

## Attachment C. HOS Field Test Item Differences by Questionnaire Version

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

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<p>c. Have you felt downhearted and sad?</p> <p>1 All of the time</p> <p>2 Most of the time</p> <p>3 A good bit of the time</p> <p>4 Some of the time</p> <p>5 A little of the time</p> <p>6 None of the time</p>	<p>c. Have you felt downhearted and sad?</p> <p>1 All of the time</p> <p>2 Most of the time</p> <p>3 Some of the time</p> <p>4 A little of the time</p> <p>5 None of the time</p>
<b>Field Test Questionnaire Version A</b>	<b>Field Test Questionnaire Version B</b>
<p>8. Because of a health or physical problem, do you have any difficulty doing the following activities <b>without special equipment or help from another person?</b></p>	<p>8. Because of a health or physical problem, do you have any difficulty doing the following activities <b>without help from another person?</b></p>
<p>12. Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, <b>bowling, or playing golf?</b></p> <p><input type="checkbox"/> 5 Not at all</p> <p><input type="checkbox"/> 4 Very little</p> <p><input type="checkbox"/> 3 Somewhat</p> <p><input type="checkbox"/> 2 Quite a lot</p> <p><input type="checkbox"/> 1 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 <b>walking at a brisk pace?</b></p> <p><input type="checkbox"/> 5 Not at all</p> <p><input type="checkbox"/> 4 Very little</p> <p><input type="checkbox"/> 3 Somewhat</p> <p><input type="checkbox"/> 2 Quite a lot</p> <p><input type="checkbox"/> 1 Cannot do</p>
<p>38. In the <b>past 12 months</b>, has a doctor or other health professional <b>talked with you</b> about your diet or eating habits?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>	<p>38. In the <b>past 12 months</b>, has a doctor or other health professional <b>provided advise</b> about your diet or eating habits?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>

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39. In the <b>past 12 months</b> , has a doctor or other health professional <b>talked with you</b> about your alcohol use?	39. In the <b>past 12 months</b> , has a doctor or other health professional <b>provided advice</b> about your alcohol use?
1 Yes	1 Yes
2 No	2 No
3 I had no visits in the past 12 months	3 I had no visits in the past 12 months