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)
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?