


# VETERANS RAND 36 ITEM HEALTH SURVEY (VR-36)

Please do this: ● 

**Instructions:** This survey 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.

Please answer every question by filling in one circle on each line. If you are unsure about how to answer a question, please give the best answer you can.

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

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| EXCELLENT             | VERY GOOD             | GOOD                  | FAIR                  | POOR                  |

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,<br>LIMITED<br>A LOT | YES,<br>LIMITED<br>A LITTLE | NO, NOT<br>LIMITED<br>AT ALL |
|---|--------------------------|-----------------------------|------------------------------|
| a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports?  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| b. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| c. <b>Lifting</b> or carrying groceries?  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| d. Climbing <b>several</b> flights of stairs?   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| e. Climbing <b>one</b> flight of stairs?  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| f. Bending, kneeling, or stooping?  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| g. Walking more than a <b>mile</b> ?  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| h. Walking <b>several</b> blocks?   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| i. Walking <b>one</b> block?  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| j. Bathing or dressing yourself?  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |

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,<br>NONE<br>OF THE<br>TIME | YES,<br>A LITTLE<br>OF THE<br>TIME | YES,<br>SOME<br>OF THE<br>TIME | YES,<br>MOST<br>OF THE<br>TIME | YES,<br>ALL<br>OF THE<br>TIME |
|--|-------------------------------|------------------------------------|--------------------------------|--------------------------------|-------------------------------|
| a. Cut down the <b>amount of time</b> you spent on work or other activities.                   | <input type="radio"/>         | <input type="radio"/>              | <input type="radio"/>          | <input type="radio"/>          | <input type="radio"/>         |
| b. <b>Accomplished less</b> than you would like  | <input type="radio"/>         | <input type="radio"/>              | <input type="radio"/>          | <input type="radio"/>          | <input type="radio"/>         |
| c. Were limited in the <b>kind</b> of work or other activities.                                | <input type="radio"/>         | <input type="radio"/>              | <input type="radio"/>          | <input type="radio"/>          | <input type="radio"/>         |
| d. Had difficulty performing the work or other activities (for example, it took extra effort). | <input type="radio"/>         | <input type="radio"/>              | <input type="radio"/>          | <input type="radio"/>          | <input type="radio"/>         |

4. **During the past 4 weeks**, have you had any of the following problems with your work or other daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

|  | NO,<br>NONE<br>OF THE<br>TIME | YES,<br>A LITTLE<br>OF THE<br>TIME | YES,<br>SOME<br>OF THE<br>TIME | YES,<br>MOST<br>OF THE<br>TIME | YES,<br>ALL<br>OF THE<br>TIME |
|--|-------------------------------|------------------------------------|--------------------------------|--------------------------------|-------------------------------|
|--|-------------------------------|------------------------------------|--------------------------------|--------------------------------|-------------------------------|

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Cut down the <b>amount of time</b> you spent on work or other activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. <b>Accomplished less</b> than you would like.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Didn't do work or other activities as <b>carefully</b> as usual.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. **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?

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NOT AT ALL            | SLIGHTLY              | MODERATELY            | QUITE A BIT           | EXTREMELY             |

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

|                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NONE                  | VERY MILD             | MILD                  | MODERATE              | SEVERE                | VERY SEVERE           |

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

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NOT AT ALL            | A LITTLE BIT          | MODERATELY            | QUITE A BIT           | EXTREMELY             |

8. 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**:

|  | ALL<br>OF THE<br>TIME | MOST<br>OF THE<br>TIME | A GOOD<br>BIT OF<br>THE TIME | SOME OF<br>THE<br>TIME | A LITTLE<br>OF THE<br>TIME | NONE<br>OF THE<br>TIME |
|--|-----------------------|------------------------|------------------------------|------------------------|----------------------------|------------------------|
|--|-----------------------|------------------------|------------------------------|------------------------|----------------------------|------------------------|

|  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Did you feel <b>full of pep</b> ?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Have you been a <b>very nervous person</b> ?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Have you felt so down in the dumps that <b>nothing could cheer you up</b> ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Have you felt <b>calm and peaceful</b> ?                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Did you have a <b>lot of energy</b> ?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PLEASE CONTINUE ➡

8. Continued from page 4...

How much of the time during the past four weeks:

|  | ALL<br>OF THE<br>TIME | MOST<br>OF THE<br>TIME | A GOOD<br>BIT OF<br>THE TIME | SOME<br>OF THE<br>TIME | A LITTLE<br>OF THE<br>TIME | NONE<br>OF THE<br>TIME |
|--|-----------------------|------------------------|------------------------------|------------------------|----------------------------|------------------------|
| f. Have you felt<br><b>downhearted and blue?</b> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/>      | <input type="radio"/>  |
| g. Did you feel <b>worn out?</b>                 | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/>      | <input type="radio"/>  |
| h. Have you been a<br><b>happy person?</b>       | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/>      | <input type="radio"/>  |
| i. Did you feel <b>tired?</b>                    | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/>      | <input type="radio"/>  |

9. 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.)?

|                       |                       |                       |                         |                       |
|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| ALL OF<br>THE TIME    | MOST OF<br>THE TIME   | SOME OF<br>THE TIME   | A LITTLE OF<br>THE TIME | NONE OF<br>THE TIME   |

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

|  | DEFINITELY<br>TRUE    | MOSTLY<br>TRUE        | NOT<br>SURE           | MOSTLY<br>FALSE       | DEFINITELY<br>FALSE   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I seem to get sick a lot easier<br>than other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am as healthy as anybody<br>I know.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I expect my health to get worse.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My health is excellent.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

11. Compared to one year ago, how would you rate your *physical health* in general now?

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MUCH<br>BETTER        | SOMEWHAT<br>BETTER    | ABOUT THE<br>SAME     | SOMEWHAT<br>WORSE     | MUCH<br>WORSE         |

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

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MUCH<br>BETTER        | SOMEWHAT<br>BETTER    | ABOUT THE<br>SAME     | SOMEWHAT<br>WORSE     | MUCH<br>WORSE         |