5 - 92.1)	(1.7 - 2.5)	(22.6 - 28.8)	(1.8 - 2.6)	(14.3 - 17.3)	(427,802 - 499,033)

Table 35. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "self perceived health status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Self perceived health status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Excellent	89.0	1.8	23.1	1.7	16.3	381,506
	(87.6 - 90.3)	(1.5 - 2.2)	(20.5 - 25.6)	(1.5 - 2.0)	(14.9 - 17.6)	(355,467 - 407,545)
Very good	89.0	2.0	22.5	2.1	17.0	667,341
	(87.8 - 90.2)	(1.7 - 2.3)	(20.3 - 24.6)	(1.8 - 2.4)	(15.7 - 18.3)	(633,238 - 701,445)
Good	90.8	1.8	24.6	3.2	14.1	620,413
	(89.4 - 92.1)	(1.5 - 2.1)	(22.1 - 27.1)	(2.8 - 3.6)	(13.1 - 15.1)	(590,602 - 650,224)
Fair	92.0	1.0	26.0	3.9	10.2	305,371
	(90.5 - 93.6)	(0.8 - 1.3)	(22.7 - 29.4)	(3.4 - 4.4)	(9.0 - 11.3)	(284,313 - 326,430)
Poor	92.7	0.8	22.9	4.4	9.2	134,701
	(90.8 - 94.6)	(0.4 - 1.2)	(19.1 - 26.8)	(3.6 - 5.2)	(7.2 - 11.2)	(123,161 - 146,242)

Table 36. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "self perceived mental health status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Self perceived mental health status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Excellent	89.5	1.7	24.1	2.3	15.4	682,375
	(88.3 - 90.8)	(1.5 - 2.0)	(21.8 - 26.4)	(2.0 - 2.5)	(14.2 - 16.6)	(642,948 - 721,802)
Very good	89.2	2.0	23.1	2.4	16.3	644,292
	(87.8 - 90.6)	(1.7 - 2.4)	(20.7 - 25.5)	(2.1 - 2.7)	(15.1 - 17.5)	(611,439 - 677,145)
Good	91.0	1.5	24.3	3.3	13.2	569,676
	(89.9 - 92.2)	(1.2 - 1.8)	(21.6 - 27.0)	(2.9 - 3.7)	(12.1 - 14.3)	(538,151 - 601,201)
Fair	92.4	0.9	22.9	4.3	10.5	169,347
	(91.0 - 93.9)	(0.6 - 1.2)	(19.3 - 26.4)	(3.5 - 5.0)	(9.0 - 11.9)	(156,530 - 182,164)
Poor	95.1	0.8	22.9	3.4	7.3	44,125
	(92.5 - 97.6)	(0.2 - 1.3)	(17.5 - 28.3)	(2.4 - 4.3)	(4.3 - 10.4)	(37,689 - 50,561)

Table 37. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "health insurance status". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Health insurance status	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Any private	89.0	1.8	23.8	2.2	16.8	1,601,825
	(87.7 - 902)	(1.6 - 2.0)	(21.4 - 26.1)	(1.9 - 2.5)	(15.7 - 17.8)	(1,520,483 - 1,683,167)
Public only	93.6	1.1	24.9	4.5	7.5	370,804
	(92.3 - 95.0)	(0.7 - 1.4)	(22.0 - 27.7)	(3.9 - 5.1)	(6.6 - 8.4)	(344,546 - 397,061)
Uninsured	94.7	1.7	20.3	4.8	7.3	137,576
	(93.7 - 95.7)	(1.2 - 2.1)	(17.5 - 23.1)	(3.9 - 5.6)	(6.2 - 8.5)	(127,146 - 148,006)

Table 38. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have private insurance". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Ever have private insurance	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	88.9	1.9	23.8	2.2	16.9	1,563,208
	(87.7 - 90.2)	(1.6 - 2.1)	(2.14.2.62)	(1.9 - 2.4)	(15.8 - 17.9)	(1,482,604 - 1,643,812)
No	93.8	1.2	23.6	4.4	7.8	546,996
	(92.7 - 94.8)	(0.9 - 1.5)	(21.0 - 26.1)	(3.9 - 5.0)	(7.0 - 8.6)	(515,437 - 578,556)

Table 39. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have Medicare". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Ever have Medicare	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	90.8	1.8	25.7	3.1	14.6	581,293
	(89.6 - 92.0)	(1.5 - 02.1)	(22.7 - 28.8)	(2.7 - 3.5)	(13.3 - 15.9)	(540,448 - 622,137)
No	89.9	1.6	23.0	2.6	14.5	1,528,912
	(88.7 - 91.2)	(1.4 - 1.8)	(20.8 - 25.2)	(2.3 - 2.9)	(13.5 - 15.5)	(1,456,208 - 1,601,616)

Table 40. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have Medicaid or SCHIP with no premium". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Ever have Medicaid or SCHIP with no premium	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	94.7	0.4	23.5	5.2	4.2	241,368
	(92.9 - 96.4)	(0.2 - 0.5)	(20.6 - 26.3)	(4.5 - 5.9)	(3.3 - 5.1)	(220,294 - 262,441)
No	89.6	1.9	23.8	2.4	15.9	1,868,837
	(88.4 - 90.8)	(1.6 - 2.1)	(21.4 - 26.1)	(2.2 - 2.7)	(14.8 - 16.9)	(1,778,298 - 1,959,376)

