

(Patient Completed at Baseline 2 and week 24)

Instructions for Completing the Questionnaire:

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

EXAMPLE

This is for your review. Do not answer this question. The questionnaire begins with the section **Your Health in General** below.

For each question you will be asked to fill in a bubble in each line:

1. How strongly do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
a) I enjoy listening to music.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I enjoy reading magazines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please begin answering the questions now.

Your Health in General

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

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

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

Please turn the page and continue.

Health Status Questionnaire (MOS SF-36™)

Patient ID: _____
Contact Week: _____

3. 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?

	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	O ₁	O ₂	O ₃
b) Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	O ₁	O ₂	O ₃
c) Lifting or carrying groceries	O ₁	O ₂	O ₃
d) Climbing several flights of stairs	O ₁	O ₂	O ₃
e) Climbing one flight of stairs	O ₁	O ₂	O ₃
f) Bending, kneeling or stooping	O ₁	O ₂	O ₃
g) Walking more than a mile	O ₁	O ₂	O ₃
h) Walking several blocks	O ₁	O ₂	O ₃
i) Walking one block	O ₁	O ₂	O ₃
j) Bathing or dressing yourself	O ₁	O ₂	O ₃

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 physical health?

	Yes	No
a) Cut down the amount of time you spent on work or other activities	O ₁	O ₀
b) Accomplished less than you would like	O ₁	O ₀
c) Were limited in the kind of work or other activities	O ₁	O ₀
d) Had difficulty performing the work or other activities (for example, it took extra time)	O ₁	O ₀

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 emotional problems (such as feeling depressed or anxious)?

	Yes	No
a. Cut down the amount of time you spent on work or other activities	O ₁	O ₀
b. Accomplished less than you would like	O ₁	O ₀
c. Didn't do work or other activities as carefully as usual	O ₁	O ₀

Please turn the page and continue.

Health Status Questionnaire (MOS SF-36™)

Patient ID: _____
Contact Week: _____

6. 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?

Not at all	Slightly	Moderately	Quite a bit	Extremely
O ₁	O ₂	O ₃	O ₄	O ₅

7. How much bodily pain have you had during the **past 4 weeks**?

None	Very mild	Mild	Moderate	Severe	Very severe
O ₁	O ₂	O ₃	O ₄	O ₅	O ₆

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

Not at all	A little bit	Moderately	Quite a bit	Extremely
O ₁	O ₂	O ₃	O ₄	O 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. 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?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
b) have you been a very nervous person?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
c) have you felt so down in the dumps nothing could cheer you up?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
d) have you felt calm and peaceful?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
e) did you have a lot of energy?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
f) have you felt downhearted and blue?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
g) did you feel worn out?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
h) have you been a happy person?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆
i) did you feel tired?	O ₁	O ₂	O ₃	O ₄	O ₅	O ₆

Please turn the page and continue.

Health Status Questionnaire
(MOS SF-36™)

Patient ID: _____
Contact Week: _____

10. During the **past 4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

**All of the
time**

O₁

**Most of the
time**

O₂

**Some of the
time**

O₃

**A little of the
time**

O₄

**None of the
time**

O₅

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

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a)	I seem to get sick a little easier than other people	O ₁	O ₂	O ₃	O ₄	O ₅
b)	I am as healthy as anybody I know	O ₁	O ₂	O ₃	O ₄	O ₅
c)	I expect my health to get worse	O ₁	O ₂	O ₃	O ₄	O ₅
d)	My health is excellent	O ₁	O ₂	O ₃	O ₄	O ₅

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!