

June 14, 1997

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Rand Number: _____Form
completed by: _____

1. Visit: 00 Pre-randomization 18 18 month 30 30 month 99 Response-shift
deleted

INSTRUCTIONS: This survey asks 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.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

2. In general, would you say your health is: *deleted*

(check one)

- 1 Excellent
 3 Very good
 5 Good
 7 Fair
 9 Poor

3. Compared to one year ago, how would you rate your health in general now: *deleted*

(check one)

- 1 Much better now than one year ago
 3 Somewhat better now than one year ago
 5 About the same as one year ago
 7 Somewhat worse now than one year ago
 9 Much worse now than one year ago

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4. 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?

(check one on each line)

| <u>ACTIVITIES</u> | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
|---|----------------------------|-----------------------------|------------------------------|
| a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| c. Lifting or carrying groceries deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| d. Climbing several flights of stairs deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| e. Climbing one flight of stairs deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| f. Bending, kneeling, or stooping deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| g. Walking more than a mile deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| h. Walking several blocks deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| i. Walking one block deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| j. Bathing or dressing yourself deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |

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 your physical health?

(circle one on each line)

- | | | |
|--|-----|-----|
| a. Cut down on the amount of time you spend on work or other activities deleted | Y 1 | N 3 |
| b. Accomplished less than you would like deleted | Y 1 | N 3 |
| c. Were limited in the kind of work or other activities deleted | Y 1 | N 3 |
| d. Had difficulty performing work or other activities (for example, it took extra effort) deleted | Y 1 | N 3 |

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6. 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)?
(circle one on each line)

- | | | |
|--|----------------|----------------|
| a. Cut down on the amount of time you spent on work or other activities deleted | Y ₁ | N ₃ |
| b. Accomplished less than you would like deleted | Y ₁ | N ₃ |
| c. Didn't do work or other activities as carefully as usual deleted | Y ₁ | N ₃ |

7. 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? ~~deleted~~

- (check one)
- 1 Not at all
 - 3 Slightly
 - 5 Moderately
 - 7 Quite a bit
 - 9 Extremely

8. How much bodily pain have you had during the past 4 weeks? ~~deleted~~

- (check one)
- 1 None
 - 2 Very mild
 - 3 Mild
 - 4 Moderate
 - 5 Severe
 - 6 Very severe

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9. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)? **deleted**

- (check one)
- 1 Not at all
- 3 Slightly
- 5 Moderately
- 7 Quite a bit
- 9 Extremely

10. 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:

(check one 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 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Did you feel full of pep? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b. Have you been a very nervous person? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. Have you felt so down in the dumps that nothing could cheer you up? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d. Have you felt calm and peaceful? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. Did you have a lot of energy? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f. Have you felt downhearted and blue? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g. Did you feel worn out? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h. Have you been a happy person? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| i. Did you feel tired? deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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11. 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..)? **deleted**

(check one)

- 1 All of the time
 3 Most of the time
 5 Some of the time
 7 A little of the time
 9 None of the time

12. How TRUE or FALSE is each of the following statements for you?

(check one on each line)

| | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I seem to get sick a little easier than other people deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| b. I am as healthy as anybody I know deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| c. I expect my health to get worse deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| d. My health is excellent deleted | <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |

Summary scales:

| <i>Variable Name</i> | <i>Description</i> |
|----------------------|--|
| HT | Raw SF-36 Health Transition Item |
| PF | SF-36 Physical Functioning (0-100) |
| RP | SF-36 Role-Physical (0-100) |
| BP | SF-36 Pain Index (0-100) |
| GH | SF-36 General Health Perceptions (0-100) |
| VT | SF-36 Vitality (0-100) |
| SF | SF-36 Social Functioning (0-100) |
| RE | SF-36 Role-Emotional (0-100) |
| MH | SF-36 Mental Health Index (0-100) |
| PCS | Standardized Physical Component Scale(0-100) |
| MCS | Standardized Mental Component Scale(0-100) |

For information on how the various summary scales were computed see the following reference.

Ware JE, Sherbourne CD. *The MOS 36-Item Short-Form Health Survey (SF-36). I. Conceptual Framework and Item Selection.* Medical Care 1992, **30**:473-483.