Table 41. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have TRICARE." Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Ever have TRICARE	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	90.0	1.0	29.4	3.2	13.8	74,444
	(86.6 - 93.4)	(0.7 - 1.3)	(24.0 - 34.8)	(2.3 - 4.0)	(10.7 - 16.8)	(62,435 - 86,454)
No	90.2	1.7	23.5	2.7	14.5	2,035,761
	(89.1 - 91.3)	(1.5 - 1.9)	(21.3 - 25.8)	(2.4 - 3.0)	(13.6 - 15.5)	(1,939,941 - 2,131,580)

Table 42. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have Medicaid HMO with a premium". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Ever have Medicaid HMO with a premium	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	90.7	3.7	21.7	1.8	18.6	8,934
	(85.4 - 96.0)	(0.8 - 6.6)	(13.4 - 29.9)	(0.8 - 2.8)	(12.0 - 25.2)	(6,116 - 11,751)
No	90.2	1.7	23.7	2.8	14.5	2,101,271
	(89.1 - 91.3)	(1.5 - 1.9)	(21.5 - 26.0)	(2.5 - 3.1)	(13.6 - 15.4)	(2,004,755 - 2,197,787)

Table 43. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "ever have other public insurance". Included are medical events from all MEPS-HC interviews, 2004-2006.

Pertaining to the respondent Ever have other public insurance	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Yes	91.6	1.8	19.5	2.2	13.3	22,751
	(87.2 - 96.0)	(0.9 - 2.7)	(14.1 - 24.9)	(1.4 - 3.1)	(8.7 - 17.9)	(18,092 - 27,411)
No	90.2	1.7	23.8	2.8	14.5	2,087,454
	(89.0 - 91.3)	(1.5 - 1.9)	(21.5 - 26.1)	(2.5 - 3.1)	(13.6 - 15.5)	(1,990,983 - 2,183,924)

Table 44. The weighted proportion (with 95% confidence intervals) of medical events that the respondents reported using each data recall method, by the variable "medical event type". Included are medical events from all MEPS-HC interviews, 2004-2006.

Medical event type	Memory	Checkbook	Calendar	Prescription label	Documentation	Average annual weighted number of events with at least one recall method selected (1000s)
Dental	89.0	2.7	21.7	0.4	17.5	305,871
	(87.8 - 90.2)	(2.3 - 3.1)	(19.5 - 24.0)	(0.4 - 0.5)	(16.4 - 18.6)	(290,795 - 320,947)
Emergency room	92.1	0.8	20.5	3.7	13.1	54,346
	(91.2 - 93.0)	(0.5 - 1.1)	(18.4 - 22.7)	(3.1 - 4.2)	(12.2 - 14.1)	(51,583 - 57,108)
Home health	97.2	0.9	13.9	0.3	1.5	4,368
	(95.2 - 99.3)	(0.2 - 1.5)	(7.5 - 20.3)	(- 0.2 - 0.8)	(0.2 - 2.7)	(3,323 - 5,413)
Hospital	91.5	0.6	22.4	3.7	12.6	31,058
	(90.2 - 92.8)	(0.5 - 0.8)	(20.0 - 24.8)	(3.1 - 4.4)	(11.4 - 13.7)	(29,368 - 32,747)
Medical visit	90.4	1.5	24.5	3.2	14.0	1,499,785
	(89.2 - 91.5)	(1.3 - 1.7)	(22.1 - 26.8)	(2.8 - 3.6)	(13.0 - 14.9)	(1,427,374 - 1,572,195)
Outpatient	89.6	1.2	26.3	1.7	16.4	135,798
	(87.9 - 91.4)	(0.8 - 1.7)	(23.2 - 29.3)	(1.4 - 2.1)	(14.7 - 18.2)	(126,215 - 145,380)
Prescribed medicine	89.5	1.8	14.0	11.3	12.6	33,470
	(87.5 - 91.5)	(1.2 - 2.4)	(11.8 - 16.2)	(9.1 - 13.4)	(10.5 - 14.7)	(30,843 - 36,096)
Other medical	92.1	3.1	17.7	0.2	11.4	68,066
	(91.1 - 93.1)	(2.6 - 3.6)	(15.7 - 19.7)	(0.1 - 0.3)	(10.5 - 12.3)	(64,556 - 71,575)

