

MOS Health Survey Day 0 (page 1 of 2)

Patient Study ID <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	Initials <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Date of Visit ___/___/___ (dd/mmm/yyyy)	

1. In general, would you say your health is: (check one)

- Excellent
 Very good
 Good
 Fair
 Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

- Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Day 0 (Page 2 of 2)

Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 4 (page 1 of 2)

 Patient Study ID -

 Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

 Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

 Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

 3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

 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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 4 (Page 2 of 2)

Patient Study ID - Date of Visit __/__/____/____ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 12 (page 1 of 2)

Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 12 (Page 2 of 2)

Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 24 (page 1 of 2)

Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 24 (Page 2 of 2)

Patient Study ID - Date of Visit __/__/____/____ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 36 (page 1 of 2)

Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 36 (Page 2 of 2)

Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 48 (page 1 of 2)

Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 48 (Page 2 of 2)

Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 60 (page 1 of 2)

Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 60 (Page 2 of 2)

Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 72 (page 1 of 2)

Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 72 (Page 2 of 2)

 Patient Study ID -

Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

MOS Health Survey Month 84 (page 1 of 2)

Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

	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.			
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c. Lifting or carrying groceries			
d. Climbing several flights of stairs			
e. Climbing one flight of stairs			
f. Bending, kneeling, or stooping			
g. Walking more than a mile			
h. Walking several blocks			
i. Walking one block			
j. Bathing or dressing yourself			

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

MOS Health Survey Month 84 (Page 2 of 2)

Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
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d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

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Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

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Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

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 Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

 Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

 Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

 3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

 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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

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Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						

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Patient Study ID - Initials

Date of Visit ___/___/___ (dd/mmm/yyyy)

1. In general, would you say your health is: (check one)

Excellent Very good Good Fair Poor

2. In general, compared to one year ago, how would you rate your present health? (check one)

Much better now than one year ago
 Some what better now than one year ago
 About the same as one year ago
 Somewhat worse than one year ago
 Much worse than one year ago

3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)

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

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? (Check one box for each item.)

	Yes	No
a. Cut down on the <i>amount of time</i> you spent on work or other activities.		
b. <i>Accomplished less</i> than you like		
c. Were limited in the <i>kind</i> of work or other activities		
d. Had <i>difficulty</i> performing the work or other activities (for example, it took extra effort)		

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Patient Study ID - Date of Visit ___/___/___ (dd/mmm/yyyy)

5. During the past 4 weeks, had 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)? (Check one box for each item).

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

6. How true or false is each of the following statements for you? (Check one box for each item.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than people.					
b. I am as healthy as anybody I know.					
c. I expect my health to get worse.					
d. My health is excellent.					

7. These questions are about how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (Check one box for each item.)

	None of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
a. Have you felt tense or high strung?						
b. Have you felt you had nothing to look forward to?						
c. Have you generally enjoyed the things you do?						
d. Have you been in low or very low spirits?						
e. Have you felt cheerful, lighthearted?						