

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**BLSA General Interview - HV ver 1.0****Section Title: General Information**

Date Completed

☐ Blank

Tester ID

**(0)** Interview was conducted with: ☐ Participant onlyProxy Only questions with  
**(bracket)**☐ Participant and  
proxy☐ Proxy only☐ Telephone  
interview☐ Interview not  
done

INTRODUCTION: "The following questions cover basic demographic information. Although you may have answered similar questions in the past, we want to be sure everything is correct and current in our records."

**(1)** What is your date of birth?**(2)** How old are you today?

(years)

**(3)** What is your current marital status?

- ☐ Married
- ☐ Living with a partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married
- ☐ Don't know
- ☐ Refused

**(4)** In addition to yourself, how many other people currently live in your household?

- ☐ Lives alone
- ☐ 1 other
- ☐ 2 others
- ☐ 3 or more
- ☐ Don't know
- ☐ Refused

**(5)** In what type of housing do you live?

- ☐ Single family home
- ☐ Co-op condominium apartment
- ☐ Continuing care community
- ☐ Assisted Living
- ☐ Long term care facility
- ☐ Don't know
- ☐ Refused

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**Section Title: Physical Function**

INTRODUCTION: "The next several questions concern how well you function in your usual environment, without the use of special equipment or help from another person." *Examiner Note: If the participant responds "don't know" or "don't do", probe to determine whether this is due to a health problem. If so, code "yes" for difficulty, then probe to determine level of difficulty (e.g.; a lot or unable to do).*

**(1)** Because of health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks, without stopping?

If No, Don't know/Don't do or  
Refused Go to 1b-d

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

1a. How much difficulty do you  
have walking a quarter of a mile?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (2)**

1b. How easy is it for you to walk a  
quarter of a mile?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

1c. Because of a health or physical problem, do you have any difficulty walking a distance of one mile?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

**If Yes, Go to Question (2)**

1d. How easy is it for you to walk one mile?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(2)** Because of health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting?

If No, Don't know/Don't do or Refused Go to 2b-d

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

2a. How much difficulty do you have walking up 10 steps?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (3)**

2b. How easy is it for you to walk up 10 steps?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

2c. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flight, without resting?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

**If Yes, Go to Question (3)**

2d. How easy is it for you to walk up 20 steps?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(3)** Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?

If No, Don't know/Don't do or  
Refused Go to 3b-d

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

3a. How much difficulty do you  
have lifting or carrying 10 pounds?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (4)**

3b. How easy is it for you to lift or  
carry something weighing 10 lbs?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

3c. Because of a health or physical  
problem, do you have any difficulty  
lifting or carrying something  
weighing 20 pounds, for example a  
large, full bag of groceries?

- ☐ Yes  
☐ No  
☐ Don't know/Don't  
do  
☐ Refused

**If Yes, Go to Question  
(4)**

3d. How easy is it for you to lift or  
carry something weighing 20 lbs?

- ☐ VeryEasy  
☐ Somewhat easy  
☐ Not so easy  
☐ Don't know  
☐ Refused

**(4)** Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms?

If No, Don't know/Don't do or  
Refused Go to 4b

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

4a. How much difficulty do you  
have rising without using your  
arms?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

**Go to Question (5)**

- 4b. How easy is it for you to stand up from a chair without using your arms?
- ☐ VeryEasy
  - ☐ Somewhat easy
  - ☐ Not so easy
  - ☐ Don't know
  - ☐ Refused

**(5)** Because of a health or physical problem, do you have any difficulty stooping, crouching or kneeling?

If No, Don't know/Don't do or  
Refused Go to 5b

- ☐ Yes
- ☐ No
- ☐ Don't know/Don't do
- ☐ Refused

5a. How much difficulty do you  
have stooping, crouching or  
kneeling?

- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Unable to do
- ☐ Don't know
- ☐ Refused

**Go to Question (6)**

- 5b. How easy is it for you to stoop, crouch or kneel?
- ☐ VeryEasy
  - ☐ Somewhat easy
  - ☐ Not so easy
  - ☐ Don't know
  - ☐ Refused

**(6)** Because of a health or physical problem, do you have any difficulty raising your arms up over your head?

If No, Don't know/Don't do or  
Refused Go to 6b

- ☐ Yes
- ☐ No
- ☐ Don't know/Don't do
- ☐ Refused

6a. How much difficulty do you  
have raising your arms up over  
your head?

- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Unable to do
- ☐ Don't know
- ☐ Refused

**Go to Question (7)**

- 6b. How easy is it for you to raise your arms up over your head?
- ☐ VeryEasy
  - ☐ Somewhat easy
  - ☐ Not so easy
  - ☐ Don't know
  - ☐ Refused

**(7)** Because of a health or physical problem, do you have any difficulty using your fingers to grasp or handle?

- If No, Don't know/Don't do or Refused Go to 7b
- ☐ Yes
  - ☐ No
  - ☐ Don't know/Don't do
  - ☐ Refused

How much difficulty do you have using your fingers to grasp or handle

- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Unable to do
- ☐ Don't know
- ☐ Refused

**Go to Question (8)**

- 7b. How easy is it for you to use your fingers to grasp or handle?
- ☐ VeryEasy
  - ☐ Somewhat easy
  - ☐ Not so easy
  - ☐ Don't know
  - ☐ Refused

- (8)** Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?
- ☐ Yes
  - ☐ No
  - ☐ Don't know/Don't do
  - ☐ Refused

8a. How much difficulty do you have getting in and out of bed or chairs?

- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Unable to do
- ☐ Don't know
- ☐ Refused

8b. Do you need special equipment ☐ Yes  
or help from another person in  
getting in and out of bed or chairs? ☐ No  
☐ Don't know  
☐ Refused

**(9)** Because of a health or physical ☐ Yes  
problem, do you have any difficulty ☐ No  
bathing or showering? ☐ Don't know/Don't do  
☐ Refused

9b. Do you need special equipment ☐ Yes  
or help from another person in  
bathing or showering? ☐ No  
☐ Don't know  
☐ Refused

**(10)** Because of a health or ☐ Yes  
physical problem, do you have any ☐ No  
difficulty dressing? ☐ Don't know/Don't do  
☐ Refused

10b. Do you need special ☐ Yes  
equipment or help from another  
person in dressing? ☐ No  
☐ Don't know  
☐ Refused

9a. How much difficulty do you ☐ A little  
have bathing or showering? ☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

10a. How much difficulty do you ☐ A little  
have dressing? ☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused



**(11)** Because of a health or physical problem, do you have any difficulty eating, for example holding a fork, cutting your food or drinking from a glass?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

11a. How much difficulty do you have eating?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

11b. Do you need special equipment or help from another person in eating?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(12)** Because of a health or physical problem, do you have any difficulty using the toilet, including getting to the toilet?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

12a. How much difficulty do you have using the toilet?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

12b. Do you need special equipment or help from another person in using or getting to the toilet?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(13)** Because of a health or physical problem, do you have any difficulty walking across a small room?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

13a. How much difficulty do you have walking across a small room?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

13b. Do you need special equipment or help from another person walking across a small room?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(14)** Because of a health or physical problem, do you have any difficulty doing light housework such as doing dishes, straightening up or light cleaning by yourself?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

14a. How much difficulty do you have doing light housework?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

14b. If don't know/don't do, is that for health-related reasons?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(15)** Because of a health or physical problem, do you have any difficulty doing heavy housework such as vacuuming and washing windows, walls or floors?

- ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

15a. How much difficulty do you have doing heavy housework?

- ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

15b. If don't know/don't do, is that for health-related reasons?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(16)** Because of a health or physical problem, do you have any difficulty preparing your own meals by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

16b. If don't know/don't do, is that for health-related reasons?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(17)** Because of a health or physical problem, do you have any difficulty shopping for personal items such as toilet items or medicine, by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

17b. If don't know/don't do, is that for health-related reasons?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(18)** Because of a health or physical problem, do you have any difficulty using the telephone by yourself?

☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

16a. How much difficulty do you have preparing your own meals?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

17a. How much difficulty do you have shopping for personal items?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

18a. How much difficulty do you have using the telephone?

☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

18b. If don't know/don't do, is that ☐ Yes  
for health-related reasons? ☐ No  
☐ Don't know  
☐ Refused

**(19)** Because of a health or physical problem, do you have any difficulty taking medications by yourself? ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

19a. How much difficulty do you have taking medications? ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

19b. If don't know/don't do, is that ☐ Yes  
for health-related reasons? ☐ No  
☐ Don't know  
☐ Refused

**(20)** Because of a health or physical problem, do you have any difficulty managing your money for example, paying bills or keeping a bank account, by yourself without help from another person? ☐ Yes  
☐ No  
☐ Don't know/Don't do  
☐ Refused

20a. How much difficulty do you have managing your money for example, paying bills or keeping a bank account, by yourself without help from another person? ☐ A little  
☐ Some  
☐ A lot  
☐ Unable to do  
☐ Don't know  
☐ Refused

20b. If don't know/don't do, is that ☐ Yes  
for health-related reasons? ☐ No  
☐ Don't know  
☐ Refused

**(21)** Because of a health or physical problem, do you have any difficulty driving?

- ☐ Yes
- ☐ No
- ☐ Don't know/Don't do
- ☐ Refused

21a. How much difficulty do you have driving?

- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Unable to do
- ☐ Don't know
- ☐ Refused

21b. What is the primary reason you do not drive?