Table 45. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's reliance on memory to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		3.06	2.71	3.42	0.000	21.41	1495%	30.65
Variables that pertain to the family								
Poverty status		**-0.16**	**-0.21**	**-0.10**	**0.000**	**0.86**	**0.81**	**0.90**
Region	South	Referent						
	Northeast	0.24	-0.07	0.55	0.129	1.27	0.93	1.74
	Midwest	**-0.58**	**-0.91**	**-0.25**	**0.001**	**0.56**	**0.40**	**0.78**
	West	-0.08	-0.41	0.25	0.631	0.92	0.66	1.29
Variables that pertain to the person who experienced the medical event								
Race	White only	Referent						
	Black only	**0.68**	**0.49**	**0.88**	**0.000**	**1.98**	**1.63**	**2.40**
	American Indian only	**1.03**	**0.29**	**1.76**	**0.007**	**2.79**	**1.33**	**5.84**
	Asian only	0.26	-0.08	0.60	0.128	1.30	0.93	1.83
	Native Hawaiian only	0.51	-0.14	1.16	0.127	1.66	0.87	3.19
	Multiple races reported	0.31	-0.03	0.65	0.072	1.36	0.97	1.91
Hispanic		**0.24**	**0.02**	**0.46**	**0.032**	**1.27**	**1.02**	**1.58**
Health status		**-0.06**	**-0.09**	**-0.02**	**0.004**	**095%**	**0.91**	**0.98**
Insurance coverage	Any private	Referent						
	Public only	**0.28**	**0.12**	**0.45**	**0.001**	**1.32**	**1.12**	**1.56**
	Uninsured	**0.43**	**0.24**	**0.62**	**0.000**	**1.53**	**1.27**	**1.85**
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	-0.04	-0.11	0.03	0.264	0.96	0.89	1.03
	Emergency room	0.07	-0.03	0.17	0.189	1.07	0.97	1.19
	Home health	**1.63**	**0.77**	**2.49**	**0.000**	**5.10**	**2.15**	**12.07**
	Hospital	0.02	-0.10	0.14	0.722	1.02	0.91	1.15
	Outpatient	-0.07	-0.22	0.07	0.328	0.93	0.80	1.08

Table 45. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's reliance on memory to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
	Prescribed medicine	-0.10	-0.34	0.13	0.376	0.90	0.71	1.14
	Other medical	**0.25**	**0.16**	**0.34**	**0.000**	**1.29**	**1.17**	**1.41**

Table 46. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's reliance on memory to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		3.34	2.94	3.74	0.000	28.10	18.83	41.94
Variables that pertain to the family								
Poverty status		**-0.11**	**-0.17**	**-0.05**	**0.000**	**0.89**	**0.84**	**095%**
Region	South	Referent						
	Northeast	0.22	-0.09	0.53	0.165	1.24	0.91	1.70
	Midwest	**-0.61**	**-0.94**	**-0.27**	**0.000**	**0.55**	**0.39**	**0.76**
	West	-0.07	-0.40	0.26	0.676	0.93	0.67	1.30
Variables that pertain to the respondent								
Race	White only	Referent						
	Black only	**0.60**	**0.40**	**0.80**	**0.000**	**1.82**	**1.49**	**2.23**
	American Indian only	0.63	-0.13	1.40	0.105	1.88	0.88	4.06
	Asian only	0.33	-0.05	0.71	0.090	1.39	095%	2.03
	Native Hawaiian only	0.90	-0.11	1.91	0.081	2.45	0.90	6.72
	Multiple races reported	0.20	-0.22	0.63	0.350	1.22	0.80	1.87
Marital status	Married	Referent						
	Widowed	0.01	-0.18	0.20	0.909	1.01	0.84	1.22
	Divorced	0.17	-0.01	0.35	0.058	1.19	0.99	1.41
	Separated	0.09	-0.20	0.38	0.554	1.09	0.82	1.46
	Never married	**0.21**	**0.05**	**0.38**	**0.012**	**1.24**	**1.05**	**1.46**
Education		**-0.04**	**-0.06**	**-0.02**	**0.000**	**0.96**	**0.94**	**0.98**
Employment status	Employed at interview date	Referent						
	Not employed, job waiting	0.09	-0.65	0.82	0.813	1.09	0.52	2.28
	Had a job during the round	0.07	-0.14	0.28	0.506	1.07	0.87	1.32
	No job during the round	**-0.14**	**-0.26**	**-0.03**	**0.017**	**0.87**	**0.77**	**0.97**

Table 46. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's reliance on memory to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Income (in $10,000s)		**-0.02**	**-0.04**	**0.00**	**0.043**	**0.98**	**0.96**	**1.00**
Insurance coverage	Any private	Referent						
	Public only	**0.27**	**0.08**	**0.47**	**0.007**	**1.31**	**1.08**	**1.59**
	Uninsured	**0.49**	**0.32**	**0.66**	**0.000**	**1.64**	**1.38**	**1.94**
Variable that pertains to the medical event								
Event type	Medical visit	0.00	0.00	0.00		1.00	1.00	1.00
	Dental	-0.07	-0.15	0.01	0.068	0.93	0.86	1.01
	Emergency room	0.04	-0.06	0.15	0.390	1.05	0.94	1.16
	Home health	**1.58**	**0.70**	**2.46**	**0.000**	**4.86**	**2.01**	**11.74**
	Hospital	0.02	-0.09	0.14	0.697	1.02	0.91	1.15
	Outpatient	-0.06	-0.20	0.09	0.437	0.94	0.82	1.09
	Prescribed medicine	-0.09	-0.32	0.13	0.423	0.91	0.73	1.14
	Other medical	**0.22**	**0.13**	**0.31**	**0.000**	**1.25**	**1.14**	**1.37**

