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.

WSH PATIENTS' FOLLOW-UP	Clinic CLINIC			
	Patient ID ID		-	
HEALTH STATUS QUESTIONNAIRE	Namecode NAMECODE			
QUESTIONNAINE	Annual Visit AV	V	0	
	Visit Date VTS_DT			

	1. In general, would you say your health is:	Excellent(1)	
1		Very good	< E 1
		Good(3)	21-1
1		Fair	
		Poor (5)	
L	A CANADA A C		

2. Compared to one year ago, how would you rate your health in general now? Much better now than 1 year ago
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3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities, and if so, how much?	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All	PFIIO
A. Vigorous activities, such as running, participating in strequous sports	(1)	(2)	(3)	SF_3A
B. Moderate activities, such as moving a table, pushing a vacuum claaner, or bowling	(1)	(2)	(3)	SF_3B
C. Lifting or carrying groceries	(1)	(2)	(3)	SF_3C
D. Climbing several flights of stairs	(1)	(2)	(3)	SF_3D
E. Climbing one flight of stalifs	(1)	(2)	(3)	SF_3E
F. Bending, kneeling or stooping	(1)	(2)	(3)	SF-3F
G. Walking more than a mille	(1)	(2)	(3)	5F_3G
H. Walking several blocks	(1)	(2)	(3)	5F_3H
I. Walking one block	(1)	(2)	(3)	SF_3I
J. Bathing or dressing yourself	(1)	(2)	(3)	SF_3J

4. 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 <i>physical health?</i>	Yes		RPI4
A. Cut down the <u>amount of time</u> you spent on work or other activities	(1)	(2)	SF_4A
B. <u>Accomplished less</u> than you would like	(1)	(2)	SF_4B
C. Were limited in the kind of work or other activities	(1)	(2)	5F_4C
D. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	(1)	(2)	SF_4D

