

THE VETERANS RAND 12 ITEM HEALTH SURVEY (VR-12)

Instructions: This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure how to answer a question, please give the best answer you can.

(Circle one number on each line)

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
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a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

1	2	3
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b. Climbing **several** flights of stairs?

1	2	3
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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**?

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
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a. **Accomplished less** than you would like.

1	2	3	4	5
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b. Were limited in the **kind** of work or other activities.

1	2	3	4	5
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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 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
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a. **Accomplished less** than you would like.

1	2	3	4	5
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b. Didn't do work or other activities as **carefully** as usual.

1	2	3	4	5
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ATTACHMENT A2. SURVEY 1 AND 2 VR-12

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

NOT AT ALL	A LITTLE BIT	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.

6. 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. Have you felt calm and peaceful ?	1	2	3	4	5	6
b. Did you have a lot of energy ?	1	2	3	4	5	6
c. Have you felt downhearted and blue ?	1	2	3	4	5	6

7. 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.)?

ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1	2	3	4	5

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

8. Compared to one year 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

9. Compared to one year 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

<p>PLEASE PLACE THE COMPLETED QUESTIONNAIRE IN THE ENVELOPE WE SENT YOU. NO STAMP IS REQUIRED: SIMPLY PLACE THE ENVELOPE IN ANY MAILBOX.</p>

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**YOUR ANSWERS ARE IMPORTANT.
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.**

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(VR-12)**

(Version 1.0 Mailout)

Veterans Health Study
SDR-91006.s VA Health Services Research and Development Service

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ATTACHMENT A2. SURVEY 1 AND 2 VR-12

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