

APPENDIX A
CORE SURVEY INSTRUMENT

**THE MEDICAL OUTCOMES STUDY 116 ITEM CORE SET OF MEASURES
OF FUNCTIONING AND WELL-BEING**

SECTION 1: HEALTH AND DAILY ACTIVITIES

The first part of the Health Questionnaire is about your health and your daily activities. Please try to answer every question as accurately as you can.

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

(Circle One)

- Excellent.....1
- Very good.....2
- Good.....3
- Fair4
- Poor5

2. How much bodily pain have you generally had during the past 4 weeks?

(Circle One)

- None.....1
- Very mild2
- Mild.....3
- Moderate4
- Severe.....5
- Very severe.....6

3. 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?

(Circle One)

- Not at all.....1
 - Slightly2
 - Moderately3
 - Quite a bit.....4
 - Extremely5
-

SECTION 2: PHYSICAL HEALTH

These questions are about your physical activities and symptoms.

4. The following items are activities you might do during a typical day. Does your health limit you in these activities?

(Circle One Number on Each Line)

<u>ACTIVITIES</u>	Yes, Limited <u>A Lot</u>	Yes, Limited <u>A Little</u>	No,Not Limited <u>At All</u>
a. <u>Vigorous activities</u> , such as running lifting heavy objects, participating in strenuous sports	1	2	3
b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries.....	1	2	3
d. Climbing <u>several</u> flights of stairs.....	1	2	3
e. Climbing <u>one</u> flight of stairs.....	1	2	3
f. Bending, kneeling or stooping	1	2	3
g. Walking <u>more than a mile</u>	1	2	3
h. Walking <u>several blocks</u>	1	2	3
i. Walking <u>one block</u>	1	2	3
j. Bathing or dressing yourself	1	2	3

5. How satisfied are you with your physical ability to do what you want to do?

(Circle One)

- Completely satisfied1
- Very satisfied2
- Somewhat satisfied3
- Somewhat dissatisfied4
- Very dissatisfied.....5
- Completely dissatisfied6

6. When you travel around your community, does someone have to assist you because of your health?

(Circle One)

- Yes, all of the time.....1
 - Yes, most of the time.....2
 - Yes, some of the time3
 - Yes, a little of the time.....4
 - No, none of the time5
-

7. Are you in bed or in a chair most or all of the day because of your health?

(Circle One)

- Yes, every day1
- Yes, most days.....2
- Yes, some days.....3
- Yes, occasionally4
- No, never.....5

8. How often during the past 4 weeks...

(Circle One Number on Each Line)

	<u>All of the Time</u>	<u>Most of the the Time</u>	<u>A Good Bit of Time</u>	<u>Some of the Time</u>	<u>A Little of the the Time</u>	<u>None of the Time</u>
a. Did you feel worn out?.....	1	2	3	4	5	6
b. Were you discouraged by your health problems?.....	1	2	3	4	5	6
c. Did you have a lot of energy?.....	1	2	3	4	5	6
d. Did you feel weighed down by your health problems?.....	1	2	3	4	5	6
e. Did you feel full of pep?.....	1	2	3	4	5	6
f. Were you afraid because of your health?.....	1	2	3	4	5	6
g. Did you have enough energy to do the things you wanted to do?.....	1	2	3	4	5	6
h. Was your health a worry in your life?.....	1	2	3	4	5	6
i. Did you feel tired?.....	1	2	3	4	5	6
j. Were you frustrated about your health?.....	1	2	3	4	5	6
k. Did you feel despair over your health problems?.....	1	2	3	4	5	6

9. How often have you had any of the following symptoms during the past 4 weeks?

(Circle One Number on Each Line)

	<u>Never</u>	<u>Once or Twice</u>	<u>A Few Times</u>	<u>Fairly Often</u>	<u>Very Often</u>
a. Stiffness, pain, swelling or soreness of muscles or joints.....	1	2	3	4	5
b. Coughing that produced sputum.....	1	2	3	4	5
c. Backaches or lower back pains	1	2	3	4	5
d. Nausea (upset stomach).....	1	2	3	4	5
e. Acid indigestion, heartburn, or feeling bloated after meals.....	1	2	3	4	5
f. Heavy feelings in arms and legs.....	1	2	3	4	5
g. Headaches or head pains.....	1	2	3	4	5
h. Lump in throat.....	1	2	3	4	5

SECTION 3: PAIN

10. Did you experience any bodily pain in the past 4 weeks?

(Circle One)

Yes.....1 --> Continue with Question 11, Below

No.....2 --> Skip to SECTION 4

The following questions are about the pain or pains you experienced in the past 4 weeks. If you had more than one pain, answer the questions by describing your feelings of pain in general.

