

MSH Patients' Follow Up - Extension I
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. 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 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 - Extension I Medical Coordinating Center.

HEALTH STATUS QUESTIONNAIRE	NAME						
	PATIENT ID						
	CLINICAL						
	ANNUAL VISIT						
	VISIT DATE						
					A	V	

SF_1

In general, would you say your health is:

Excellent	(1)
Very good	(2)
Good	(3)
Fair	(4)
Poor	(5)

SF_2

Compared to one year ago, how would you rate your health?

Much better now than 1 year ago	(1)
Somewhat better now than 1 year ago	(2)
About the same	(3)
Somewhat worse now than 1 year ago	(4)
Much worse now than 1 year ago	(5)

SF_3A

The following questions are about activities you might do in the next 6 months. Does your health prevent you from doing these activities and how often?

	Yes Limited	Slightly Limited	No Not Limited at All
A. Walking briskly for 10 minutes	(1)	(2)	(3)
B. Doing housework such as sweeping or dusting	(1)	(2)	(3)
C. Climbing several flights of stairs	(1)	(2)	(3)
D. Carrying several items of mail	(1)	(2)	(3)
E. Walking uphill or down	(1)	(2)	(3)
F. Walking several miles	(1)	(2)	(3)
G. Walking several miles	(1)	(2)	(3)
H. Walking several miles	(1)	(2)	(3)
I. Walking several miles	(1)	(2)	(3)
J. Walking several miles	(1)	(2)	(3)

SF_3B

SF_3C

SF_3D

SF_3E

SF_3F

SF_3G

SF_3H

SF_3I

SF_3J

SF_4A

SF_4B

SF_4C

SF_4D

During the past 6 weeks, have you had any of the following problems?

	Yes	No
(1)	(1)	(2)
(2)	(1)	(2)
(3)	(1)	(2)
(4)	(1)	(2)

				A	V

Thank you for completing this questionnaire. Your responses are confidential and will be used for research purposes only. If you have any questions, please contact the research team.

1. ... (1) (2) SF-5A

2. ... (1) (2) SF-5B

3. ... (1) (2) SF-5C

4. ... (Mark one)

Not at all (1)

Slightly (2)

Moderately (3)

Quite a bit (4)

Extremely (5) SF-6

5. ... (Mark one)

None (1)

Very mild (2)

Mild (3)

Moderate (4)

Severe (5)

Very severe (6) SF-7

6. ... (Mark one)

Not at all (1)

A little bit (2)

Moderately (3)

Quite a bit (4)

Extremely (5) SF-8

7. ... For each question, please give the answer for each of the same places in the way that you usually live.

How much of the time during the last 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?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9A
B. Have you been d very nervous or nervous?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9B
C. Have you felt so down that you stop anything you are doing?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9C
D. Have you felt called on to do more than you can do?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9D
E. Did you have a lot of energy?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9E
F. Have you felt that your heart is racing?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9F
G. Did you feel you were nervous?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9G
H. Have you been d very nervous or nervous?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9H
I. Did you feel that you were nervous?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9I
J. Have you been d very nervous or nervous?	(1)	(2)	(3)	(4)	(5)	(6)	SF-9J

...	A	V					
...	(1)	(2)	(3)	(4)	(5)		SF-10A

[Redacted]	(1)	(2)	(3)	(4)	(5)	SF-
	(1)	(2)	(3)	(4)	(5)	SF-
	(1)	(2)	(3)	(4)	(5)	SF-

Do you have any questions about this form or answers to these questions?

	(Mark one)
Yes	(1)
No	(2)
Don't remember	(3)

Thank you for your answers. Please give the Questionnaire back to the Clinic Coordinator.

[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	A	V	[Redacted]	[Redacted]

COORDINATOR USE ONLY:

12. The Health Status Questionnaire was **COMPBY**

Completed by the patient without assistance from the coordinator (1)
 Completed by the patient with at least some assistance from the coordinator (2)
 Completed by the coordinator reading questions to the patient (3)

A. If (3), did the patient seem to have difficulty in hearing or understanding the questions? **UNVSTP**

Not at all (1)
 A little (2)
 Moderately (3)
 Quite a bit (4)
 Extremely (5)

Checked for completeness and accuracy

By signature

By certification number

By date

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.

By signature

By date

A V