7028

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Draft

Your Health and Health Opinions

Your opinion matters!

MEPS
Medical Expenditure Panel Survey

Understanding how people feel about their health and health care, as well as what care they receive, are important goals 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:

  ☐ Yes
  ☐ No ➔ **If No, go to question 3**

  Next Question

- Your participation is voluntary and your answers will be kept confidential as required by law. If you have any questions about this booklet, please call Alex Scott at 1-800-945-MEPS (6377).

This Booklet Should Be Completed By ➔

REGION: ☐ **RUID:** ☐☐☐☐☐☐☐☐☐ **PID:** ☐☐☐

NAME: _____

_____

DOB: ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

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

7028

General Health

1. What is your age?

- ☐ Under 18
- ☐ 18 to 39
- ☐ 40 to 49
- ☐ 50 or older

2. Are you male or female?

- ☐ Male
- ☐ Female

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

4. 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?

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

5. 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:**

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

6. 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

7. 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.

8. 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

9. 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

10. The next questions are about how you feel about different aspects of your life. For each one, mark how often you feel that way.

a. First, how often do you feel that you lack companionship?

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

b. How often do you feel left out?

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

c. How often do you feel isolated from others?

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

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

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?	☐	☐	☐	☐	☐

12. 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
a. Little interest or pleasure in doing things.....	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless.....	☐	☐	☐	☐

13. In the **past 30 days**, how often have you experienced trouble getting to sleep or staying asleep?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day

14. In the **past 30 days**, how often did you take any medication to help you fall asleep or stay asleep? Include both prescribed and over-the-counter medications.

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day

15. On **most weekdays**, how many hours do you spend a day in front of a TV, computer, cellphone, or other electronic device watching programs, playing games, accessing the internet, or using social media? Do not include time spent at work or doing schoolwork.

- ☐ Less than 1 hour
- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 4 or more hours

16. In the **past 30 days**, did you use an electronic wearable device to monitor or track your health or physical activity? For example, a Fitbit, Apple Watch, or Garmin Vivofit.

- ☐ Yes
- ☐ No
- ☐ I have never used an electronic wearable device

Physical Activity, Diet, and Weight

The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your **leisure** time. We are interested in two types of physical activity --- moderate and vigorous-intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate.

17. On average, how many days per week do you do **moderate-intensity leisure-time** physical activities?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

MARK ☒ A NUMBER

18. About how long do you do these moderate leisure-time physical activities each time?

- ☐ 1-29 minutes
- ☐ 30-59 minutes
- ☐ 60 minutes (one hour) or more
- ☐ I do not do moderate-intensity leisure-time physical activities

19. On average, how many days per week do you do **vigorous-intensity leisure-time** physical activities?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

MARK ☒ A NUMBER

20. About how long do you do these vigorous leisure-time physical activities each time?

- ☐ 1-29 minutes
- ☐ 30-59 minutes
- ☐ 60 minutes (one hour) or more
- ☐ I do not do vigorous-intensity leisure-time physical activities

21. On average, how many days per week do you do **leisure time** physical activities specifically designed to **strengthen** your muscles, such as sit-ups, push-ups, or lifting weights?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

MARK ☒ A NUMBER

22. The next few questions are about your eating habits. In general, how healthy is your overall diet? Would you say:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

23. How often do you eat fruit, excluding juice squeezed from fresh fruit or made from concentrate?

- ☐ More than once a day
- ☐ Once a day
- ☐ 4-6 days a week
- ☐ 1-3 days a week
- ☐ Less than once a week
- ☐ Never

24. How often do you eat vegetables or salad, excluding potatoes and fresh juice or juice made from concentrate?

- ☐ More than once a day
- ☐ Once a day
- ☐ 4-6 days a week
- ☐ 1-3 days a week
- ☐ Less than once a week
- ☐ Never

25. The next question is about meals. A meal refers to breakfast, lunch, and dinner. During the **past 7 days**, how many meals did you get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

☐☐ **Number of meals (0-21)**

26. About how much do you weigh without shoes?

☐☐☐ **Weight (pounds)**

27. About how tall are you without shoes?

☐ **Feet** ☐☐ **Inches**

Alcohol Use

28. Think about your drinking in the past 12 months. How often do you have a drink containing alcohol?

- ☐ Never ➔ **If Never, go to question 31**
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ 2-3 times a week
- ☐ 4-6 times a week
- ☐ Daily

For questions on this page:

One drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

29. How many drinks containing alcohol do you have on a typical day you are drinking?

- ☐ 1 drink
- ☐ 2 drinks
- ☐ 3 drinks
- ☐ 4 drinks
- ☐ 5-6 drinks
- ☐ 7-9 drinks
- ☐ 10 or more drinks

30. How often do you have **4 or more** drinks on one occasion (if female) or **5 or more** drinks on one occasion (if male)?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ 2-3 times a week
- ☐ 4-6 times a week
- ☐ Daily

31. In the past 12 months, has a doctor, nurse, or other health care 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

32. In the past 12 months, has a doctor, nurse, or other health care professional asked you to cut back or stop drinking alcohol?

- ☐ Yes
- ☐ No

Cigarette Smoking and Tobacco Use

The next questions are about cigarette smoking and tobacco use.

33. Have you smoked at least 100 cigarettes in your **entire life**?

- ☐ Yes
- ☐ No

34. 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

35. 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 ➔ **If Not at all, go to question 39, page 11**

36. 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

37. 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

38. 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

Your Choices about Your Health

39. 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

40. 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

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

- ☐ Yes
- ☐ No

42. 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

43. During the past 12 months, have you tried to lose weight?

- ☐ Yes
- ☐ No

44. 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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

If you are female, continue with the questions on this page.
If you are male, go to the next page.

If Female:

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

- ☐ Yes ➔ **If Yes, go to next page**
- ☐ No

48. **Within the past 5 years**, have you had a Pap or human papillomavirus (HPV) test? A Pap or HPV 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

49. About how old were you the last time you had a Pap or HPV 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
- ☐ I have never had a Pap or HPV test

If you are age 40 or older, continue with the questions on this page.
If you are younger than 40, go to Date completed on back cover.

If 40 or older:

50. 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

51. Have you had the shingles vaccine? Two shingles vaccines are available: Zostavax® and Shingrix®. The chicken pox virus causes shingles. Zostavax® has been available since 2006 and Shingrix® since 2017.

- ☐ 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 40 or older:

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

- ☐ Yes ➔ **If Yes, go to next page**
- ☐ No

53. **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

54. **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

55. **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 40 or older and female, complete the left side of this page.
If you are 40 or older and male, complete the right side of this page.

If Female & 40 or older

56. 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 → **If Yes, go to question 58**
- ☐ No

57. 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

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

- ☐ Yes → **If Yes, go to next page**
- ☐ No

59. 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

GO TO NEXT PAGE.

If Male & 40 or older

60. Have you had prostate cancer?

- ☐ Yes → **If Yes, go to next page**
- ☐ No

61. About how old were you the last time you had a PSA test? A "P-S-A" is a blood test to detect prostate cancer. It is also called a prostate specific antigen test.

- ☐ Never had a PSA test
- ☐ Under age 50
- ☐ Between 51 and 64
- ☐ Between 65 and 69
- ☐ Between 70 and 74
- ☐ Age 75 or older

GO TO NEXT PAGE.

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

THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE!

- Please give your completed survey to your MEPS interviewer or place it in the return envelope and mail it back.
- If the envelope is missing, mail this survey to:

MEPS
c/o Westat
7501 Wisconsin Avenue, Room 2509W
Bethesda, MD 20814-6527