Table 47. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to a checkbook to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-5.76	-6.34	-5.17	0.000	0.00	0.00	0.01
Variables that pertain to the family								
Poverty status		**0.11**	**0.02**	**0.20**	**0.019**	**1.12**	**1.02**	**1.22**
Variables that pertain to the person who experienced the medical event								
Age		**0.01**	**0.01**	**0.02**	**0.000**	**1.01**	**1.01**	**1.02**
Sex	**Male**	**-0.17**	**-0.29**	**-0.04**	**0.008**	**0.85**	**0.75**	**0.96**
Race	White only	Referent						
	Black only	**-0.72**	**-1.12**	**-0.32**	**0.000**	**0.49**	**0.33**	**0.72**
	American Indian only	-0.32	-1.27	0.63	0.509	0.73	0.28	1.88
	Asian only	-0.45	-0.97	0.08	0.094	0.64	0.38	1.08
	Native Hawaiian only	-1.45	-2.61	-0.29	0.015	0.24	0.07	0.75
	Multiple races reported	**-0.71**	**-1.39**	**-0.04**	**0.039**	**0.49**	**0.25**	**0.97**
Marital status	Married	Referent						
	Widowed	0.04	-0.25	0.33	0.800	1.04	0.78	1.39
	Divorced	**0.23**	**0.01**	**0.44**	**0.037**	**1.26**	**1.01**	**1.56**
	Separated	0.01	-0.80	0.83	0.974	1.01	0.45	2.29
	Never married	0.03	-0.23	0.28	0.830	1.03	0.80	1.33
Expenditures, self / family		**0.03**	**0.01**	**0.05**	**0.001**	**1.03**	**1.01**	**1.05**
Health status		**0.16**	**0.10**	**0.21**	**0.000**	**1.17**	**1.11**	**1.24**
Insurance coverage	Any private	Referent						
	Public only	-0.13	-0.49	0.23	0.491	0.88	0.61	1.26
	Uninsured	**0.47**	**0.17**	**0.76**	**0.002**	**1.59**	**1.19**	**2.14**
Ever on Medicaid		**-0.77**	**-1.24**	**-0.31**	**0.001**	**0.46**	**0.29**	**0.74**
Ever on TRICARE		**-0.70**	**-0.99**	**-0.41**	**0.000**	**0.50**	**0.37**	**0.66**

Table 47. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to a checkbook to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Ever on Medicaid HMO		**0.83**	**0.09**	**1.58**	**0.029**	**2.30**	**1.09**	**4.86**
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	**0.58**	**0.44**	**0.72**	**0.000**	**1.79**	**1.56**	**2.05**
	Emergency room	**-0.38**	**-0.69**	**-0.06**	**0.020**	**0.69**	**0.50**	**0.94**
	Home health	**-0.92**	**-1.77**	**-0.06**	**0.036**	**0.40**	**0.17**	**0.94**
	Hospital	**-0.76**	**-1.08**	**-0.43**	**0.000**	**0.47**	**0.34**	**0.65**
	Outpatient	-0.24	-0.60	0.12	0.192	0.79	0.55	1.13
	Prescribed medicine	0.12	-0.22	0.46	0.483	1.13	0.80	1.58
	Other medical	**0.70**	**0.56**	**0.85**	**0.000**	**2.02**	**1.75**	**2.34**

Table 48. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to a checkbook to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-5.86	-6.49	-5.24	0.000	0.00	0.00	0.01
Variables that pertain to the family								
Poverty status		**0.10**	**0.02**	**0.18**	**0.019**	**1.10**	**1.02**	**1.20**
Variables that pertain to the respondent								
Age		**0.02**	**0.01**	**0.03**	**0.000**	**1.02**	**1.01**	**1.03**
Race	White only	Referent						
	Black only	**-0.71**	**-1.10**	**-0.31**	**0.001**	**0.49**	**0.33**	**0.73**
	American Indian only	-0.65	-1.45	0.15	0.110	0.52	0.23	1.16
	Asian only	-0.33	-0.84	0.19	0.211	0.72	0.43	1.21
	Native Hawaiian only	**-2.22**	**-3.75**	**-0.69**	**0.005**	**0.11**	**0.02**	**0.50**
	Multiple races reported	-0.74	-1.47	-0.01	0.046	0.48	0.23	0.99
Marital status	Married	Referent						
	Widowed	0.21	-0.10	0.52	0.186	1.23	0.90	1.68
	Divorced	**0.25**	**0.03**	**0.46**	**0.026**	**1.28**	**1.03**	**1.59**
	Separated	-0.05	-0.82	0.71	0.888	095%	0.44	2.03
	Never married	0.12	-0.17	0.41	0.414	1.13	0.85	1.50
	Under 16 - inapplicable	0.09	-1.98	2.16	0.931	1.10	0.14	8.65
Expenditures (in $1,000s)		**-0.01**	**-0.02**	**0.00**	**0.041**	**0.99**	**0.98**	**1.00**
Expenditures paid by self or family (in $1,000s)		**0.03**	**0.01**	**0.06**	**0.007**	**1.03**	**1.01**	**1.06**
Health status		**0.09**	**0.02**	**0.16**	**0.008**	**1.09**	**1.02**	**1.17**
Ever on Medicare		**-0.32**	**-0.59**	**-0.06**	**0.018**	**0.72**	**0.55**	**095%**

Table 48. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to a checkbook to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Ever on Medicaid		**-1.12**	**-1.51**	**-0.73**	**0.000**	**0.33**	**0.22**	**0.48**
Ever on TRICARE		-0.70	-0.99	-0.41	0.000	0.50	0.37	0.66
Ever on Medicaid HMO		0.83	0.06	1.59	0.034	2.29	1.07	4.92
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	0.55	0.42	0.68	0.000	1.73	1.52	1.97
	Emergency room	-0.39	-0.71	-0.07	0.017	0.68	0.49	0.93
	Home health	-0.79	-1.69	0.11	0.086	0.46	0.19	1.12
	Hospital	-0.67	-0.97	-0.36	0.000	0.51	0.38	0.70
	Outpatient	-0.18	-0.58	0.21	0.360	0.83	0.56	1.24
	Prescribed medicine	0.14	-0.20	0.47	0.423	1.15	0.82	1.61
	Other medical	0.71	0.57	0.85	0.000	2.04	1.77	2.35

