Appendix G

RAND-12 HSI Items and Response Options by Composite

Physical Health Composite

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

Response Options: 1 = Excellent

2 = Very good

3 = Good

4 = Fair

5 = Poor

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

- 2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
- 3. Climbing several flights of stairs

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

- 4. Accomplished less than you would like
- 5. Were limited in the kind of work or other activities
- 8. 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

Mental Health Composite

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 = Yes2 = No

- 6. Accomplished less than you would like
- 7. Didn't do work or other activities as carefully as usual

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

- 9. Have you felt calm and peaceful?
- 10. Did you have a lot of energy?
- 11. Have you felt downhearted or blue?
- 12. 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