11. During the past 4 weeks, how often have you had pain or discomfort?

(Circle One)

Once or twice1

A few times2

Fairly often.....3

Very often.....4

Every day or almost every day5

12. When you had pain during the past 4 weeks, how long did it usually last?

(Circle One)

A few minutes.....1

Several minutes to an hour2

Several hours.....3

A day or two4

More than two days5

SECTION 4: DAILY ACTIVITIES

The following questions are about your regular daily activities such as working at a job, keeping house, taking care of children, attending school, volunteer work, or taking part in community activities.

16. 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? (Please answer YES or NO for each question.)

(Circle One Number on Each Line)

	<u>Yes</u>	<u>No</u>
a. Took <u>frequent rests</u> when doing work or other activities.....	1	2
b. Cut down the <u>amount of time</u> you spent on work or other activities.....	1	2
c. <u>Accomplished less</u> than you would like.....	1	2
d. Didn't do work or other activities as <u>carefully</u> as usual.....	1	2
e. Were limited in the <u>kind</u> of work or other activities.....	1	2
f. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort).....	1	2
g. Required <u>special assistance</u> (the assistance of others or special devices) to perform these activities.....	1	2

-
17. 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)? (Please answer YES or NO for each question.)

(Circle One Number on Each Line)

	<u>Yes</u>	<u>No</u>
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

18. Does your health keep you from working around the house?

(Circle One)

Yes.....1

No.....2

19. Does your health keep you from working at a paying job?

(Circle One)

Yes.....1

No.....2

SECTION 5: YOUR FEELINGS

These questions are about how you feel and how things have been with you during the past month. For each question, please circle a number for the one answer that comes closest to the way you have been feeling.

20. How happy, satisfied, or pleased have you been with your personal life during the past month?

(Circle One)

- Extremely happy, could not have been more satisfied or pleased.....1
- Very happy most of the time2
- Generally satisfied, pleased3
- Sometimes fairly satisfied, sometimes fairly unhappy4
- Generally dissatisfied, unhappy.....5
- Very dissatisfied, unhappy most of the time6

21. During the past month, how often did you feel there were people you were close to?

(Circle One)

- Always1
- Very often.....2
- Fairly often.....3
- Sometimes.....4
- Almost never.....5
- Never.....6

22. During the past month, how often has feeling depressed interfered with what you usually do?

(Circle One)

- Always1
 - Very often.....2
 - Fairly often.....3
 - Sometimes.....4
 - Almost never.....5
 - Never.....6
-

23. How much of the time, during the past month, did you have difficulty reasoning and solving problems; for example, making plans, making decisions, learning new things?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time.....3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

24. During the past month, how much of the time have you generally enjoyed the things you do?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time.....3
- Some of the time4
- A little of the time5
- None of the time6

25. How much of the time, during the past month, has your daily life been full of things that were interesting to you?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

26. During the past month, how much of the time have you felt loved and wanted?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

27. How much of the time, during the past month, have you been a very nervous person?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time3
- Some of the time4
- A little of the time5
- None of the time6

28. During the past month, how much of the time did you have difficulty doing activities involving concentration and thinking?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

29. During the past month, how much of the time did you feel depressed?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

30. During the past month, how much of the time have you felt tense or "high-strung"?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time3
- Some of the time4
- A little of the time5
- None of the time6

31. During the past month, how much of the time have you been in firm control of your behavior, thoughts, emotions, feelings?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

32. During the past month, how much of the time did you become confused and start several actions at a time?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

33. During the past month, how much of the time did you feel that you had nothing to look forward to?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time3
- Some of the time4
- A little of the time5
- None of the time6

34. How much of the time, during the past month, have you felt calm and peaceful?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

35. How much of the time, during the past month, have you felt emotionally stable?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

36. How much of the time, during the past month, have you felt downhearted and blue?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time3
- Some of the time4
- A little of the time5
- None of the time6

37. How often have you felt like crying during the past month?

(Circle One)

- Always1
 - Very often.....2
 - Fairly often.....3
 - Sometimes.....4
 - Almost never.....5
 - Never.....6
-

38. How much of the time, during the past month, did you feel left out?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time.....3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

39. During the past month, how often did you feel that others would be better off if you were dead?

(Circle One)

- Always1
- Very often.....2
- Fairly often.....3
- Sometimes.....4
- Almost never.....5
- Never.....6

40. During the past month, how much of the time did you forget, for example, things that happened recently, where you put things, appointments?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

41. During the past month, how much of the time did you feel that your love relationships, loving and being loved, were full and complete?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

42. How much have you been bothered by nervousness, or your "nerves," during the past month?

(Circle One)

- Extremely so, to the point where I could not take care of things1
- Very much bothered2
- Bothered quite a bit.....3
- Bothered some, enough to notice.....4
- Bothered just a little5
- Not bothered at all6