Table 49. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to a calendar to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-0.97	-1.17	-0.78	0.000	0.38	0.31	0.46
Variables that pertain to the family								
Number of medical events		**0.01**	**0.00**	**0.01**	**0.000**	**1.01**	**1.00**	**1.01**
Region	South	Referent						
	Northeast	-0.23	-0.53	0.07	0.131	0.79	0.59	1.07
	Midwest	**-0.37**	**-0.70**	**-0.05**	**0.025**	**0.69**	**0.50**	**095%**
	West	-0.19	-0.57	0.19	0.325	0.83	0.57	1.21
Variables that pertain to the person who experienced the medical event								
Sex	**Male**	**-0.08**	**-0.14**	**-0.01**	**0.025**	**0.93**	**0.87**	**0.99**
Race	White only	Referent						
	Black only	**-0.37**	**-0.54**	**-0.19**	**0.000**	**0.69**	**0.58**	**0.83**
	American Indian only	-0.19	-0.84	0.45	0.555	0.82	0.43	1.57
	Asian only	**-0.44**	**-0.68**	**-0.20**	**0.000**	**0.64**	**0.51**	**0.82**
	Native Hawaiian only	0.30	-0.17	0.76	0.207	1.35	0.85	2.14
	Multiple races reported	-0.04	-0.32	0.24	0.773	0.96	0.72	1.27
Marital status	Married	Referent						
	Widowed	0.03	-0.13	0.18	0.724	1.03	0.88	1.20
	Divorced	-0.08	-0.21	0.06	0.247	0.92	0.81	1.06
	Separated	0.03	-0.21	0.28	0.782	1.03	0.81	1.32
	Never married	**-0.21**	**-0.31**	**-0.10**	**0.000**	**0.81**	**0.73**	**0.91**
Insurance coverage	Any private	Referent						
	Public only	0.06	-0.04	0.17	0.226	1.07	0.96	1.19
	Uninsured	**-0.22**	**-0.38**	**-0.05**	**0.010**	**0.80**	**0.68**	**095%**

Table 49. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to a calendar to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	**-0.09**	**-0.14**	**-0.04**	**0.000**	**0.92**	**0.87**	**0.96**
	Emergency room	**-0.15**	**-0.22**	**-0.08**	**0.000**	**0.86**	**0.80**	**0.93**
	Home health	**-0.74**	**-1.25**	**-0.23**	**0.004**	**0.48**	**0.29**	**0.79**
	Hospital	**-0.10**	**-0.19**	**-0.02**	**0.019**	**0.90**	**0.83**	**0.98**
	Outpatient	0.09	-0.02	0.20	0.095	1.10	0.98	1.22
	Prescribed medicine	**-0.68**	**-0.84**	**-0.52**	**0.000**	**0.51**	**0.43**	**0.59**
	Other medical	**-0.34**	**-0.41**	**-0.27**	**0.000**	**0.71**	**0.67**	**0.76**

Table 50. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to a calendar to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-1.27	-1.68	-0.86	0.000	0.28	0.19	0.42
Variables that pertain to the family								
Number of medical events		**0.01**	**0.00**	**0.01**	**0.001**	**1.01**	**1.00**	**1.01**
Region	South	Referent						
	Northeast	-0.22	-0.52	0.08	0.149	0.80	0.59	1.08
	Midwest	**-0.38**	**-0.70**	**-0.05**	**0.023**	**0.68**	**0.49**	**095%**
	West	-0.17	-0.56	0.21	0.374	0.84	0.57	1.24
Variables that pertain to the respondent								
Sex	**Male**	**-0.16**	**-0.26**	**-0.06**	**0.002**	**0.85**	**0.77**	**0.94**
Race	White only	Referent						
	Black only	**-0.34**	**-0.52**	**-0.17**	**0.000**	**0.71**	**0.60**	**0.84**
	American Indian only	-0.07	-0.72	0.57	0.825	0.93	0.49	1.77
	Asian only	**-0.43**	**-0.68**	**-0.18**	**0.001**	**0.65**	**0.51**	**0.84**
	Native Hawaiian only	-0.26	-1.04	0.53	0.521	0.77	0.35	1.70
	Multiple races reported	-0.04	-0.43	0.35	0.839	0.96	0.65	1.42
Marital status	Married	Referent						
	Widowed	-0.03	-0.18	0.13	0.732	0.97	0.83	1.14
	Divorced	0.00	-0.13	0.12	0.943	1.00	0.88	1.13
	Separated	0.13	-0.07	0.34	0.201	1.14	0.93	1.41
	Never married	**-0.23**	**-0.37**	**-0.10**	**0.001**	**0.79**	**0.69**	**0.91**
Education		**0.02**	**0.01**	**0.04**	**0.011**	**1.02**	**1.01**	**1.04**
Income (in $10,000)		**-0.03**	**-0.05**	**-0.01**	**0.001**	**0.97**	**095%**	**0.99**
Health status		**-0.04**	**-0.08**	**0.00**	**0.043**	**0.96**	**0.92**	**1.00**

