

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



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"/> Jun		
<input type="radio"/> Jul		
<input type="radio"/> Aug	5	05
<input type="radio"/> Sept	6	06
<input type="radio"/> Oct	7	07
<input type="radio"/> Nov	8	08
<input type="radio"/> Dec	9	09

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 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.	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 <u>several</u> flights of stairs.	HLTST_##	<input type="radio"/>	<input type="radio"/>
7.	Climbing <u>one</u> flight of stairs.	HLTS1_##	<input type="radio"/>	<input type="radio"/>
8.	Bending, kneeling, or stooping.	HLTBE_##	<input type="radio"/>	<input type="radio"/>
9.	Walking <u>more than a mile</u> .	HLTWM_##	<input type="radio"/>	<input type="radio"/>
10.	Walking <u>several blocks</u> .	HLTWB_##	<input type="radio"/>	<input type="radio"/>
11.	Walking <u>one block</u> .	HLTW1_##	<input type="radio"/>	<input type="radio"/>
12.	Bathing or dressing yourself.	HLTBA_##	<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 <u>amount of time</u> you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	PHWTA_##
14.	<u>Accomplished less</u> than you would like.	<input type="radio"/>	<input type="radio"/>	PHLES_##
15.	Were limited in the <u>kind</u> of work or other activities.	<input type="radio"/>	<input type="radio"/>	PHKWA_##
16.	Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort).	<input type="radio"/>	<input type="radio"/>	PHDWA_##

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 <u>amount of time</u> you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>	EPWTA_##
18.	<u>Accomplished less</u> than you would like.	<input type="radio"/>	<input type="radio"/>	EPLES_##
19.	Didn't do work or other activities as <u>carefully</u> 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
- Slightly
- Moderately
- Quite a bit
- Extremely

SOCAC_##

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

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

BODPN_##

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

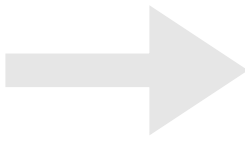
WORKP_##

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"/>
24.	Have you been a very nervous person?			<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"/>
26.	Have you felt calm and peaceful?			<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"/>
28.	Have you felt downhearted and blue?			<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"/>
30.	Have you been a happy person?			<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"/>

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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

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 #