# Attach label here (see back cover)

## 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**

 $_{2} \square N_{0} \rightarrow Skin to Ouestion 3$ 

1 Yes

- ◆ Please answer every question by checking <u>one</u> 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:

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|--|-------|--------|--|
| <b>Next Question</b>                     |       |        |  |
|  | RUID: | PID:   |  |
| This Booklet Should<br>Be Completed By → | Name: |        |  |
|  |       | Panel/ |  |

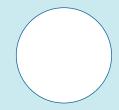
Your participation is voluntary and all of your answers will be kept confidential to the extent permitted by law. If you have any questions about this booklet, please call Alex Scott at 1-800-945-MEPS (6377).

DOB:

When you have completed the booklet, please 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. →

Version:

Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied unless you consent to the use of the information for another purpose. Public reporting burden for this collection of information is estimated to average 7 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0118) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.



Round:



#### START HERE

#### Your Health Care in the Last 12 Months

**1.** In the last 12 months, did you have an illness, injury, or condition that <u>needed</u> <u>care right away</u> in a clinic, emergency room, or doctor's office?

1 ☐ Yes 2 ☐ No → Skip to Question 3

**2.** In the last 12 months, when you <u>needed</u> <u>care right away</u> how often did you get care as soon as you thought you needed?

1 Never2 Sometimes3 Usually4 Always

**3.** In the last 12 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

1 ☐ Yes 2 ☐ No → Skip to Question 5

**4.** In the last 12 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

1 Never2 Sometimes3 Usually4 Always

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

0 □ None → Skip to Question 18

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

**6.** In the last 12 months, did you or a doctor believe you needed any care, tests, or treatment?

1 ☐ Yes 2 ☐ No → Skip to Question 8

**7.** In the last 12 months, how often was it easy to get the care, tests, or treatment you or a doctor believed necessary?

1 □ Never2 □ Sometimes3 □ Usually4 □ Always

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

Never

Never

Usually

Always

| 9.  | In the last 12 months, how often did doctors or other health providers explain things in a way that was easy to understand?                                   | <b>14.</b> In the last 12 months, how often did doctors or other health providers ask you to describe how you were going to follow these instructions?   |
|-----|---|--|
|     | <ul> <li>1 □ Never</li> <li>2 □ Sometimes</li> <li>3 □ Usually</li> <li>4 □ Always</li> </ul>   | <ul> <li>Never</li> <li>Sometimes</li> <li>Usually</li> <li>Always</li> </ul>  |
| 10. | 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                             | <ul> <li>15. In the last 12 months, did you have to fill out or sign any forms at a doctor's or other health provider's office?</li> <li>1 ☐ Yes</li> <li>2 ☐ No → Skip to Question 17</li> </ul>  |
| 11. | 3 ☐ Usually 4 ☐ Always  In the last 12 months, how often did  | <b>16.</b> In the last 12 months, how often were you offered help in filling out a form at the doctor's or other health provider's office?   |
|     | doctors or other health providers spend enough time with you?  1 Never 2 Sometimes 3 Usually  | <ul> <li>1 □ Never</li> <li>2 □ Sometimes</li> <li>3 □ Usually</li> <li>4 □ Always</li> </ul>  |
| 12. | 4 ☐ Always  In the last 12 months, did a doctor or other health provider give you instructions about what to do about a specific illness or health condition? | <ul> <li>17. Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?</li> <li>0 Worst health care possible</li> </ul> |
| Ţ   | <ul> <li>1 ☐ Yes</li> <li>2 ☐ No → Skip to Question 15</li> </ul>   | □ 1<br>□ 2<br>□ 3  |
| 13. | In the last 12 months, how often were these instructions easy to understand?  1 Never 2 Sometimes 3 Usually 4 Always  | <ul> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>10 Best health care possible</li> </ul>   |

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| <b>18.</b> Do you currently smoke?  | General Health   |
|---|--|
| 1 ☐ Yes 2 ☐ No → Skip to Question 20  19. In the last 12 months did a doctor advise you to quit smoking?  1 ☐ Yes 2 ☐ No  | 23. In general, would you say your health is:  1   |
| <ul> <li>3 ☐ Had no visits in the last 12 months</li> <li>20. In the <u>last 2 years</u>, has your blood pressure been checked by a doctor, nurse, or other health professional?</li> <li>1 ☐ Yes</li> </ul>  | The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?  24. Moderate activities, such as moving a table pushing a vacuum cleaner, bowling, or playing golf   |
| 2 □ No  Getting Health Care   | Yes, limited a lot Yes, limited a little No, not limited at all  |
| from a Specialist   | <b>25.</b> Climbing <u>several</u> flights of stairs   |
| When you answer the next questions, do not include dental visits.  21. 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? | Yes, limited a lot Yes, limited a little No, not limited at all  During the past 4 weeks how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?   |
| □ 1 □ Yes   | <b>26.</b> Accomplished less than you would like   |
| 2 □ No → Skip to Question 23  V  22. In the last 12 months, how often was it easy to see a specialist that you needed to see?  1 □ Never 2 □ Sometimes 3 □ Usually 4 □ Always   | <ul> <li>1 ☐ All of the time</li> <li>2 ☐ Most of the time</li> <li>3 ☐ Some of the time</li> <li>4 ☐ A little of the time</li> <li>5 ☐ None of the time</li> <li>27. Were limited in the kind of work or other activities</li> <li>1 ☐ All of the time</li> <li>2 ☐ Most of the time</li> <li>3 ☐ Some of the time</li> <li>4 ☐ A little of the time</li> <li>5 ☐ None of the time</li> </ul> |
|   | i ionog 90 to habo o   |

