

# 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.

## 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.

### INCORRECT MARKS



### CORRECT MARK



ID NUMBER				
	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	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 NO.	
	0 0
	1 1
	2 2
	3 3
4	4 4
5	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	0 0	00
<input type="radio"/> Apr	1 1	01
<input type="radio"/> May	2 2	02 <input type="radio"/>
<input type="radio"/> June	3 3	03 <input type="radio"/>
<input type="radio"/> July	4	04 <input type="radio"/>
<input type="radio"/> Aug	5	05 <input type="radio"/>
<input type="radio"/> Sept	6	06 <input type="radio"/>
<input type="radio"/> Oct	7	07 <input type="radio"/>
<input type="radio"/> Nov	8	08 <input type="radio"/>
<input type="radio"/> Dec	9	09 <input type="radio"/>

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:

- Excellent
- Very good
- Good
- Fair
- Poor

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

- 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 **your health now limit you** 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. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. <b>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"/>
5. Lifting or carrying groceries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Climbing <b>several</b> flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Climbing <b>one</b> flight of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Bending, kneeling, or stooping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Walking <b>more than a mile</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Walking <b>several blocks</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Walking <b>one block</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Bathing or dressing yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?** (Mark one circle on each line.)

	Yes	No
13. Cut down the <b>amount of time</b> you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>
14. <b>Accomplished less</b> than you would like.	<input type="radio"/>	<input type="radio"/>
15. Were limited in the <b>kind</b> of work or other activities.	<input type="radio"/>	<input type="radio"/>
16. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort).	<input type="radio"/>	<input type="radio"/>

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)? (Mark one circle on each line.)

	Yes	No
17. Cut down the <b>amount of time</b> you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>
18. <b>Accomplished less</b> than you would like.	<input type="radio"/>	<input type="radio"/>
19. Didn't do work or other activities as <b>carefully</b> as usual.	<input type="radio"/>	<input type="radio"/>

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  
 Slightly  
 Moderately  
 Quite a bit  
 Extremely

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

None  
 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.)

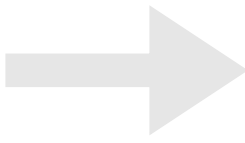
Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you been a very nervous person?	<input type="radio"/>	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I expect my health to get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My health is excellent.	<input type="radio"/>	<input type="radio"/>	<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 #