

### Abbreviated QOL

MACSID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ VISIT #: \_\_\_ \_\_\_ \_\_\_ Visit Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
 (M M) (D D) (Y Y)  
 Date of Birth: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ Center #: \_\_\_ (1=Baltimore; 2=Chicago; 3=Pittsburgh; 4=LA)  
 (M M) (D D) (Y Y)

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We would like to better understand how you and other persons in this study feel, how well you are able to do your usual activities, and how you rate your own health. To help us better understand these things about you and other persons, please answer these questions about your general health. Please try to answer every question as accurately as you can. Choose the response that best represents the way you feel.

The following items are about activities that you might do during a typical day. For each item, please select if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

	Yes, Limited <b><u>A Lot</u></b> By My Health CODE=3	Yes, Limited <b><u>A Little</u></b> By My Health CODE=2	No, Not Limited <b><u>At All</u></b> By My Health CODE=1
<b>sf.3) Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>sf.4) Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>sf.9) Walking <u>more than a mile.</u></b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>sf.10) Walking <u>several blocks.</u></b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>sf.12) Bathing or dressing yourself.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask you about your physical health and your daily activities.

**sf.13) During the past 4 weeks, have you had to cut down the amount of time you spent on work or other regular daily activities as a result of your physical health?**

- No
- Yes

**sf.16) During the past 4 weeks, have you had difficulty performing work or other regular daily activities as a result of your physical health? (for example, it took extra effort)**

- No
- Yes