

Your Health and Health Opinions

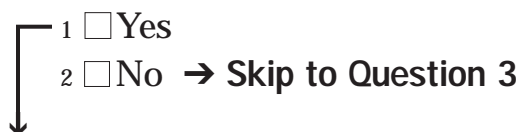
Your opinion matters!



Understanding how people feel about their health and health care is an important goal of MEPS. Please take a few minutes to answer the questions in this booklet.

Survey Instructions

- ◆ Please answer every question by checking **one** box “”. If you are unsure about how to answer a question, please give the best answer you can.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see arrows that tell you what questions to answer next, like this:



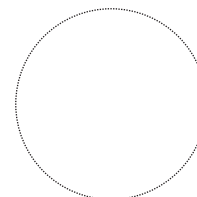
Next Question

This Booklet Should Be Completed By →

RUID: _____	Version: _____
Name: _____	
DOB: _____	PID: _____

Your participation is voluntary and all of your answers will be kept confidential. If you have any questions about this booklet, please call Alex Scott at 1-800-945-MEPS (6377).

When you have completed the booklet, please fold it, seal it with this label, → and place it in the envelope provided. Have it ready to give to your interviewer at his or her next visit.



Your Health Care in the Last 12 Months

1. A **health provider** could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 12 months, did you make any appointments with a doctor or other health provider for regular or routine health care?

- 1 Yes
2 No → Skip to Question 3

2. In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?

- 1 Never
2 Sometimes
3 Usually
4 Always

3. In the last 12 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- 1 Yes
2 No → Skip to Question 5

4. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

- 1 Never
2 Sometimes
3 Usually
4 Always

5. In the last 12 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

0 None → Skip to Question 12

- 1 1
2 2
3 3
4 4
5 5 to 9
6 10 or more

6. In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?

- 1 A big problem
2 A small problem
3 Not a problem

7. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- 1 Never
2 Sometimes
3 Usually
4 Always

8. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- 1 Never
2 Sometimes
3 Usually
4 Always

9. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- 1 Never
2 Sometimes
3 Usually
4 Always

Please go to page 3 →

10. **In the last 12 months, how often did doctors or other health providers spend enough time with you?**

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

11. **We want to know your rating of all your health care in the last 12 months from all doctors and other health providers.**

Use **any number from 0 to 10** where **0** is the worst health care possible, and **10** is the best health care possible. How would you rate all your health care?

- Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

12. **Do you currently smoke?**

- 1 Yes
- 2 No → Skip to Question 14

13. **In the last 12 months did a doctor advise you to quit smoking?**

- 1 Yes
- 2 No

14. **In the last 2 years, has your blood pressure been checked by a doctor, nurse, or other health professional?**

- 1 Yes
- 2 No

Getting Health Care from a Specialist

When you answer the next questions, **do not include dental visits**.

15. **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.**

In the last 12 months, did you or a doctor think you needed to see a specialist?

- 1 Yes
- 2 No → Skip to Question 17

16. **In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?**

- 1 A big problem
- 2 A small problem
- 3 Not a problem

General Health

17. **In general, would you say your health is:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

18. **Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

Please go to page 4 →

19. **Climbing several flights of stairs**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

20. **Accomplished less than you would like**

- 1 Yes
- 2 No

21. **Were limited in the kind of work or other activities**

- 1 Yes
- 2 No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

22. **Accomplished less than you would like**

- 1 Yes
- 2 No

23. **Didn't do work or other activities as carefully as usual**

- 1 Yes
- 2 No

24. **During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

25. **Have you felt calm and peaceful?**

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

26. **Did you have a lot of energy?**

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

27. **Have you felt downhearted and blue?**

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

Please go to page 5 →

28. **During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

33. **Anxiety/Depression**

- 1 I am not anxious or depressed
- 2 I am moderately anxious or depressed
- 3 I am extremely anxious or depressed

34. **Rating of Your Own Health Today**

To help you say how good or bad your own health is today, we have drawn a scale (rather like a thermometer) on which the best imaginable health is marked by 100 and the worst imaginable is marked by 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the circle at the bottom of thermometer below to whichever point on the thermometer indicates how good or bad your own health is today.

Your Health Today

By placing a check in one box for items 29-33, please indicate which statement best describes your own health today.

29. **Mobility**

- 1 I have no problems in walking about
- 2 I have some problems in walking about
- 3 I am confined to bed

30. **Self-Care**

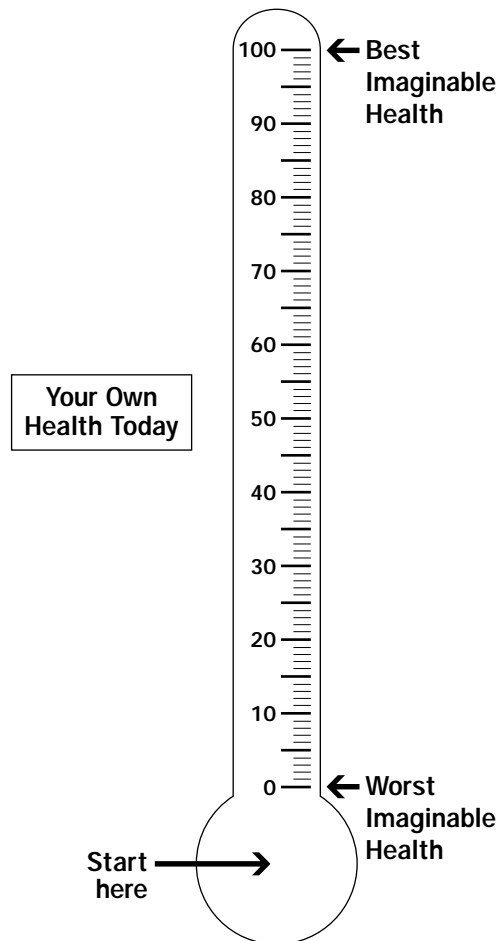
- 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself
- 3 I am unable to wash or dress myself

31. **Usual Activities (e.g., work, study, housework, family or leisure activities)**

- 1 I have no problems with performing my usual activities
- 2 I have some problems with performing my usual activities
- 3 I am unable to perform my usual activities

32. **Pain/Discomfort**

- 1 I have no pain or discomfort
- 2 I have moderate pain or discomfort
- 3 I have extreme pain or discomfort



Please go to page 6 →

Opinions about Health

For items 35-38, please check one of the boxes to indicate how strongly you agree or disagree for each statement. If you are uncertain, check the box for uncertain (3).

	Disagree Strongly	Disagree Somewhat	Uncertain	Agree Somewhat	Agree Strongly
35. I'm healthy enough that I really don't need health insurance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
36. Health insurance is not worth the money it costs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
37. I'm more likely to take risks than the average person.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
38. I can overcome illness without help from a medically trained person.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

If this booklet was not completed by the person named on the front, who completed it: _____

What is this person's relationship to the person named on the front: _____

Thank you for taking the time to complete this survey.

Remember to fold it, seal it, and place it in the envelope provided.

This survey is part of the Medical Expenditure Panel Survey, conducted by the U.S. Public Health Service. This survey is authorized under Section 902(a) of the Public Health Service Act [42 U.S.C. 299a]. The confidentiality of personal information is protected by Federal statute, Section 903(c) and Section 308(d) of the Public Health Service Act [42 U.S.C. 299a-1(c) and 242m(d)]. This law prohibits release of personal information outside the public health agencies sponsoring the survey or their contractors without first obtaining permission from the person who gave the information. The Federal government requires that all persons asked to respond to one of its surveys be given the following information: Public reporting burden for this collection of information is estimated to average 5 minutes per interview, the estimated time required to complete the survey about Your Health and Health Opinions. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

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