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?

		(check one box on each line)		
		YES , Limited A Lot	**YES , Limited A Little**	**NO, Not Limited At All**
		1	**2**	**3**
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 <u>each</u> of the following questions, please check the box for the <u>one</u> answer that comes <u>closest</u> to the way you have been feeling <u>during the past 4 weeks</u>.

	(mark one box on each line)					
	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**
	1	**2**	**3**	**4**	**5**	**6**
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)?	☐	☐	☐	☐	☐	☐
8. How much of the time, during the past 4 weeks:						
a. Have you been a very nervous person?	☐	☐	☐	☐	☐	☐
b. Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
c. Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
d. Have you been a happy person?	☐	☐	☐	☐	☐	☐
e. Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐

	(check one box on each line)					
	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**
	1	**2**	**3**	**4**	**5**	**6**
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?	☐	☐	☐	☐	☐	☐

(check one box on each line)

	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
	1	2	3	4	5	6
10. How much of the time, during the **past 4 weeks**:						
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?	☐	☐	☐	☐	☐	☐

(check one box on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
	1	2	3	4	5
11. Please check the box that describes whether each of the following statements is true or false for you.					
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

ENGLISH (UNITED STATES) MOS-HIV

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