

Form Approved OMB# 0935-0118 Exp. Date 11/30/2023 2021

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 one 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	
	No → If No, go to	3

Next Question

- 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).
- ♦ Store your completed booklet in the envelope provided. Have it ready to give to your interviewer at his or her next visit.

This Booklet Should Be Completed By →	REGION: RUID: PID: NAME:
	DOB: MONTH DAY YEAR

This survey is authorized under 42 U.S.C. 299a. Privacy is protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). 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, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857.



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



	General Health
1 . Ir	general, would you say your health is: Excellent Very good Good Fair Poor
	he following items are about activities you might do during a typical day. Does your health now mit you in these activities? If so, how much?
	a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf Yes, limited a lot Yes, limited a little No, not limited at all
	b. Climbing several flights of stairs Yes, limited a lot Yes, limited a little No, not limited at all
	uring the past 4 weeks, have you had any of the following problems with your work or other egular daily activities as a result of your physical health?
	a. Accomplished less than you would like as a result of your physical health
	No, none of the time Yes, a little of the time Yes, some of the time Yes, most of the time Yes, all of the time
	b. Were limited in the kind of work or other activities as a result of your physical health No, none of the time Yes, a little of the time Yes, some of the time Yes, most of the time Yes, all of the time
	How to create VR-12 scales and PCS/MCS summaries" © 2014 by Trustees of Boston University. All Rights Reserved. ss concerning the VR-12 can be directed to Professor Lewis E. Kazis, Boston University e-mail: lek@bu.edu)



4.	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)?
	a. Accomplished less than you would like as a result of any emotional problems
	☐ No, none of the time
	☐ Yes, a little of the time
	Yes, some of the time
	Yes, most of the time
	Yes, all of the time
	b. Didn't do work or other activities as carefully as usual as a result of any emotional problems
	☐ No, none of the time
	Yes, a little of the time
	Yes, some of the time
	Yes, most of the time
	Yes, all of the time
5.	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



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.

	eeling.
6.	How much of the time during the past 4 weeks:
	a. Have you felt calm and peaceful?
	 □ 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
	b. Did you have a lot of energy?
	 ☐ 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
	c. Have you felt downhearted and blue?
	☐ 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



7.	During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?						
All of the time							
Most of the time							
	Some of the time						
	A little of the time						
	None of the time						
8.	The following questions ask about how question, please mark the box that bes	•	•	• •	•	For each	
	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	
	a. nervous?						
	b. hopeless?						
	c. restless or fidgety?						
	d. so sad that nothing could cheer you up?						
	e. that everything was an effort?						
	f. worthless?						
9.	The following two questions ask about	how you ha	ve been fee	ling in the pa	st 2 weeks.		
	Over the last 2 weeks, how often have been bothered by any of the following problems?	e you	Nearly every day	More than half the days	Several days	Not at all	
	a. Little interest or pleasure in doing the	nings					
	b. Feeling down, depressed, or hopele	ess					



		Opini	ions Abou	t Health			
10.	Opinions About Health 10. For the four statements below, please mark one of the boxes to indicate how strongly you agree or disagree for each statement. If you are uncertain, mark the box for uncertain.						
			Disagree strongly	Disagree somewhat	Uncertain	Agree somewhat	Agree strongly
	a.	I'm healthy enough that I really don't need health insurance					
	b.	Health insurance is not worth the money it costs					
	C.	I'm more likely to take risks than the average person					
	d.	I can overcome illness without help from a medically trained person					
These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits. 11. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office? Yes No → If No, go to 13 12. In the last 12 months, when you needed care right away , how often did you get care as soon as you thought you needed? Never Sometimes Usually							
	do	 Always the last 12 months, did you make any apoctor's office or clinic? Yes No → If No, go to 15 es, go to 14 	ppointments	for a check-	up or routin	ne care at a	



14. In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
NeverSometimesUsuallyAlways
15. 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 yourself?
None → If None, go to 26 1 time 2 3 4 5-9 10 or more times
16. 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?
□ 0 Worst health care possible □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 Best health care possible



17. 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?
Yes ☐ No → If No, go to 20
18. In the last 12 months, how often were these instructions easy to understand?
Never
Sometimes
Usually
Always
19. 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?
Never
Sometimes
Usually
Always
20. 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?
Yes □ No → If No, go to 22
21. 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?
☐ Never
Sometimes
Usually
Always



22. In the last 12 months, how often did doctors or other health professionals explain things in a way that was easy to understand?
Never Sometimes Usually Always
23. In the last 12 months, how often did doctors or other health professionals listen carefully to you? Never Sometimes Usually Always
24. In the last 12 months, how often did doctors or other health professionals show respect for what you had to say?
☐ Never ☐ Sometimes ☐ Usually ☐ Always
25. In the last 12 months, how often did doctors or other health professionals spend enough time with you?
☐ Never ☐ Sometimes ☐ Usually ☐ Always
26. Do you currently smoke?
Yes ☐ No → If No, go to the top of the next page
27. In the last 12 months, did a doctor advise you to quit smoking?
☐ Yes ☐ No ☐ Had no visits in the last 12 months



Getting	Health	Care	from S	Spec	ialists

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.					
28. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you make any appointments to see a specialist?					
Yes ☐ No → If No, please go to the "Date completed" boxes below					
29. In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?					
Never					
Sometimes					
Usually					
☐ Always					
Date completed: Month Day Year Who completed this form?					
Person named on front of this form					
Someone else,					
↓ —					
If Someone Else, what is person's relationship to the person named on the front of this form?					
Husband or wife					
Unmarried partner					
Mother, father, or guardian					
Son or daughter					
☐ Other relative ☐ Not related					
Not related					
Thank you for taking the time to complete this survey.					
Remember to store it in the envelope provided.					
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