

36-ITEM HEALTH SURVEY

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

= Visit Number

MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make **NO** stray marks.
- **DO NOT** fold this form.
- Fill in one circle for each question.

The only change between Visit 21 and the current visit is the year bubbles available.

INCORRECT MARKS



CORRECT MARK



MACSID

ID NUMBER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

VISIT_###

VISIT NO.	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

DATE		
MO.	DAY	YR.
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar		
<input type="radio"/> Apr		
<input type="radio"/> May		
<input type="radio"/> June		
<input type="radio"/> July		
<input type="radio"/> Aug		
<input type="radio"/> Sept		
<input type="radio"/> Oct		
<input type="radio"/> Nov		
<input type="radio"/> Dec		

DT36M_###
DT36D_###
DT36Y_###

Please answer every question by marking the appropriate circle.
If you are unsure about how to answer a question, give the best answer you can.

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

GENHL_###

- Excellent
- Very good
- Good
- Fair
- Poor

2. *Compared to one year ago*, how would you rate your health in general *now*?

COMHL_###

- Much better now than 1 year ago
- Somewhat better now than 1 year ago
- About the same as 1 year ago
- Somewhat worse now than 1 year ago
- Much worse now than 1 year ago

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

The following items are about activities you might do during a typical day. Does <i>your health now limit you</i> in these activities? If so, how much? (Mark one circle on each line.)		Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
3.	Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports.	HLTVA_###	<input type="radio"/>	<input type="radio"/>
4.	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	HLTMA_###	<input type="radio"/>	<input type="radio"/>
5.	Lifting or carrying groceries.	HLTLI_###	<input type="radio"/>	<input type="radio"/>
6.	Climbing several flights of stairs.	HLTST_###	<input type="radio"/>	<input type="radio"/>
7.	Climbing one flight of stairs.	HLTS1_###	<input type="radio"/>	<input type="radio"/>
8.	Bending, kneeling, or stooping.	HLTBE_###	<input type="radio"/>	<input type="radio"/>
9.	Walking more than a mile .	HLTWM_###	<input type="radio"/>	<input type="radio"/>
10.	Walking several blocks .	HLTWB_###	<input type="radio"/>	<input type="radio"/>
11.	Walking one block .	HLTW1_###	<input type="radio"/>	<input type="radio"/>
12.	Bathing or dressing yourself.	HLTBA_###	<input type="radio"/>	<input type="radio"/>

During the <i>past 4 weeks</i> , have you had any of the following problems with your work or other regular daily activities <i>as a result of your physical health?</i> (Mark one circle on each line.)		Yes	No	
13.	Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	PHWTA_###
14.	Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>	PHLES_###
15.	Were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>	PHKWA_###
16.	Had difficulty performing the work or other activities (for example, it took extra effort).	<input type="radio"/>	<input type="radio"/>	PHDWA_###

During the <i>past 4 weeks</i> , have you had any of the following problems with your work or other regular daily activities <i>as a result of any emotional problems</i> (such as feeling depressed or anxious)? (Mark one circle on each line.)		Yes	No	
17.	Cut down the amount of time you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	EPWTA_###
18.	Accomplished less than you would like.	<input type="radio"/>	<input type="radio"/>	EPLES_###
19.	Didn't do work or other activities as carefully as usual.	<input type="radio"/>	<input type="radio"/>	EPCAR_###

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Mark one circle.)

Not at all **SOCAC_###**
 Slightly
 Moderately
 Quite a bit
 Extremely

21. How much **bodily** pain have you had during the **past 4 weeks**? (Mark one circle.)

None **BODPN_###**
 Very mild
 Mild
 Moderate
 Severe
 Very severe

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (Mark one circle.)

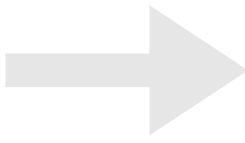
Not at all **WORKP_###**
 A little bit
 Moderately
 Quite a bit
 Extremely

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. How much of the time during the **past 4 weeks . . .** (Mark one circle on each line.)

		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
23.	Did you feel full of pep?	PEPPY_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	Have you been a very nervous person?	NERVS_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Have you felt so down in the dumps that nothing could cheer you up?	DUMPS_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Have you felt calm and peaceful?	CALM_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	Did you have a lot of energy?	ENERG_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	Have you felt downhearted and blue?	BLUE_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	Did you feel worn out?	WORN_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	Have you been a happy person?	HAPPY_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	Did you feel tired?	TIRED_###	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTINUED ON PAGE 4

32. 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.)?
(Mark one circle.)



- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

SOCTM_###

How TRUE or FALSE is **each** of the following statements for you?
(Mark one circle on each line.)

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33.	I seem to get sick a little easier than other people.	SICK_###		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	I am as healthy as anybody I know.	HEALT_###		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	I expect my health to get worse.	WORSE_###		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36.	My health is excellent.	EXCEL_###		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This survey was developed by RAND as part of the Medical Outcomes Study

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #