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# MEPS

Medical Expenditure Panel Survey

## Your Health & 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.

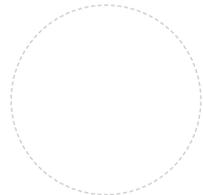
*This booklet should  
be completed by:* ■■■▶

RUID: _____	VERSION: _____
NAME: _____	
DOB: _____	PID: _____

**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.

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?

Yes .....  1

No .....  2 **GO 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?

Never .....  1

Sometimes .....  2

Usually .....  3

Always.....  4

I didn't need an appointment for regular or routine care in the last 12 months.....  96

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?

Yes .....  1

No .....  2 **GO 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?

Never .....  1

Sometimes .....  2

Usually .....  3

Always.....  4

I didn't need care right away for an illness or injury in the last 12 months. ....  96

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?

None .....  0 **GO TO QUESTION 11**

1 .....  1

2 .....  2

3 .....  3

4 .....  4

5 to 9 .....  5

10 or more .....  6

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?

A big problem.....  1

A small problem .....  2

Not a problem .....  3

I had no visits in the last 12 months. ....  96

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

Never .....  1

Sometimes .....  2

Usually .....  3

Always.....  4

I had no visits in the last 12 months. ....  96

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

Never .....  1

Sometimes .....  2

Usually .....  3

Always.....  4

I had no visits in the last 12 months. ....  96

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

- Never .....  1
- Sometimes .....  2
- Usually .....  3
- Always.....  4
- I had no visits in the last 12 months. ....  96

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

- Never .....  1
- Sometimes .....  2
- Usually .....  3
- Always.....  4
- I had no visits in the last 12 months. ....  96

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?

- 0 Worst health care possible .....
- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....
- 7 .....
- 8 .....
- 9 .....
- 10 Best health care possible .....
- I had no visits in the last 12 months. ....  96

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

- Yes .....  1
- No .....  2

13. Do you currently smoke?

- Yes .....  1
- No .....  2

**GO TO QUESTION 15**

14. In the past 12 months did a doctor advise you to quit smoking?

- Yes .....  1
- No .....  2

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## 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?

- Yes .....  1
- No .....  2

**GO 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 need to see?

- A big problem.....  1
- A small problem .....  2
- Not a problem .....  3
- I didn't need to see a specialist in the last 12 months. ....  96

## GENERAL HEALTH

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

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18. 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?

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited At All
A. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Climbing several flights of stairs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

19. 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?

	Yes	No
A. Accomplished less than you would like .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Were limited in the kind of work or other activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

20. 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)?

	Yes	No
A. Accomplished less than you would like .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Didn't do work or other activities as carefully as usual.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

Not At All	A Little Bit	Moderately	Quite a Bit	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

22. 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 –

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
A. Have you felt calm and peaceful?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Did you have a lot of energy?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Have you felt downhearted and blue? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

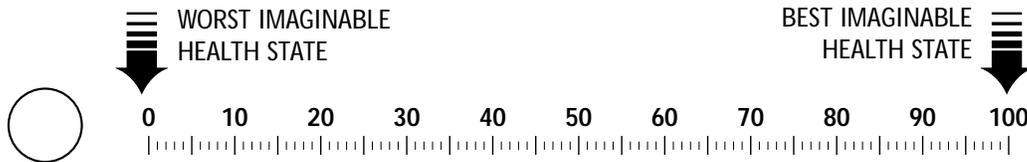


Better                      Much  
the Same                      Worse

26. Compared with my general level of health over the past 12 months, my health state today is: .....  1                       2                       3

27. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine 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 below to whichever point on the scale indicates how good or bad your current health state is.

**YOUR OWN HEALTH STATE TODAY**



*If this booklet was not completed by the person named on page 1, who completed it:* \_\_\_\_\_

*What is this person's relationship to the person named on page 1:* \_\_\_\_\_

***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:

Reports Clearance Officer  
Attention: PRA, United States Public Health Service  
Paperwork Reduction Project (0935-0098)  
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