

APPENDIX
Veterans Short Form 36

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

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

2. 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?

	Yes. Limited a Lot	Yes. Limited a Little	No. Not Limited at All
a. Vigorous activities such as running, lifting heavy objects, participating in strenuous sports?	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1	2	3
c. Running more than a mile?	1	2	3
d. Running several blocks?	1	2	3
e. Running one block?	1	2	3
f. Lifting or carrying groceries?	1	2	3

3. 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?

	Yes. Limited A Lot	Yes. Limited A Little	No. Not Limited At All
g. Climbing several flights of stairs?	1	2	3
h. Climbing one flight of stairs?	1	2	3
i. Bending, kneeling, or stooping?	1	2	3
j. Walking more than a mile?	1	2	3
k. Walking several blocks?	1	2	3
l. Walking one block?	1	2	3
m. Bathing or dressing yourself?	1	2	3
n. Eating?	1	2	3
o. Reading or writing?	1	2	3
p. Getting in and out of bed?	1	2	3

4. 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?

	No, None of the Time	Yes, a Little of the Time	Yes, Some of the Time	Yes, Most of the Time	Yes, All of the Time
a. Cut down on the amount of time you spent on work or other activities.	1	2	3	4	5
b. Accomplished less than you would like.	1	2	3	4	5
c. Were limited in the kind of work or other activities.	1	2	3	4	5
d. Had difficulty performing the work or other activities (for example, it took extra effort).	1	2	3	4	5
e. Were unable to work or perform other activities at all.	1	2	3	4	5

a. 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?

Not At All	Slightly	Moderately	Quite a Bit	Extremely
1	2	3	4	5

These 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.

5. How much of the time during the past 4 weeks—

	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
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6

f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

a. How much of the time during the past 4 weeks—

	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
j. Has your daily life been full of things that were interesting?	1	2	3	4	5	6
k. Have you felt loved and wanted?	1	2	3	4	5	6
i. Have you felt tense or high-strung?	1	2	3	4	5	6
m. Have you been moody or brooded about things?	1	2	3	4	5	6

6. 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)?

	No, None of the Time	Yes, a Little of the Time	Yes, Some of the Time	Yes, Most of the Time	Yes, All of the Time
a. Cut down on the amount of time you spent on work or other activities.	1	2	3	4	5
b. Accomplished less than you would like.	1	2	3	4	5
c. Were limited in the kind of work or other activities.	1	2	3	4	5
d. Had difficulty performing the work or other activities (for example, it took extra effort).	1	2	3	4	5
e. Were unable to work or perform other activities at all.	1	2	3	4	5

7. How much bodily pain have you had *during the past 4 weeks*?

None	Very mild	Mild	Moderate	Severe	Very severe
1	2	3	4	5	6

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

None	Very mild	Mild	Moderate	Severe	Very severe
1	2	3	4	5	6

9. *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?

None	Very mild	Mild	Moderate	Severe	Very severe
1	2	3	4	5	6

10. Please circle the answer that best describes how true or false each of the following statements is for you.

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. I seem to get sick a little easier than other people.	1	2	3	4	5
b. I am as healthy as anybody I know.	1	2	3	4	5
c. I expect my health to get worse.	1	2	3	4	5
d. My health is excellent.	1	2	3	4	5

Now, we'd like to ask you some questions about how your health may have changed.

11. *Compared with 3 months ago*, how would you rate your physical health in general now?

Much Better	Slightly Better	About the Same	Slightly Worse	Much Worse
1	2	3	4	5

12. *Compared with 3 months ago*, how would you rate your emotional problems (such as feeling anxious, depressed, or irritable) now?

Much Better	Slightly Better	About the Same	Slightly Worse	Much Worse
1	2	3	4	5