

Form Approved  
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Exp. Date 12/31/2015

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## Your Choices About Your Health

There are a lot of clinical preventive care services available, such as screening tests for different types of cancer or heart disease. Not everyone makes the same choices about which tests to have, when to have a particular test or how often. By answering this questionnaire, you will help MEPS learn about the different choices different people make about preventive care.

**This Booklet  
Should Be  
Completed By ➔**

Name: _____		
_____		
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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).

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This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Section 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 5 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.



The Agency for Healthcare Research and Quality and  
The Centers for Disease Control and Prevention of the  
U.S. Department of Health and Human Services

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→ Please mark an [X] to answer each question.

1. Are you male or female?

Male → Please call Alex Scott, toll free at 1-800-945-6377 before completing.  
 Female

2. What is your age?

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Age in years

3. When was the last time you visited a doctor or nurse for a check-up, follow-up care for an ongoing problem, or a concern that you have about your health? Do not include times you were hospitalized overnight or visits to the hospital emergency room.

Within the past 12 months  
 Within the past one to two years  
 Within the past two to five years  
 More than five years ago  
 Never

4. During the past 12 months, have you had either a flu shot (directly in the arm or into the skin) or a flu vaccine that was sprayed in your nose?

Yes  
 No

5. In the past 12 months, has a doctor, nurse, or other health care professional weighed you?

Yes  
 No

6. About how much do you weigh without shoes?

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Weight (pounds)



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7. About how tall are you without shoes?

Feet      Inches

8. In the past 12 months, has a doctor, nurse, or other health care professional given you advice about how to manage your weight, discussed weight loss goals with you, or referred you to a weight loss program to help with your diet and exercise?

Yes  
 No

9. In the last 12 months, has a doctor, nurse, or other health professional asked you how much and how often you drink alcohol? You may have answered in person, on paper, or on a computer.

Yes  
 No

10. In the last 12 months, have you had 4 or more drinks in one day? (A drink refers to one 12 oz. beer, 5 oz. glass of wine, or 1.5 oz. shot of hard liquor.)

Yes  
 No

11. In the last 12 months, has a doctor, nurse, or other health care professional advised you to cut back or stop drinking alcohol?

Yes  
 No

12. Has a doctor, nurse, or other health care professional ever asked you if you smoke or use tobacco? You may have answered in person, on paper, or on a computer.

Yes  
 No



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13. In the last 12 months, on average, would you say you smoked cigarettes or used tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → Skip to Question 17

14. In the past 12 months, were you advised by a doctor, nurse, or other health care professional to quit smoking or quit using tobacco?

- Yes
- No

15. In the past 12 months, were you advised by a doctor, nurse, or other health care professional to take a medication to assist you with quitting smoking or using tobacco? Some medications that can be used are: nicotine gum, patch, nasal spray, inhaler, or prescription medicine.

- Yes
- No

16. In the past 12 months, has a doctor, nurse, or other health care professional discussed or provided methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or program to help stop smoking.

- Yes
- No

17. In the past 12 months, has your doctor, nurse, or other health care professional asked you about your mood, such as whether you are anxious or depressed? You may have answered in person, on paper, or on a computer.

- Yes
- No

18. **During the past 24 months**, have you had your blood pressure checked by a doctor, nurse, or other health care professional?

- Yes
- No



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19. **Within the past 5 years**, have you had your blood cholesterol checked by a doctor, nurse, or other health care professional?

- Yes
- No

20. Have you had a hysterectomy or have you ever had cervical cancer?

- Yes → Skip to Question 23

- No

21. **Within the past 5 years**, have you had a Pap test? A Pap smear or Pap test is a routine test in which the doctor takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

- Yes
- No

22. About how old were you the last time you had a Pap test?

- Younger than 35
- 35 to 44 years old
- 45 to 54 years old
- 55 to 64 years old
- 65 to 74 years old
- 75 or older

23. **Within the past 5 years**, have you been tested for HIV, the virus that causes AIDS? Include blood testing and/or testing fluid from your mouth.

- Yes
- No, it was offered to me by a doctor, nurse, or other health care professional but I chose not to receive it
- No, for any other reason



- If you are 50 or older, please continue with the questions on the next page.
- If you are under 50 years old, please turn to the back cover.



24. Have you ever had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually only given once or twice in a person's lifetime.

- Yes
- No, it was offered to me by a doctor, nurse, or other health care professional but I chose not to receive it
- No, for any other reason

25. Have you had the shingles vaccine? The vaccine is called Zostavax®, the zoster vaccine, or the shingles vaccine. The chicken pox virus causes shingles. The vaccine has been available since May 2006.

- Yes
- No, it was offered to me by a doctor, nurse, or other health care professional but I chose not to receive it
- No, for any other reason

26. Is there any medical reason why you cannot take aspirin, such as an allergy, another medication you take, or other side effect?

- Yes → Skip to Question 28

- No

27. Has a doctor, nurse, or other health care professional ever discussed with you the use of aspirin to prevent heart attack or stroke?

- Yes
- No

28. Have you had both breasts removed or have you ever had breast cancer?

- Yes → Skip to Question 30 on the next page

- No

29. **Within the past 2 years**, have you had a mammogram? A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

- Yes
- No



30. Have you had colon cancer or your entire colon removed?

Yes → Skip to Question 34 on the next page

No

31. **Within the past 10 years**, have you had a colonoscopy? A colonoscopy test examines the bowel by inserting a tube into the rectum. After a colonoscopy, you feel tired and usually need someone to drive you home.

Yes

No, it was offered to me by a doctor, nurse, or other health care professional but I chose not to receive it

No, for any other reason

32. **Within the past 5 years**, have you had a sigmoidoscopy? A sigmoidoscopy test also examines the bowel by inserting a tube into the rectum. You are awake during this test and can drive yourself home.

Yes

No, it was offered to me by a doctor, nurse, or other health care professional but I chose not to receive it

No, for any other reason

33. **Within the past 12 months**, have you had a blood stool test using a home kit? A doctor, nurse, or other health professional provides you a special kit or cards to use at home to determine whether the stool contains blood.

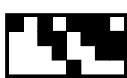
Yes

No, it was offered to me by a doctor, nurse, or other health care professional but I chose not to receive it

No, for any other reason



- If you are 65 or older, please answer questions 34 and 35 on the next page.
- If you are under 65 years old, please turn to the back cover.



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34. Have you ever been told by a doctor, nurse, or other health care professional that you have osteoporosis? Osteoporosis is when the bones become fragile and break easily.

Yes → Please turn to the back cover.

No

35. There are several tests to measure bone density and detect osteoporosis at an early stage, including a DEXA scan. Have you ever had your bone density measured?

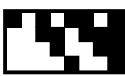
Yes

No

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*Date completed:*

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MONTH                    DAY                    YEAR

### THANK YOU FOR COMPLETING THE QUESTIONNAIRE!

- ▶ Please place this survey in the envelope provided to you and give it to the MEPS interviewer.
- ▶ If the interviewer is no longer available, place the survey in the return envelope provided to you by the interviewer. If the envelope is missing, mail this survey to:

MEPS  
c/o Westat  
1600 Research Blvd, Room GA51  
Rockville, MD 20850