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

| <b>28.</b> <u>Accomplished less</u> than you would like   | How much of the time during the past 4 weeks:  |
|---|--|
| 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  29. Did work or other activities less carefully than usual  1 ☐ All of the time 2 ☐ Most of the time | 31. Have you felt calm and peaceful?  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  32. Did you have a lot of energy?  1 ☐ All of the time  |
| 3 ☐ Some of the time 4 ☐ A little of the time 5 ☐ None of the time  30. During the past 4 weeks, how much did   | <ul> <li>2 ☐ Most of the time</li> <li>3 ☐ Some of the time</li> <li>4 ☐ A little of the time</li> <li>5 ☐ None of the time</li> </ul>   |
| 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  | 33. Have you felt downhearted and depressed?  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  |
| 5 □ Extremely   | <ul> <li>34. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?</li> <li>1 ☐ All of the time</li> <li>2 ☐ Most of the time</li> <li>3 ☐ Some of the time</li> <li>4 ☐ A little of the time</li> <li>5 ☐ None of the time</li> </ul> |

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These questions are about how you feel and

been feeling.

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

| The following questions ask about how you have been feeling during the <u>past</u> | 30 days. For each     |
|--|-----------------------|
| question, please place a check mark in the box that best describes how often       | you had this feeling. |

| During the past 30 days, about how often did you feel | All<br>of the<br>time | Most of the time | Some<br>of the<br>time | A little<br>of the<br>time | None of the time |
|---|-----------------------|------------------|------------------------|----------------------------|------------------|
| <b>35.</b> nervous?                                   | 1                     | 2                | 3 🗌                    | 4 🔲                        | 5                |
| <b>36.</b> hopeless?                                  | 1                     | 2 🗌              | 3 🗌                    | 4 🗌                        | 5                |
| <b>37.</b> restless or fidgety?                       | 1                     | 2 🗆              | 3 🗆                    | 4 🗌                        | 5                |
| <b>38.</b> so sad that nothing could cheer you up?    | 1                     | 2 🗌              | 3 🗆                    | 4 🗌                        | 5                |
| <b>39.</b> that everything was an effort?             | 1                     | 2                | 3 🗌                    | 4 🔲                        | 5                |
| <b>40.</b> worthless?                                 | 1 🗌                   | 2 🗌              | 3 🗌                    | 4 🗌                        | 5 🗌              |

The following two questions ask about how you have been feeling in the <u>past 2 weeks</u>.

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Nearly<br>every<br>day | More than half the days | Several<br>days | Not at all |
|---|------------------------|-------------------------|-----------------|------------|
| 41. Little interest or pleasure in doing things.  42. Feeling down depressed or hopeless  | 1 🗆                    | 2 🗆                     | 3 🗆             | 4 🗆        |
| <b>42.</b> Feeling down, depressed, or hopeless.  | 1 🔲                    | 2                       | 3 🔲             | 4          |

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#### **Opinions about Health**

For items 43-46, please check <u>one</u> of the boxes to indicate how strongly you <u>agree</u> or <u>disagree</u> for each statement. If you are uncertain, check the box for uncertain  $(3 \square)$ .

| J   | Disagree<br>strongly |     | Uncertain | Agree somewhat | Agree<br>strongly |  |
|---|----------------------|-----|-----------|----------------|-------------------|--|
| <b>43.</b> I'm healthy enough that I really don't need health insurance.              | 1 🗆                  | 2 🗔 | 3 🔲       | 4 🗌            | 5 🗌               |  |
| <b>44.</b> Health insurance is not worth the money it costs.                          | 1 🗌                  | 2 🗌 | 3 🗌       | 4 🗌            | 5 🗌               |  |
| <b>45.</b> I'm more likely to take risks than the average person.                     | 1 🗆                  | 2 🗔 | 3 🗔       | 4 🗌            | 5 🗔               |  |
| <b>46.</b> I can overcome illness without help from a medically trained person.       | 1 🗆                  | 2 🗌 | 3 🗆       | 4 🗌            | 5 🗌               |  |
|   |                      |     |           |                |                   |  |
|   |                      |     |           |                |                   |  |
| Date completed:   |                      |     |           |                |                   |  |
| 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 seal it and place it in the envelope provided.