Table 50. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to a calendar to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Mental health status		0.05	0.00	0.11	0.048	1.06	1.00	1.11
Insurance coverage	Any private	Referent						
	Public only	0.07	-0.05	0.20	0.259	1.07	095%	1.22
	Uninsured	-0.18	-0.35	-0.02	0.030	0.83	0.71	0.98
Ever on TRICARE		0.24	0.01	0.46	0.041	1.27	1.01	1.59
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	-0.09	-0.14	-0.04	0.000	0.91	0.87	0.96
	Emergency room	-0.15	-0.22	-0.08	0.000	0.86	0.80	0.92
	Home health	-0.63	-1.17	-0.10	0.021	0.53	0.31	0.91
	Hospital	-0.08	-0.17	0.00	0.053	0.92	0.84	1.00
	Outpatient	0.09	-0.02	0.20	0.125	1.09	0.98	1.22
	Prescribed medicine	-0.67	-0.83	-0.51	0.000	0.51	0.44	0.60
	Other medical	-0.33	-0.40	-0.27	0.000	0.72	0.67	0.77

Table 51. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to a prescription label to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-1.51	-2.01	-1.01	0.000	0.22	0.13	0.37
Variables that pertain to the family								
Number of medical events		**-0.01**	**-0.02**	**0.00**	**0.022**	**0.99**	**0.98**	**1.00**
Poverty status		**-0.09**	**-0.13**	**-0.04**	**0.000**	**0.92**	**0.88**	**0.96**
Region	South	Referent						
	Northeast	**-0.27**	**-0.50**	**-0.04**	**0.020**	**0.76**	**0.61**	**0.96**
	Midwest	**-0.64**	**-0.96**	**-0.32**	**0.000**	**0.53**	**0.38**	**0.73**
	West	-0.19	-0.52	0.13	0.246	0.83	0.60	1.14
Variables that pertain to the person who experienced the medical event								
Race	White only	Referent						
	Black only	**0.29**	**0.11**	**0.46**	**0.002**	**1.33**	**1.12**	**1.59**
	American Indian only	0.34	-0.35	1.04	0.329	1.41	0.71	2.82
	Asian only	0.05	-0.27	0.38	0.753	1.05	0.76	1.46
	Native Hawaiian only	0.43	-0.11	0.96	0.115	1.54	0.90	2.62
	Multiple races reported	0.08	-0.30	0.46	0.684	1.08	0.74	1.58
Hispanic		**0.49**	**0.31**	**0.66**	**0.000**	**1.63**	**1.36**	**1.94**
Marital status	Married	Referent						
	Widowed	0.17	-0.09	0.43	0.190	1.19	0.92	1.53
	Divorced	-0.02	-0.17	0.13	0.798	0.98	0.85	1.14
	Separated	0.04	-0.23	0.31	0.779	1.04	0.79	1.36
	Never married	**-0.20**	**-0.34**	**-0.06**	**0.007**	**0.82**	**0.71**	**095%**
Education		**-0.06**	**-0.08**	**-0.05**	**0.000**	**0.94**	**0.92**	**095%**
Employment status	Employed on interview date	Referent						

Table 51. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to a prescription label to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
	Not employed but has a job to return to	-0.69	-1.29	-0.08	0.026	0.50	0.27	0.92
	Had a job at some time during the round	-0.12	-0.33	0.09	0.269	0.89	0.72	1.10
	Not employed during the round	-0.07	-0.18	0.04	0.228	0.93	0.83	1.04
Health status		-0.13	-0.18	-0.08	0.000	0.87	0.83	0.92
Insurance coverage	Any private	Referent						
	Public only	0.36	0.19	0.52	0.000	1.43	1.21	1.68
	Uninsured	0.18	-0.02	0.37	0.075	1.19	0.98	1.45
Ever on Medicare		-0.19	-0.34	-0.05	0.009	0.82	0.71	095%
Ever on TRICARE		0.28	0.03	0.52	0.026	1.32	1.03	1.69
Ever on Medicaid HMO		-0.63	-1.19	-0.07	0.028	0.53	0.30	0.93
Ever on other public insurance		-0.41	-0.76	-0.07	0.020	0.66	0.47	0.94
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	-1.88	-2.01	-1.75	0.000	0.15	0.13	0.17
	Emergency room	-0.16	-0.30	-0.03	0.019	0.85	0.74	0.97
	Home health	-2.53	-4.11	-095%	0.002	0.08	0.02	0.39
	Hospital	-0.12	-0.27	0.03	0.105	0.89	0.77	1.03
	Outpatient	-0.61	-0.81	-0.42	0.000	0.54	0.44	0.66
	Prescribed medicine	1.26	1.01	1.51	0.000	3.51	2.74	4.51
	Other medical	-2.84	-3.22	-2.45	0.000	0.06	0.04	0.09

Table 52. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to a prescription label to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-1.78	-2.22	-1.34	0.000	0.17	0.11	0.26
Variables that pertain to the family								
Number of medical events		**-0.01**	**-0.02**	**0.00**	**0.021**	**0.99**	**0.98**	**1.00**
Region	South	Referent						
	Northeast	**-0.29**	**-0.52**	**-0.07**	**0.010**	**0.75**	**0.60**	**0.93**
	Midwest	**-0.65**	**-0.97**	**-0.33**	**0.000**	**0.52**	**0.38**	**0.72**
	West	-0.20	-0.53	0.13	0.239	0.82	0.59	1.14
Variables that pertain to the respondent								
Race	White only	Referent						
	Black only	**0.29**	**0.12**	**0.45**	**0.001**	**1.33**	**1.13**	**1.57**
	American Indian only	0.37	-0.35	1.09	0.307	1.45	0.71	2.98
	Asian only	0.09	-0.25	0.42	0.620	1.09	0.78	1.53
	Native Hawaiian only	-0.06	-0.52	0.41	0.814	095%	0.60	1.50
	Multiple races reported	0.04	-0.30	0.38	0.837	1.04	0.74	1.46
Hispanic		**0.49**	**0.31**	**0.67**	**0.000**	**1.63**	**1.37**	**195%**
Marital status	Married	Referent						
	Widowed	0.13	-0.11	0.37	0.274	1.14	0.90	1.45
	Divorced	0.03	-0.11	0.18	0.660	1.03	0.89	1.20
	Separated	-0.03	-0.25	0.19	0.789	0.97	0.78	1.21
	Never married	**-0.18**	**-0.34**	**-0.02**	**0.029**	**0.83**	**0.71**	**0.98**
Education		**-0.07**	**-0.08**	**-0.05**	**0.000**	**0.94**	**0.92**	**095%**
Income (in $10,000s)		**-0.04**	**-0.06**	**-0.02**	**0.000**	**0.96**	**0.94**	**0.98**

Table 52. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to a prescription label to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Health status		**-0.12**	**-0.16**	**-0.08**	**0.000**	**0.89**	**0.85**	**0.93**
Insurance coverage	Any private	Referent						
	Public only	0.06	-0.15	0.27	0.578	1.06	0.86	1.30
	Uninsured	0.40	0.20	0.60	0.000	1.49	1.22	1.82
Ever on Medicaid		0.31	0.09	0.53	0.006	1.37	1.10	1.70
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	-1.92	-2.06	-1.79	0.000	0.15	0.13	0.17
	Emergency room	-0.14	-0.27	-0.01	0.034	0.87	0.76	0.99
	Home health	-2.35	-3.93	-0.77	0.004	0.10	0.02	0.46
	Hospital	-0.04	-0.19	0.11	0.576	0.96	0.83	1.11
	Outpatient	-0.64	-0.83	-0.44	0.000	0.53	0.43	0.64
	Prescribed medicine	1.25	1.00	1.50	0.000	3.49	2.73	4.46
	Other medical	-2.86	-3.24	-2.47	0.000	0.06	0.04	0.08

Table 53. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to bills, receipts, or explanation of benefit forms to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-2.58	-2.92	-2.25	0.000	0.08	0.05	0.11
Variables that pertain to the family								
Poverty status		0.14	0.10	0.18	0.000	1.15	1.10	1.20
Region	South	Referent						
	Northeast	-0.38	-0.59	-0.18	0.000	0.68	0.56	0.83
	Midwest	0.11	-0.08	0.31	0.241	1.12	0.93	1.36
	West	-0.07	-0.27	0.12	0.464	0.93	0.77	1.13
Variables that pertain to the person who experienced the medical event								
Sex	Male	-0.09	-0.15	-0.02	0.012	0.92	0.86	0.98
Race	White only	Referent						
	Black only	-0.68	-0.91	-0.46	0.000	0.51	0.40	0.63
	American Indian only	-0.50	-1.20	0.19	0.157	0.61	0.30	1.21
	Asian only	-0.29	-0.56	-0.02	0.037	0.75	0.57	0.98
	Native Hawaiian only	-0.50	-1.08	0.07	0.086	0.60	0.34	1.07
	Multiple races reported	-0.43	-0.79	-0.07	0.018	0.65	0.45	0.93
Hispanic		-0.45	-0.62	-0.28	0.000	0.64	0.54	0.75
Marital status	Married	Referent						
	Widowed	0.02	-0.11	0.15	0.782	1.02	0.89	1.16
	Divorced	-0.16	-0.29	-0.03	0.014	0.85	0.75	0.97
	Separated	-0.14	-0.41	0.13	0.316	0.87	0.66	1.14
	Never married	-0.09	-0.22	0.04	0.171	0.91	0.80	1.04
	Under 16 - inapplicable	0.10	-0.08	0.28	0.276	1.11	0.92	1.32
Education		0.02	0.01	0.03	0.003	1.02	1.01	1.03

Table 53. Results of logistic regression analysis. The predictor variables include those that pertain to the persons who experienced the medical events. The outcome variable is the respondent's referring to bills, receipts, or explanation of benefit forms to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Health status		0.08	0.04	0.11	0.000	1.08	1.04	1.12
Insurance coverage	Any private	Referent						
	Public only	**-0.32**	**-0.48**	**-0.17**	**0.000**	**0.72**	**0.62**	**0.84**
	Uninsured	**-0.44**	**-0.60**	**-0.28**	**0.000**	**0.64**	**0.55**	**0.76**
Ever on Medicare		**0.16**	**0.05**	**0.28**	**0.006**	**1.18**	**1.05**	**1.32**
Ever on Medicaid		**-0.85**	**-1.06**	**-0.63**	**0.000**	**0.43**	**0.35**	**0.53**
Ever on TRICARE		**-0.29**	**-0.53**	**-0.05**	**0.020**	**0.75**	**0.59**	**0.96**
Variable that pertains to the medical event								
Event type	Medical visit	Referent						
	Dental	**0.16**	**0.10**	**0.22**	**0.000**	**1.17**	**1.11**	**1.25**
	Emergency room	**0.19**	**0.11**	**0.28**	**0.000**	**1.22**	**1.12**	**1.32**
	Home health	**-2.39**	**-3.31**	**-1.47**	**0.000**	**0.09**	**0.04**	**0.23**
	Hospital	0.06	-0.03	0.15	0.204	1.06	0.97	1.17
	Outpatient	**0.22**	**0.12**	**0.33**	**0.000**	**1.25**	**1.13**	**1.39**
	Prescribed medicine	-0.13	-0.29	0.04	0.134	0.88	0.75	1.04
	Other medical	**-0.28**	**-0.36**	**-0.21**	**0.000**	**0.75**	**0.70**	**0.81**

