MOS-HIV 35-ITEM INSTRUMENT

INSTRUCTIONS TO PATIENT: Please answer the following questions by placing a “x” in the appropriate box.

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

   (check one)

   Excellent ................................................................. 1 □
   Very Good ............................................................... 2 □
   Good .............................................................................. 3 □
   Fair ................................................................................. 4 □
   Poor ................................................................................ 5 □

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

   (check one)

   None ............................................................................... 1 □
   Very Mild ........................................................................ 2 □
   Mild ................................................................................... 3 □
   Moderate ......................................................................... 4 □
   Severe ............................................................................. 5 □
   Very Severe ..................................................................... 6 □

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

   (check one)

   Not at all .......................................................................... 1 □
   A little bit ......................................................................... 2 □
   Moderately ....................................................................... 3 □
   Quite a bit ......................................................................... 4 □
   Extremely ......................................................................... 5 □
4. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

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<th>(check one box on each line)</th>
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- a. The kinds or amounts of **vigorous** activities you can do, like lifting heavy objects, running or participating in strenuous sports. □ □ □
- b. The kinds or amounts of **moderate** activities you can do, like moving a table, carrying groceries or bowling. □ □ □
- c. Walking uphill or climbing a few flights of stairs. □ □ □
- d. Bending, lifting or stooping. □ □ □
- e. Walking one block. □ □ □
- f. Eating, dressing, bathing, or using the toilet. □ □ □

5. Does your health keep you from working at a job, doing work around the house or going to school?

   (check one)
   
   Yes......................................................................................... 1 □
   
   No........................................................................................... 2 □

6. Have you been unable to do certain kinds or amounts of work, housework, or schoolwork because of your health?

   (check one)
   
   Yes......................................................................................... 1 □
   
   No........................................................................................... 2 □
For each of the following questions, please check the box for the one answer that comes closest to the way you have been feeling during the past 4 weeks.

(mark one box on each line)

<table>
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<tr>
<th></th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
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<td>7. How much of the time, during the past 4 weeks, has your health limited your social activities (like visiting with friends or close relatives)?</td>
<td>□</td>
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<td>8. How much of the time, during the past 4 weeks:</td>
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<td>a. Have you been a very nervous person?</td>
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<td>b. Have you felt calm and peaceful?</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>c. Have you felt downhearted and blue?</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>d. Have you been a happy person?</td>
<td>□</td>
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<td>e. Have you felt so down in the dumps that nothing could cheer you up?</td>
<td>□</td>
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9. How often during the **past four weeks**:

   a. Did you feel full of pep? □ □ □ □ □ □
   b. Did you feel worn out? □ □ □ □ □ □
   c. Did you feel tired? □ □ □ □ □ □
   d. Did you have enough energy to do the things you wanted to do? □ □ □ □ □ □
   e. Did you feel weighed down by your health problems? □ □ □ □ □ □
   f. Were you discouraged by your health problems? □ □ □ □ □ □
   g. Did you feel despair over your health problems? □ □ □ □ □ □
   h. Were you afraid because of your health? □ □ □ □ □ □
10. How much of the time, during the past 4 weeks:

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a. Did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things?

b. Did you forget things that happened recently, for example, where you put things and when you had appointments?

c. Did you have trouble keeping your attention on any activity for long?

d. Did you have difficulty doing activities involving concentration and thinking?

11. Please check the box that describes whether each of the following statements is true or false for you:

<table>
<thead>
<tr>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Don’t Know</th>
<th>Mostly False</th>
<th>Definitely False</th>
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a. I am somewhat ill.

b. I am as healthy as anybody I know.

c. My health is excellent.

d. I have been feeling bad lately.
12. How has the quality of your life been during the past 4 weeks? That is, how have things been going for you?

(check one)

- Very well; could hardly be better ............................................ 1
- Pretty good ............................................................................. 2
- Good and bad parts about equal............................................ 3
- Pretty bad ............................................................................... 4
- Very bad; could hardly be worse ............................................ 5

13. How would you rate your physical health and emotional condition now compared to 4 weeks ago?

(check one)

- Much better ............................................................................ 1
- A little better ........................................................................... 2
- About the same ...................................................................... 3
- A little worse ........................................................................... 4
- Much worse ............................................................................ 5

THANK YOU VERY MUCH