

### 2005

# Your Health and Health Opinions Your opinion matters!

Medical Expenditure Panel Survey

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 <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:

<sup>1</sup> □ Yes <sup>2</sup> □ No → Skip to Question 3

## **Next Question**

This Booklet Should	
Be Completed By	→

RUID:	Р	ID:	
Name:			
Version:	DOB:	Panel/ Round:	

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 seal it with this label  $\rightarrow$  and place it in the envelope provided. Have it ready to give to your interviewer at his or her next visit.



# **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  $\rightarrow$  Skip to Question 3
- Ţ
- **2.** In the last 12 months, when you <u>needed</u> <u>care right away</u> for an illness, injury, or condition how often did you get care as soon as you wanted?
  - 1 🗌 Never
  - 2 Sometimes
  - 3 🗆 Usually
  - 4 🗌 Always
- **3.** A <u>health provider</u> 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, not counting the times you needed health care right away, did you make any <u>appointments</u> with a doctor or other health provider for health care?

 $\begin{array}{ccc} 1 & \square & \text{Yes} \\ 2 & \square & \text{No} \end{array} \rightarrow \textbf{Skip to Question 5} \end{array}$ 

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

o 🗌 None	e → Skip	to Question	13
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- 1 🗌 1
- $2 \square 2$  $- 3 \square 3$
- $-\frac{3}{4}$  4
- 5  $\Box$  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 much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?
  - $_1 \square$  A big problem
  - $_2$   $\Box$  A small problem
  - 3 🗌 Not a problem
- **8.** In the last 12 months, how often did doctors or other health providers <u>listen</u> <u>carefully to you?</u>
  - 1 Never2 Sometimes
  - 3 🗌 Usually
  - 4 🗌 Always
- **9.** In the last 12 months, how often did doctors or other health providers <u>explain</u> <u>things</u> in a way you could understand?
  - 1 Never
  - 2 Sometimes
  - з 🗌 Usually
  - 4 🗌 Always
- Please go to page  $3 \rightarrow$

- **10.** In the last 12 months, how often did doctors or other health providers show respect for what you had to say?
  - $_1 \square$  Never
  - 2 🗌 Sometimes
  - 3 🗌 Usually
  - 4 🗆 Always
- **11.** In the last 12 months, how often did doctors or other health providers <u>spend</u> <u>enough time</u> with you?
  - 1 🗌 Never
  - 2 🗌 Sometimes
  - 3 🗌 Usually
  - 4 🗆 Always
- **12.** Using <u>any number from 0 to 10</u> 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?
  - $\Box$  0 Worst health care possible
  - 1
  - 2
  - 3
  - 4
  - 5
  - □ 6 □ 7

  - $\Box$  10 Best health care possible

#### **13.** Do you currently smoke?

- 1 □ Yes
  2 □ No → Skip to Question 15
  14. In the last 12 months did a doctor advise you to quit smoking?
  - 1 🗌 Yes
  - 2 🗌 No
  - $_3$   $\square$  Had no visits in the last 12 months

# **15.** In the <u>last 2 years</u>, 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, <u>do not</u> include dental visits.

**16.** <u>Specialists</u> 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

 $2 \square$  No  $\rightarrow$  Skip to Question 18

- **17.** In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?
  - $1 \square$  A big problem
  - $_2 \square$  A small problem
  - з 🗆 Not a problem

Please go to page 4  $\rightarrow$ 

### **General Health**

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

- $_1 \square$  Excellent
- 2 🗆 Very good
- 3 🗌 Good
- 4 🗌 Fair
- 5 🗌 Poor

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

- **19.** <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
  - 1 🗌 Yes, limited a lot
  - $_2 \square$  Yes, limited a little
  - 3 🗆 No, not limited at all

#### 20. Climbing several flights of stairs

- 1 🗌 Yes, limited a lot
- $_2$   $\Box$  Yes, limited a little
- $_3 \square$  No, not limited at all

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 your physical health?</u>

#### 21. Accomplished less than you would like

- $_1 \square$  All of the time
- $_2$   $\square$  Most of the time
- $_3 \square$  Some of the time
- $_4 \square$  A little of the time
- ${}_5\,\square\,$  None of the time

# **22.** Were limited in the <u>kind</u> of work or other activities

- $_1 \square$  All of the time
- $_2 \square$  Most of the time
- $_3 \square$  Some of the time
- $_4 \square$  A little of the time
- $5 \square$  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)?

#### 23. Accomplished less than you would like

- $_1 \square$  All of the time
- $_2 \square$  Most of the time
- $_3 \square$  Some of the time
- $_4 \square$  A little of the time
- $5 \square$  None of the time

# **24.** Did work or other activities <u>less carefully</u> <u>than usual</u>

- $_1 \square$  All of the time
- $_2$   $\square$  Most of the time
- $3 \square$  Some of the time
- $_4 \square$  A little of the time
- $_5$   $\Box\,$  None of the time

Please go to page 5  $\rightarrow$ 

- **25.** During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?
  - 1 🗌 Not at all
  - $_2 \square$  A little bit
  - $_3 \square$  Moderately
  - 4 🗌 Quite a bit
  - 5 🗌 Extremely

These questions are about how you feel and how things have been with you <u>during the past</u> <u>4 weeks</u>. 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:

#### **26.** Have you felt calm and peaceful?

- $_1 \square$  All of the time
- $_2$   $\square$  Most of the time
- $_3 \square$  Some of the time
- $_4 \square$  A little of the time
- $_5$   $\Box$  None of the time

#### **27.** Did you have a lot of energy?

- $_1 \square$  All of the time
- $_2 \square$  Most of the time
- $3 \square$  Some of the time
- $_4 \square$  A little of the time
- $_5$   $\Box$  None of the time

#### 28. Have you felt downhearted and depressed?

- $_1 \square$  All of the time
- $_2$   $\square$  Most of the time
- $3 \square$  Some of the time
- $_4 \square$  A little of the time
- $5 \square$  None of the time

- **29.** During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or</u> <u>emotional problems</u> interfered with your social activities (like visiting friends, relatives, etc.)?
  - $_1 \square$  All of the time
  - $_2 \square$  Most of the time
  - $_3 \square$  Some of the time
  - $_4 \square$  A little of the time
  - $_5$   $\Box$  None of the time

#### Please go to page 6 $\rightarrow$

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
<b>30.</b> nervous?	1	2	3	4	5
<b>31.</b> hopeless?	1	2	3	4	5
<b>32.</b> restless or fidgety?	1	2	3	4	5 🗌
<b>33.</b> so sad that nothing could cheer you up?	1	2	3	4	5
<b>34.</b> that everything was an effort?	1	2	3	4	5
<b>35.</b> worthless?	1	2	3	4	5

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

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

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Nearly every day	More than half the days	Several days	Not at all
<b>36.</b> Little interest or pleasure in doing things.	1	2	3	4
<b>37.</b> Feeling down, depressed, or hopeless.	1	2	3	4

Please go to page  $7 \rightarrow$ 

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## **Opinions about Health**

For items 38-41, 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 ( $_3 \square$ ).

	Disagree strongly	Disagree somewhat	Uncertain	Agree somewhat	Agree strongly
<b>38.</b> I'm healthy enough that I really don't need health insurance.	1	2	3 🗌	4	5
<b>39.</b> Health insurance is not worth the money it costs.	1	2	3	4	5
<b>40.</b> I'm more likely to take risks than the average person.	1	2	3 🗌	4	5
<b>41.</b> I can overcome illness without hell from a medically trained person.	<b>p</b> 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.

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 Statutes, Section 924(c) and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(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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