

Appendix F

RAND-36 HSI Items and Response Options by Composite and Scale

Physical Health Composite

Physical Functioning Scale

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?

Response Options: 1 = Yes, limited a lot
2 = Yes, limited a little
3 = No, not limited at all

3. **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports
4. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
5. Lifting or carrying groceries
6. Climbing **several** flights of stairs
7. Climbing **one** flight of stairs
8. Bending, kneeling, or stooping
9. Walking **more than a mile**
10. Walking **several blocks**
11. Walking **one block**
12. Bathing or dressing yourself

Role Limitations due to Physical Health Problems Scale

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**?

Response Options: 1 = Yes
2 = No

13. Cut down the **amount of time** you spent on work or other activities
14. **Accomplished less** than you would like
15. Were limited in the **kind** of work or other activities
16. Had **difficulty** performing the work or other activities (for example, it took extra effort)

Pain Scale

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

Response Options: 1 = None
2 = Very mild
3 = Mild
4 = Moderate
5 = Severe
6 = Very severe

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

Response Options: 1 = Not at all
2 = A little bit
3 = Moderately
4 = Quite a bit
5 = Extremely

General Health Perceptions Scale

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

Response Options: 1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor

How true or false is **each** of the following statements for you?

Response Options: 1 = Definitely true
2 = Mostly true
3 = Don't know
4 = Mostly false
5 = Definitely false

33. I seem to get sick a little easier than other people.

34. I am as healthy as anybody I know.

35. I expect my health to get worse.

36. My health is excellent.

Mental Health Composite

Emotional Well-Being Scale

The following 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 time during the **past 4 weeks**:

- Response Options: 1 = All of the time
2 = Most of the time
3 = A good bit of the time
4 = Some of the time
5 = A little of the time
6 = None of the time

- 24. Have you been a very nervous person?
- 25. Have you felt so down in the dumps that nothing could cheer you up?
- 26. Have you felt calm and peaceful?
- 28. Have you felt downhearted or blue?
- 30. Have you been a happy person?

Role Limitations due to Emotional Problems Scale

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)?

- Response Options: 1 = Yes
2 = No

- 17. Cut down the **amount of time** you spent on work or other activities
- 18. **Accomplished less** than you would like
- 19. Didn't do work or other activities as **carefully** as usual

Social Functioning Scale

20. 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?

Response Options: 1 = Not at all
2 = Slightly
3 = Moderately
4 = Quite a bit
5 = Extremely

32. 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.)?

Response Options: 1 = All of the time
2 = Most of the time
3 = Some of the time
4 = A little of the time
5 = None of the time

Energy/Fatigue Scale

The following 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 time during the **past 4 weeks**:

Response Options: 1 = All of the time
2 = Most of the time
3 = A good bit of the time
4 = Some of the time
5 = A little of the time
6 = None of the time

- 23. Did you feel full of pep?
- 27. Did you have a lot of energy?
- 29. Did you feel worn out?
- 31. Did you feel tired?