

Form Approved OMB# 0935-0118 Exp. Date 12/31/2015

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

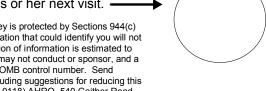
- ◆ Please answer every question by marking <u>one</u> box "****." If you are unsure about how to answer a question, please give the best answer you can.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see arrows that tell you what questions to answer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

1 Yes 2 No → Skip Next Question	to Question 3
This Booklet	REGION: RUID: PID:
Should Be	
Completed By →	NAME:
	Version: DOB: MONTH DAY YEAR

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).

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.

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. 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.







START HERE

Your Health Care

in the	Last 12 Months		yourself?
0			0 None → Skip to Question 18
illne <u>car</u>	he last 12 months, did you have an ess, injury, or condition that <u>needed</u> <u>e right away</u> in a clinic, emergency m, or doctor's office?	E	— 1 ☐ 1 — 2 ☐ 2 — 3 ☐ 3
2. In the care care 1 [Yes No → Skip to Question 3 he last 12 months, when you needed e right away how often did you get e as soon as you thought you needed? Never Sometimes	6.	 4
3. In the time make care	☐ Usually ☐ Always he last 12 months, not counting the es you needed care right away, did you ke any appointments for your health e at a doctor's office or clinic? ☐ Yes ☐ No → Skip to Question 5	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 Never 2 Sometimes 3 Usually 4 Always
time ofte hea as s 1 2 2 3	he last 12 months, not counting the es you needed care right away, how en did you get an appointment for your alth care at a doctor's office or clinic soon as you thought you needed? Never Sometimes Usually Always	8.	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

5. In the last 12 months, not 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



9. In the last 12 months, how often did doctors or other health providers explain things in a way that was easy to understand?	14. 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?
1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always
 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 3 Usually 4 Always 11. In the last 12 months, how often did 	 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? 1 Yes 2 No → Skip to Question 17 16. 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 4 Always	 1 Never 2 Sometimes 3 Usually 4 Always 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
 12. 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? 1 Yes 2 No → Skip to Question 15 13. In the last 12 months, how often were these instructions easy to understand? 1 Never 2 Sometimes 3 Usually 4 Always 	the best health care possible, what number would you use to rate all your health care in the last 12 months?



18. Do you currently smoke?	General Health				
1 ☐ Yes	23. In general, would you say your health is:				
2 ☐ No → Skip to Question 20	1 ☐ Excellent				
↓	2 Very good				
19. In the <u>last 12 months</u> , did a doctor advise	3 ☐ Good				
you to quit smoking?					
1 ☐ Yes	5 Poor				
2 No	The following questions are about activities you				
3 ☐ Had no visits in the last 12 months	might do during a typical day. Does <u>your health</u> now limit you in these activities? If so, how much?				
20. In the <u>last 2 years</u> , has your blood pressure been checked by a doctor,	24. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or				
nurse, or other health professional?	playing golf				
1 ☐ Yes	¹ ☐ Yes, limited a lot				
2 ☐ No	2 ☐ Yes, limited a little				
	₃ No, not limited at all				
Getting Health Care from a Specialist	25. Climbing several flights of stairs				
•	¹ ☐ Yes, limited a lot				
When you answer the next questions, do not include dental visits.	2 ☐ Yes, limited a little				
	₃ No, not limited at all				
21. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin	During the past 4 weeks, how much of the time				
doctors, and others who specialize in	have you had any of the following problems				
one area of health care.	with your work or other regular daily activities as a result of your physical health?				
In the last 12 months, did you or a doctor think you needed to see a specialist?	26. <u>Accomplished less</u> than you would like				
	1 ☐ All of the time				
1 Yes	2 Most of the time				
P 2 No → Skip to Question 23	³ ☐ Some of the time				
22. In the left 42 months have often were it	4 A little of the time				
22. In the last 12 months, how often was it easy to see a specialist that you needed	5 None of the time				
to see?	27. Were limited in the kind of work or other				
1 ☐ Never	activities				
2 Sometimes	1 ☐ All of the time				
₃ Usually	2 Most of the time				
₄ ☐ Always	3 ☐ Some of the time				
	4 ☐ A little of the time				
	5 None of the time				



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)?

unalous).	How much of the time during the past 4 weeks:			
28. Accomplished less than you would like	31. Have you felt calm and peaceful?			
1 ☐ All of the time	1 ☐ All of the time			
2 ☐ Most of the time	2 ☐ Most of the time			
3 ☐ Some of the time	3 ☐ Some of the time			
4 ☐ A little of the time	4 A little of the time			
5 None of the time	5 None of the time			
29. Did work or other activities <u>less</u>	32. Did you have a lot of energy?			
carefully than usual	1 ☐ All of the time			
1 ☐ All of the time	2 Most of the time			
2 Most of the time	3 ☐ Some of the time			
3 ☐ Some of the time	4 ☐ A little of the time			
4 ☐ A little of the time	5 ☐ None of the time			
5 ☐ None of the time				
	33. Have you felt downhearted and depressed?			
30. During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work	1 ☐ All of the time			
(including both work outside the home	2 Most of the time			
and housework)?	3 ☐ Some of the time			
₁ Not at all	4 ☐ A little of the time			
2 ☐ A little bit	5 ☐ None of the time			
3 ☐ Moderately				
₄ ☐ Quite a bit	34. During the past 4 weeks, how much of the			
5 ☐ Extremely	time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?			
SF-12v2TM Health Survey © 1994, 2002 by QualityMetric Incorporated and Medical Outcomes Trust. All Rights Reserved. SF-12® a registered trademark of Medical Outcomes Trust. (SF-12v2 Standard, US Version 2.0)	All of the time Most of the time Some of the time A little of the time			
	5 ☐ None of the time			

These questions are about how you feel and

past 4 weeks. For each question, please give

how things have been with you during the

the one answer that comes closest to the

way you have been feeling.



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

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

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

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



Opinions about Health

For items 43-46, please mark <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, mark the box for uncertain $(3 \square)$.

for each statement. If you are uncertain, mark the box for uncertain (3 ∐).						
	Disagree strongly	Disagree somewhat	Uncertain	Agree somewhat	Agree strongly	
43. I'm healthy enough that I really don't need health insurance.	1 🔲	2	3 🔲	4 🔲	5	
44. Health insurance is not worth the money it costs.	1 🔲	2	3 🔲	4 🔲	5	
45. I'm more likely to take risks than the average person.	1 🔲	2	3 🔲	4 🔲	5	
46. I can overcome illness without help from a medically trained person.	1 🔲	2	3 🔲	4 🔲	5 🔲	
Date completed: MONTH / DAY / YEAR						
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.