Table 54. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to bills, receipts, or explanation of benefit forms to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
Intercept		-2.83	-3.26	-2.40	0.000	0.06	0.04	0.09
Variables that pertain to the family								
Family size		**-0.08**	**-0.13**	**-0.03**	**0.001**	**0.92**	**0.88**	**0.97**
Poverty status		**0.12**	**0.08**	**0.17**	**0.000**	**1.13**	**1.08**	**1.18**
Region	South	Referent						
	Northeast	**-0.36**	**-0.56**	**-0.17**	**0.000**	**0.69**	**0.57**	**0.85**
	Midwest	0.12	-0.07	0.32	0.211	1.13	0.93	1.38
	West	-0.05	-0.25	0.14	0.588	095%	0.78	1.15
Variables that pertain to the respondent								
Age		**0.00**	**0.00**	**0.01**	**0.011**	**1.00**	**1.00**	**1.01**
Sex	**Male**	**-0.13**	**-0.23**	**-0.03**	**0.010**	**0.88**	**0.79**	**0.97**
Race	White only	Referent						
	Black only	**-0.66**	**-0.88**	**-0.43**	**0.000**	**0.52**	**0.41**	**0.65**
	American Indian only	-0.25	-0.88	0.38	0.434	0.78	0.41	1.46
	Asian only	**-0.36**	**-0.65**	**-0.07**	**0.017**	**0.70**	**0.52**	**0.94**
	Native Hawaiian only	**-0.87**	**-1.72**	**-0.02**	**0.045**	**0.42**	**0.18**	**0.98**
	Multiple races reported	-0.23	-0.59	0.14	0.217	0.80	0.55	1.15
Hispanic		**-0.48**	**-0.64**	**-0.32**	**0.000**	**0.62**	**0.53**	**0.73**
Marital status	Married	Referent						
	Widowed	-0.09	-0.24	0.06	0.238	0.91	0.78	1.06
	Divorced	**-0.30**	**-0.44**	**-0.17**	**0.000**	**0.74**	**0.65**	**0.84**

Table 54. Results of logistic regression analysis. The predictor variables include those that pertain to the respondents. The outcome variable is the respondent's referring to bills, receipts, or explanation of benefit forms to recall information about the medical events.

		Beta				Odds Ratio		
Variable	Value labels	Estimate	Lower Bound of CI	Upper Bound of CI	P value	Estimate	Lower Bound of CI	Upper Bound of CI
	Separated	-0.06	-0.39	0.27	0.715	0.94	0.67	1.31
	Never married	**-0.24**	**-0.42**	**-0.07**	**0.005**	**0.78**	**0.66**	**0.93**
Education		**0.05**	**0.03**	**0.07**	**0.000**	**1.05**	**1.03**	**1.07**
Health status		**0.07**	**0.03**	**0.11**	**0.001**	**1.07**	**1.03**	**1.11**
Insurance coverage	**Any private**	**Referent**						
	Public only	**-0.33**	**-0.48**	**-0.18**	**0.000**	**0.72**	**0.62**	**0.83**
	Uninsured	**-0.54**	**-0.71**	**-0.37**	**0.000**	**0.58**	**0.49**	**0.69**
Ever on Medicaid		**-0.60**	**-0.85**	**-0.34**	**0.000**	**0.55**	**0.43**	**0.71**
Ever on TRICARE		**-0.29**	**-0.53**	**-0.04**	**0.023**	**0.75**	**0.59**	**0.96**
Ever on Medicaid HMO		**0.49**	**0.03**	**0.96**	**0.038**	**1.64**	**1.03**	**2.61**
Variable that pertains to the medical event								
Event type	**Medical visit**	**Referent**						
	Dental	**0.19**	**0.13**	**0.25**	**0.000**	**1.20**	**1.14**	**1.28**
	Emergency room	**0.21**	**0.12**	**0.29**	**0.000**	**1.23**	**1.13**	**1.34**
	Home health	**-2.30**	**-3.22**	**-1.39**	**0.000**	**0.10**	**0.04**	**0.25**
	Hospital	**0.07**	**-0.02**	**0.16**	**0.134**	**1.07**	**0.98**	**1.17**
	Outpatient	**0.22**	**0.12**	**0.32**	**0.000**	**1.24**	**1.12**	**1.38**
	Prescribed medicine	**-0.11**	**-0.28**	**0.06**	**0.191**	**0.89**	**0.75**	**1.06**
	Other medical	**-0.25**	**-0.33**	**-0.17**	**0.000**	**0.78**	**0.72**	**0.84**