- ☐ Health
- ☐ Never drove
- ☐ Vision
- ☐ Lost license
- ☐ No car
- ☐ Don't know
- ☐ Refused

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: General Health and Symptoms****Instructions:**

INTRODUCTION: "I'm goin to ask you several questions about your current health and how you have been feeling over the past year."

(1) During the past 12 mo, have you been a patient in a hospital for one or more nights?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

1a. How many different times during the past 12 mo were you a patient in a hospital for one or more nights? **Note: NOT asking the number of days in a hospital!** (Times overnight)

(2) During the past 12 mo, did you stay in bed all or most of the day because of an illness or injury? **Note: including days that you were a patient in a hospital**

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

2a. How many days did you stay in bed all or most of the day because of an illness or injury **(including days you were a patient in a hospital)**? (days in bed)

(3) During the past 12 mo, did you cut down on the things you usually do, such as going to work or working around the house, because of illness or injury?

☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

(3a) How many days did you did you cut down on the things you usually do because of an illness or injury? (days cut down)

(If proxy, go to question 17)

INTRODUCTION: "The next few questions refer to how you have been feeling over the past month."

4. In the past month, on average, how often have you felt unusually tired during the day? ☐ All ☐ Most ☐ Some ☐ None ☐ Don't know ☐ Refused [Click to deselect entry](#)

5. During the past month, how weak did you feel, using a scale from 0 to 10, where 0 is not weak at all and 10 is very weak? ☐ 0 Not weak at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Very weak ☐ Don't know ☐ Refused [Click to deselect entry](#)

6. During the past mo, what category best describes your usual energy level, using a scale from 0 to 10, where 0 is no energy at all and 10 is most energy you have ever had? ☐ 0 No energy at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Most energy ☐ Don't know ☐ Refused [Click to deselect entry](#)

**INTRODUCTION: "The next questions concern your appetite and weight."**

**(17)** In general, would you say your appetite or desire to eat has been...? ☐ Very good ☐ Good ☐ Moderate ☐ Poor ☐ Very poor ☐ Don't know ☐ Refused [Click to deselect entry](#)

*If proxy go to Question 19)*

18. How much do you currently weigh? If you are unsure, please make your best guess.

(pounds)

*Examiner Note: Enter 888 if unknown and 777 if refused. If participant gives home and clinic weight, code clinic value.*

**(19)** Since this time last year, has your weight changed by 5 or more pounds? ☐ Yes ☐ No ☐ Don't know ☐ Refused

**(19a)** Did you gain or lose weight? ☐ Gain ☐ Lose ☐ Don't know ☐ Refused

*If proxy go to Question 26)*

19.b Were you trying to gain (or lose) weight?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

19c. How many pounds did you gain (or lose)?

(pounds) *Examiner Note: Enter 88 if unknown and 77 if refused.*

20. At the present time, are you trying to **lose** weight?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

INTRODUCTION: "Now I would like to ask you some questions about your eyesight and hearing."

**(26)** How would you rate your current eyesight (with glasses or contacts, if you wear them)?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Blind
- ☐ Don't know
- ☐ Refused

**(32)** How would you rate your current hearing ability (with a hearing aid, if used)??

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Deaf
- ☐ Don't know
- ☐ Refused



**INTRODUCTION:** "The next several questions concern your balance, dizziness, fainting episodes and falls."

**(33)** Do you have any problem with keeping your balance when you are walking on a level surface?

☐ Always

☐ Very often

☐ Often

☐ Sometimes

☐ Never

☐ Don't know

☐ Refused

**(36)** In the past 12 months, have you fainted, blacked-out or lost consciousness?

☐ Yes

☐ No

☐ Don't know

☐ Refused

36a. How many times has this happened in the past 12 months?

☐ One

☐ Two or three

☐ Four or more

☐ Don't know

☐ Refused

**(37)** In the past 12 months, have you fallen and landed on the ground or floor?

☐ Yes

☐ No

☐ Don't know

☐ Refused

*If proxy, No, Don't know or Refused, go to next section*

37a. How many times did you fall to the ground in the past 12 months?

☐ One

☐ Two or three

☐ Four or five

☐ Six or more

☐ Don't know

☐ Refused

37b. Did you break or fracture a bone on any fall in the past 12 months?

☐ Yes

☐ No

☐ Don't know

☐ Refused

37c. Did you hit or injure your head on any fall in the past 12 months?

☐ Yes

☐ No

☐ Don't know

☐ Refused

37d. Did you have a sprain or strain on any fall in the past 12 months?

☐ Yes

☐ No

☐ Don't know

☐ Refused

37e. Did you have a bruise or bleeding on any fall in the past 12 months?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

37f. What type of activity were you doing at the time of your (worst/most injurious) fall?

- ☐ Normal/Usual  
☐ Usual/Risky  
☐ Intoxicated  
☐ Don't know  
☐ Refused

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Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Aches and Pains****Instructions:**

INTRODUCTION: "Now I'm going to ask you questions about recent and current aches and pains."

