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February 12, 2026

Dear «Name»,

On behalf of the Department of Health and Human Services, I thank you for participating in the Medical Expenditure Panel Survey (MEPS). By being a participant in this important national research effort, you are fulfilling a valuable public service.

As a member of the quality assurance team, it is my responsibility to see that all interviews are completed according to study procedures. The questions on the enclosed form refer to your most recent MEPS interview. Please answer these questions for me, and feel free to offer any comments you may have about the interview or the interviewer.

Thank you for your time and participation in this important survey. Please return the form using the enclosed postage-paid envelope.

Sincerely,

Susan M. Genoversa

Susan M. Genoversa
Project Manager for Operations
Medical Expenditure Panel Survey

Encl (2)

RUID: «ID»
FI: «FI»
Panel/Round:«PNLRND»

25-305

Form Approved
OBM# 0935-0118
Exp. Date 09/30/2026

# MEPS POST-INTERVIEW FORM

1. Approximately how long did your most recent MEPS interview take?

   _____ HOURS AND _____ MINUTES

2. Were you interviewed in person or over the telephone?

   ☐ IN PERSON *Comment*: _____
   ☐ VIDEO *(GO TO Q4)* _____
   ☐ TELEPHONE *(GO TO Q4)* _____

3. Did the interviewer use a laptop computer to record your answers?

   ☐ YES *Comment*: _____
   ☐ NO *(Please comment.)* _____
   _____

4. Were you asked about everyone living in your household?

   ☐ YES *Comment*: _____
   ☐ NO *(Please comment.)* _____
   ☐ NOT APPLICABLE _____

5. Did you receive a monetary gift from the interviewer at the end of the interview?

   ☐ YES → **5a.** How much did you receive? _____
   ☐ NO

6. Did you receive any token gifts for your participation?

   ☐ YES → **6a.** What gifts did you receive? _____
   ☐ NO

7. Was your interviewer courteous and professional?

   ☐ YES *Comment*: _____
   ☐ NO *(Please comment.)* _____
   _____

8. Please add any comments you have about the interview or the person who interviewed you.

_____
_____
_____

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