

Attachment C. HOS Field Test Item Differences by Questionnaire Version

Field Test Questionnaire Version A	Field Test Questionnaire Version B
<p>2. Does your health <u>now</u> limit you in these activities? If so, how much?</p> <p>a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</p> <p>1 <input type="checkbox"/> Yes, limited a lot</p> <p>2 <input type="checkbox"/> Yes, limited a little</p> <p>3 <input type="checkbox"/> No, not limited at all</p>	<p>2. Does your health <u>now</u> limit you in these activities? If so, how much?</p> <p>a. Moderate activities, such as moving a table, pushing a vacuum cleaner, or walking at a brisk pace</p> <p>1 <input type="checkbox"/> Yes, limited a lot</p> <p>2 <input type="checkbox"/> Yes, limited a little</p> <p>3 <input type="checkbox"/> No, not limited at all</p>
<p>6. How much of the time during the past 4 weeks:</p> <p>a. Have you felt calm and peaceful?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> A good bit of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>	<p>6. How much of the time during the past 4 weeks:</p> <p>a. Have you felt calm and peaceful?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>
<p>b. Did you have a lot of energy?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> A good bit of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>	<p>b. Did you have a lot of energy?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>
<p>c. Have you felt downhearted and sad?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> A good bit of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>	<p>c. Have you felt downhearted and sad?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>

Field Test Questionnaire Version A	Field Test Questionnaire Version B
<p>8. Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</p>	<p>8. Because of a health or physical problem, do you have any difficulty doing the following activities without help from another person?</p>
<p>12. Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?</p> <p>5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do</p>	<p>12. Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, or walking at a brisk pace?</p> <p>5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do</p>
<p>42. In the past 12 months, how often did you <u>have reliable transportation for medical appointments?</u></p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Often 5 <input type="checkbox"/> Always</p>	<p>42. In the past 12 months, how often did you <u>struggle with having reliable transportation for medical appointments?</u></p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Often 5 <input type="checkbox"/> Always</p>
<p>46. In the past 12 months, how often did you <u>have enough food to eat?</u></p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Often 5 <input type="checkbox"/> Always</p>	<p>46. In the past 12 months, how often did you <u>struggle with having enough food to eat?</u></p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Rarely 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Often 5 <input type="checkbox"/> Always</p>

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<p>50. In the past 12 months, how often did you <u>have a steady place to live</u>?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Rarely</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Often</p> <p>5 <input type="checkbox"/> Always</p>	<p>50. In the past 12 months, how often did you <u>struggle with having a steady place to live</u>?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Rarely</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Often</p> <p>5 <input type="checkbox"/> Always</p>