**(1)** In the past year, have you had ☐ Yes  
any low back pain?

☐ No☐ Don't know☐ Refused

**(2a)** In the past 12 months, have ☐ Yes  
you had knee pain lasting at least  
one month? ☐ No

☐ Don't know☐ Refused

**(3a)** In the past 12 months, have ☐ Yes  
you had hip pain lasting at least  
one month? ☐ No

☐ Don't know☐ Refused

**(4)** In the past 12 months have ☐ Yes  
you had pain lasting at least one  
month in either shoulder? ☐ No

☐ Don't know☐ Refused

**(5)** In the past 12 months have you had pain lasting at least one month in your neck

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(10)** In the past 12 months have you had pain lasting at least one month in your feet, toes or ankles?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

**(11)** In the past 12 months have you had pain lasting at least one month in the joints of your hands or wrists?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

#### OTHER ACTIVITY

**(4)** About how often do you get together with friends or neighbors?

- ☐ At least once a day  
☐ 4 to 6 times per week  
☐ 2 to 3 times per week  
☐ 1 time per week  
☐ Less than once per week  
☐ Don't know  
☐ Refused

**(5)** About how often do you get together with your children or other relatives?

- ☐ At least once a day  
☐ 4 to 6 times per week  
☐ 2 to 3 times per week  
☐ 1 time per week  
☐ Less than once per week  
☐ Don't know  
☐ Refused

*If proxy, Interview is complete*

Protocol ID: \_\_\_\_\_

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Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: Psychological Health****Instructions:****Psychological Health**

"The following questions ask about your current psychological health and perceived emotional support."

1. Now, using a scale from 0 to 10, ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 88 ☐ 77 Click to deselect entry

with 0 indicating **extremely**

**unhappy** and 10 being **very**

**happy**, please tell me how happy

you are.

88 = Don't know

77 = Refused

2. Please tell me whether you agree or disagree with this statement. "I can do just about anything I really set my mind to." Would you say agree or disagree?

☐ Agree  
☐ Disagree  
☐ Don't know  
☐ Refused

2a. Do you agree strongly or agree somewhat?

☐ Strongly  
☐ Somewhat  
☐ Don't know

2b. Do you disagree strongly or disagree somewhat?

☐ Strongly  
☐ Somewhat  
☐ Don't know

3. Please tell me whether you agree or disagree with this statement. "I often feel helpless in dealing with the problems of life." Would you say agree or disagree?

☐ Agree  
☐ Disagree  
☐ Don't know  
☐ Refused

3a. Do you agree strongly or agree somewhat?

☐ Strongly  
☐ Somewhat  
☐ Don't know

3b. Do you disagree strongly or disagree somewhat?

☐ Strongly

☐ Somewhat

☐ Don't know

4. In the past year, could you have used more emotional support than you received?

☐ Yes

☐ No

☐ Don't know

☐ Refused

4a. Would you say you needed a lot more, some more or a little more?

☐ A lot more

☐ Some more

☐ A little more

☐ Don't know

☐ Refused

*Perceived Stress Scale:*

INTRODUCTION: "The next question asks how often you felt nervous and 'stressed' in the past month"

2. felt nervous and "stressed"? ☐ Never ☐ Almost never ☐ Sometimes ☐ Fairly often ☐ Very often ☐ Don't know ☐ Refused [Click to deselect entry](#)

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: SF12**

INTRODUCTION: "This brief survey asks how you feel and how well you are able to do your usual activities."

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know
- ☐ Refused

2. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- ☐ Yes limited a lot
- ☐ Yes limited a little
- ☐ No not limited at all
- ☐ Don't know
- ☐ Refused

3. Does your health now limit you in climbing several flights of stairs?

- ☐ Yes limited a lot
- ☐ Yes limited a little
- ☐ No not limited at all
- ☐ Don't know
- ☐ Refused

4. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of your physical health?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

5. During the past 4 weeks, were you limited in the kind of work or other activities as a result of your physical health?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

6. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

7. During the past 4 weeks have you not done work or other activities as carefully as usual as a result of any emotional problems?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused



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

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a bit
- ☐ Extremely
- ☐ Don't know
- ☐ Refused

9. How much of the time during the past 4 weeks, have you felt calm and peaceful?

- ☐ All
- ☐ Most
- ☐ A good bit
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused

10. How much of the time during the past 4 weeks, did you have a lot of energy?

- ☐ All
- ☐ Most
- ☐ A good bit
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused

11. How much of the time during the past 4 weeks, have you felt downhearted and blue?

- ☐ All
- ☐ Most
- ☐ A good bit
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused

12. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ A little
- ☐ None
- ☐ Don't know
- ☐ Refused

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

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Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**Section Title: General Information**