43. During the past month, how much of the time has living been a wonderful adventure for you?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

44. How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

45. During the past month, did you ever think about taking your own life?

(Circle One)

- Yes, constantly1
- Yes, very often.....2
- Yes, fairly often3
- Yes, a couple of times.....4
- Yes, once.....5
- No, never.....6

46. During the past month, how much of the time have you felt restless, fidgety, or impatient?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

47. During the past month, how much of the time have you been moody or brooded about things?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

48. During the past month, how often did you get rattled, upset, or flustered?

(Circle One)

- Always1
- Very often.....2
- Fairly often.....3
- Sometimes.....4
- Almost never.....5
- Never.....6

49. How much of the time, during the past month, did you have trouble keeping your attention on any activity for long?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

50. During the past month, how much of the time have you been anxious or worried?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

51. During the past month, how much of the time have you been a happy person?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time3
- Some of the time4
- A little of the time5
- None of the time6

52. How often during the past month did you find yourself having difficulty trying to calm down?

(Circle One)

- Always1
 - Very often.....2
 - Fairly often.....3
 - Sometimes.....4
 - Almost never.....5
 - Never.....6
-

53. During the past month, how much of the time have you been in low or very low spirits?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time.....3
 - Some of the time4
 - A little of the time5
 - None of the time6
-

54. How much of the time, during the past month, have you felt cheerful, lighthearted?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time.....3
- Some of the time4
- A little of the time5
- None of the time6

55. During the past month, how depressed (at its worst) have you felt?

(Circle One)

- Extremely depressed.....1
 - Very depressed2
 - Quite depressed3
 - Somewhat depressed4
 - A little depressed5
 - Not depressed at all6
-

56. How much of the time, during the past month, did you react slowly to things that were said or done?

(Circle One)

- All of the time1
 - Most of the time2
 - A good bit of the time.....3
 - Some of the time4
 - A little of the time5
 - None of the time.....6
-

57. During the past month, how often did you feel isolated from others?

(Circle One)

- Always1
- Very often.....2
- Fairly often.....3
- Sometimes.....4
- Almost never.....5
- Never.....6

SECTION 6: SOCIAL ACTIVITIES

The next questions ask about your social activities.

58. 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.)?

(Circle One)

- All of the time1
- Most of the time2
- A good bit of the time3
- Some of the time4
- A little of the time5
- None of the time6

-
59. Compared to your usual level of social activity, has your social activity during the past 6 months decreased, stayed the same, or increased because of a change in your physical or emotional condition?

(Circle One)

- Much less socially active
than before.....1
- Somewhat less socially active
than before.....2
- About as socially active as before.....3
- Somewhat more socially active
than before.....4
- Much more socially active than before.....5

60. Compared to others your age, are your social activities more or less limited because of your physical health or emotional problems?

(Circle One)

Much more limited than others1

Somewhat more limited than others2

About the same as others.....3

Somewhat less limited than others.....4

Much less limited than others.....5

SECTION 7: YOUR HEALTH

Next are some general questions about your health and health-related matters.

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

(Circle One Number on Each Line)

	<u>Definitely True</u>	<u>Mostly True</u>	<u>Don't Know</u>	<u>Mostly False</u>	<u>Definitely False</u>
a. I am somewhat ill	1	2	3	4	5
b. I feel about as good now as I ever have ...	1	2	3	4	5
c. I have been feeling bad lately.....	1	2	3	4	5
d. I am in poor health	1	2	3	4	5
e. I am as healthy as anybody I know.....	1	2	3	4	5
f. My health is excellent.....	1	2	3	4	5
g. I seem to get sick a little easier than other people.....	1	2	3	4	5
h. I expect my health to get worse.....	1	2	3	4	5

SECTION 8: YOUR SLEEP

62. How often during the past 4 weeks did you ...

(Circle One Number on Each Line)

	<u>All of the Time</u>	<u>Most of the Time</u>	<u>A Good Bit of the Time</u>	<u>Some of the Time</u>	<u>A Little of the Time</u>	<u>None of the Time</u>
a. feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?.....	1	2	3	4	5	6
b. get enough sleep to feel rested upon waking in the morning?.....	1	2	3	4	5	6
c. awaken short of breath or with a headache?	1	2	3	4	5	6
d. feel drowsy or sleepy during the day?.....	1	2	3	4	5	6
e. have trouble falling asleep?.....	1	2	3	4	5	6
f. awaken during your sleep time and have trouble falling asleep again....	1	2	3	4	5	6
g. have trouble staying awake during the day?.....	1	2	3	4	5	6
h. take naps (5 minutes or longer) during the day?	1	2	3	4	5	6
i. get the amount of sleep you needed?.....	1	2	3	4	5	6