

HOGAN CHIROPRACTIC SERVICES

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Patient Name: _____

Date: _____

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RAND 36-Item Short Form Health Survey

RAND Health | Surveys and Tools | Medical Outcomes Studies | http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html

1. In general, would you say your health is:	
Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5

2. Compared to one year ago, how would you rate your health in general now?	
Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same	3
Somewhat worse now than one year ago	4
Much worse than one year ago	5

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?**

Circle One Number On Each Line

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
3. Vigorous Activities , such as running, Lifting heavy objects, participating In strenuous sports	[1]	[2]	[3]
4. Moderate activities , such as moving a table, Pushing a vacuum cleaner, bowling, Or playing golf	[1]	[2]	[3]
5. Lifting or carrying groceries	[1]	[2]	[3]
6. Climbing several flights of stairs	[1]	[2]	[3]
7. Climbing one flight of stairs	[1]	[2]	[3]
8. Bending, Kneeling, or Stooping	[1]	[2]	[3]
9. Walking more than a mile	[1]	[2]	[3]
10. Walking several blocks	[1]	[2]	[3]
11. Walking one block	[1]	[2]	[3]
12. Bathing or dressing yourself	[1]	[2]	[3]

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?**

Circle One Number On Each Line

	Yes	No
13. Cut down the amount of time you spent on work or other activities	1	2
14. Accomplished less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

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)?

Circle One Number On Each Line

	Yes	No
17. Cut down the amount of time you spend on work or other activities	1	2
18. Accomplished less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2

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?

(Circle One Number)

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 5

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

(Circle One Number)

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 5

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

(Circle One Number)

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 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.

How much of the time during the **past 4 weeks**...

(Circle One Number 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
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Did you have a lot of energy?	1	2	3	4	5	6

<i>(Circle one number on each line)</i>	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
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

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.)?

(Circle One Number)

- All of the time 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time 5

How TRUE or FALSE is each of the following statements for you.

(Circle One Number On Each Line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Have you taken this survey through this office before? _____ NO _____ YES _____
 IF YES - Have you had a new injury or illness since your last survey? _____ NO _____ YES _____
 Date of onset: _____ Details of illness or injury: _____