

**MSH Patients' Follow-Up  
Form 42 - Health Status Questionnaire**

**Instructions**

1. This form is designed for the patient's self-administration of the Health Status Questionnaire. Alternatively, the Clinic Coordinator may administer the questionnaire to the patient orally. In either case, the patient should be provided with a quiet, private area to complete the questionnaire.
2. The Clinic Coordinator should complete the upper right-hand box of Page 1 and separate Page 4 from the form.
3. Give only pages 1-3 of Form 42 to the patient or administer the questionnaire to the patient. Explain that the information asked on this form is for scientific purposes only. Then ask the patient whether he/she would like to mark the answers himself/herself or if he/she would like the Clinical Coordinator to read the questions to the patient and mark the patient's oral responses.
4. If requested, assist the patient with reading and marking only. If the patient requests assistance with the meaning of the word items, respond that he/she should answer according to what the patient thinks the word means and he/she has felt in the specified time period (e.g., the past 4 weeks for appropriate items). If the patient questions the validity of the questionnaire or specific items, assure the patient that this form has been given to many patients, that all the MSH patients are requested to provide this information, and that the answers will in no way affect the patient's participation in the study.
5. After the patient has completed the questionnaire, review the marked answers for completeness and accuracy of marking *before the patient leaves*. If the mark is clear to you but needs to be modified to conform to data entry standards, you may change it according to the data entry guidelines without troubling the patient for clarification.
6. Complete the last items and attach Page 4 to the first three pages. Keep a copy for your files. Send the original to the MSH Patients' Follow-Up Medical Coordinating Center.



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 any <i>emotional problems</i> (such as feeling depressed or anxious)?	Yes	No	<div style="border: 1px solid black; padding: 2px; display: inline-block;">RMB3</div> SF-5A SF-5B SF-5C
A. Cut down the <u>amount of time</u> you spent on work or other activities	(1)	(2)	
B. <u>Accomplished less</u> than you would like	(1)	(2)	
C. Didn't do work or other activities as <u>carefully</u> as usual	(1)	(2)	

6. During the past 4 weeks, to what extent has your <sup>physical</sup> health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	(Mark one)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">SF12</div> SF-6
	Not at all	(1)	
	Slightly	(2)	
	Moderately	(3)	
	Quite a bit	(4)	
Extremely	(5)		

7. How much bodily pain have you had during the past 4 weeks?	(Mark one)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">PAIN</div> SF-7
	None	(1)	
	Very mild	(2)	
	Mild	(3)	
	Moderate	(4)	
	Severe	(5)	
Very severe	(6)		

8. During the past 4 weeks, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?	(Mark one)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">PAIN</div> SF-8
	Not at all	(1)	
	A little bit	(2)	
	Moderately	(3)	
	Quite a bit	(4)	
Extremely	(5)		

9. 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.							<div style="border: 1px solid black; padding: 2px; display: inline-block;">*EP14</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">OMHS</div> SF-9A SF-9B SF-9C SF-9D SF-9E SF-9F SF-9G SF-9H SF-9I SF-9J
How much of the time during the past 4 weeks ...	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	
A. Did you feel full of pep? <input checked="" type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
B. Have you been a very nervous person? <input type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
C. Have you felt so down in the dumps nothing could cheer you up? <input type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
D. Have you felt calm and peaceful? <input type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
E. Did you have a lot of energy? <input checked="" type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
F. Have you felt down hearted and blue? <input type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
G. Did you feel worn out? <input checked="" type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
H. Have you been a happy person? <input type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
I. Did you feel tired? <input type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	
J. Has your physical health limited social activities (visiting with friends / relatives)? <input type="radio"/>	(1)	(2)	(3)	(4)	(5)	(6)	

Patient ID					
Annual Visit		A	V	0	

10. Please choose the answer that best describes how true or false each of the following statements is for you. (Mark one on each line.)	Definitely true	Mostly true	Not sure	Mostly false	Definitely false	
A. I seem to get sick a little easier than other people	(1)	(2)	(3)	(4)	(5)	SF-10A
B. I am as healthy as anybody I know	(1)	(2)	(3)	(4)	(5)	SF-10B
C. I expect my health to get worse	(1)	(2)	(3)	(4)	(5)	SF-10C
D. My health is excellent	(1)	(2)	(3)	(4)	(5)	SF-10D

11. Have you ever before filled out this form, or answered these questions?	(Mark one)
	Yes ..... (1)
	No ..... (2)
	Don't remember ..... (3)

F-BEFOR

Thank you for your answers. Please give the Questionnaire back to the Clinic Coordinator.

GHPs  
 (+ SF-1)

Patient ID						
Annual Visit			A	V	0	