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Annual Visit A	V	0	

our work or other regular daily activities as a problems (such as feeling depressed or anxiou	oblems with lonal	Ye	S .	No	RMP3		
A. Cut down the <u>amount of time</u> you spent on w	vork or c	ther activi	ties	(1))	(2)	SF-5A
3. <u>Accomplished less</u> than you would like				(1))	(2)	SF_5B
C. Didn't do work or other activities as <u>careful</u>				(1))	(2)	SF_5C
6. During the past 4 weeks, to what extent has problems interfered with your normal social ac friends, neighbors, or groups?		ealth or em	N SI M	ot at all lightly oderately uite a bit . xtremely .		(2 (3	SF-6
7. How much bodily pain have you had during	the pas	t 4 weeks?	N V M M M S	one ery mild lild loderate evere ery severe		(2 (3 (4 (5	SE-7
8. During the past 4 weeks, how much did par normal work (including both work outside the	in interfe home ar	re with yo id housew	ork)? N	lot at all little bit	· · · · · · · · · · ·	(2	SF_8
			iii C	loderately luite a bit extremely		(4	ý
9. These questions are about how you feel an For each question, please give the one answer. How much of the time during the past 4 weeks	r that co All of the	nings have mes close Most of the Time	been with y	uite a bit extremely ou during t	he past 4	(4 (5	EMERA OMHE
For each question, please give the one answer How much of the time during the past 4 weeks	All of the Time	mes close Most of the	been with your last to the way A good Bit of the	cuite a bit extremely but during the country of the	he past 4 been fee A little of the	(4 (5 I weeks. ling, None	BEFA DMHS
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How much of the time during the past 4 weeks A. Did you feel full of pep? B. Have you been a very nervous person? C. Have you felt so down in the dumps	All of the Time (1)	Most of the time (2)	been with yest to the way A good Bit of the Time (3) (3)	cuite a bit extremely bu during to you have Some of the (4)	ne past 4 been fee A little of the Time (5)	weeks. ling. None of the Time (6)	EFA OMHI SF-9A SF-9B SF-9C
For each question, please give the one answer How much of the time during the past 4 weeks A. Did you feel full of pep? B. Have you been a very nervous person? C. Have you felt so down in the dumps on thing could cheer you up?	All of the Fime (1) (1) (1)	Most of the Time (2) (2)	been with your state to the way A good Bit of the Time (3) (3) (3)	cuite a bit extremely bu during it you have Some of the Time (4)	he past 4 been fee A little of the Time (5) (5)	(4 (5 (EFA OMHI SF-9A SF-9B SF-9C
How much of the time during the past 4 weeks A. Did you feel full of pep? B. Have you been a very nervous person? C. Have you felt so down in the dumps nothing could cheer you up? D. Have you felt calm and peaceful?	All of the Fime (1) (1) (1)	Most of the Time (2) (2) (2)	been with yest to the way Bit of the Time (3) (3) (3)	Some of the (4) (4) (4)	he past 4 oeen fee A little of the Time (5) (5)	(4 (5 I weeks. ling. None of the Time (6) (6) (6)	SF-9D SF-9D
How much of the time during the past 4 weeks A. Did you feel full of pep? B. Have you been a very nervous person? C. Have you felt so down in the dumps nothing could cheer you up? D. Have you felt calm and peaceful? E. Did you have a lot of energy?	All of the Fime (1) (1) (1) (1) (1)	Most of the Time (2) (2) (2) (2) (2)	been with your state of the Way (3) (3) (3) (3)	Some of the Time (4) (4) (4) (4)	he past 4 been fee A little of the Time (5) (5) (5)	(4 (5 lyweeks. ling. None of the Time (6) (6) (6) (6)	SF-9D SF-9E
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How much of the time during the past 4 weeks A. Did you feel full of pep? B. Have you been a very nervous person? C. Have you felt so down in the dumps nothing could cheer you up? D. Have you felt calm and peaceful? E. Did you have a lot of energy? F. Have you felt down hearted and blue? G. Did you feel worn out?	(1) (1) (1) (1) (1) (1)	Most of the Time (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	been with yest to the way Agood Bit of the Fime (3) (3) (3) (3) (3) (3) (3)	cuite a bit extremely but during the you have Some of the Time (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	A little of the Time (5) (5) (5) (5) (5) (5)	(4 (5 l waeks. ling. None of the Time (6) (6) (6) (6) (6) (6)	SF-9B SF-9C SF-9D SF-9E SF-9F SF-9G
How much of the time during the past 4 weeks A. Did you feel full of pep? B. Have you been a very nervous person? C. Have you fett so down in the dumps nothing could cheer you up? D. Have you fett calm and peaceful? E. Did you have a lot of energy? F. Have you felt down hearted and blue? G. Did you feel worn out? H. Have you been a happy person?	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Most of the Time (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	been with yest to the way A good Bit of the Fime (3) (3) (3) (3) (3) (3) (3) (3	cuite a bit extremely bu during the you have Some of the Time (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	A little of the Time (5) (5) (5) (5) (5) (5) (5) (5)	(4 (5 l waeks. ling. None of the Time (6) (6) (6) (6) (6) (6) (6) (6)	OMHI SF-9A SF-9B SF-9C SF-9D SF-9E SF-9F SF-9G SF-9H

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_I
B. I am as healthy as anybody I know	(1)	(2)	(3)	(4)	(5)	SFJ
C. I expect my health to get worse	(1)	(2)	(3)	(4)	(5)	SF_I
D. My health is excellent	(1)	(2)	(3)	(4)	(5)	SF-I

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11. Have you ever before filled out this form, or answered these questions?	
	1 / - (4)
	Yes(1)
	1 1
	1 1 1 2 1 2 1
	No (2)
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Thank you for your answers. Please give the Questionnaire back to the Clinic Coordinator.

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Annual Visit	Α	٧	0	

COORDINATOR USE ONLY:		
12. The Health Status Questionnaire was		
Completed by the patient with at least sor	me assistance from the coordinator	COMPBY
A. If (3), did the patient seem to have	difficulty in hearing or understanding the questions?	
	Not at all	INDSTD
cked for completeness and accuracy: Signature	F42_SIGN	
. Certification number:	FARZ-CERT : : : :	
Date	ERECOLDT I.II	

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

Patient ID				
Annual Visit	lΑ	٧	0	