## MOS Health Survey Day 0 (page 1 of 2)

| Patient Study ID  | Initia                   | ls                          |                              |             |  |  |  |  |  |  |
|---|--------------------------|-----------------------------|------------------------------|-------------|--|--|--|--|--|--|
| Date of Visit/ (dd/mmm/yyyy)  |                          |                             |                              |             |  |  |  |  |  |  |
|   |                          |                             |                              |             |  |  |  |  |  |  |
| 1. In general, would you say your health is: (check one)  |                          |                             |                              |             |  |  |  |  |  |  |
| ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor  |                          |                             |                              |             |  |  |  |  |  |  |
| 2. In general, compared to one year ago, how would you rate   | your prese               | nt health?                  | (check one)                  | )           |  |  |  |  |  |  |
| <ul> <li>☐ Much better now than one year ago</li> <li>☐ Some what better now than one year ago</li> <li>☐ About the same as one year ago</li> <li>☐ Somewhat worse than one year ago</li> <li>☐ Much worse than one year ago</li> </ul> |                          |                             |                              |             |  |  |  |  |  |  |
| 3. The following items are activities you might do during a ty in these activities? If so, how much? (Check one box for   | 1 2                      | -                           | r health nov                 | v limit you |  |  |  |  |  |  |
|   | 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.  b. <b>Moderate activities</b> , such as moving a table,  |                          |                             |                              | -           |  |  |  |  |  |  |
| pushing a vacuum cleaner, bowling, or playing golf.   |                          |                             |                              |             |  |  |  |  |  |  |
| c. Lifting or carrying groceries  |                          |                             |                              | -           |  |  |  |  |  |  |
| d. Climbing <b>several</b> flights of stairs  |                          |                             |                              | =           |  |  |  |  |  |  |
| e. Climbing <b>one</b> flight of stairs   |                          |                             |                              | =           |  |  |  |  |  |  |
| f. Bending, kneeling, or stooping   |                          |                             |                              | =           |  |  |  |  |  |  |
| g. Walking more than a mile   |                          |                             |                              | =           |  |  |  |  |  |  |
| h. Walking several blocks   |                          |                             |                              | =           |  |  |  |  |  |  |
| i. Walking <b>one block</b>   |                          |                             |                              | -           |  |  |  |  |  |  |
| j. Bathing or dressing yourself   |                          |                             |                              | •           |  |  |  |  |  |  |
| 4. During the past 4 weeks, have you had any of the following daily activities as a result of your physical health? (Check  |                          |                             |                              | ier regular |  |  |  |  |  |  |
|   |                          | Y                           | es No                        |             |  |  |  |  |  |  |
| a. Cut down on the amount of time you spent on work or  | other activ              | ities.                      |                              |             |  |  |  |  |  |  |
| b. Accomplished less than you like  |                          |                             |                              |             |  |  |  |  |  |  |
| c. Were limited in the <i>kind</i> of work or other activities  |                          |                             |                              | _           |  |  |  |  |  |  |
| d. Had <i>difficulty</i> performing the work or other activities (  | for exampl               | e, it                       |                              |             |  |  |  |  |  |  |
| took extra effort)  |                          |                             |                              | ]           |  |  |  |  |  |  |
|   |                          |                             |                              |             |  |  |  |  |  |  |

## MOS Health Survey Day 0 (Page 2 of 2)

| Patient Study ID   |          | Da       | ate of Vis | it/_      |         | _/    |         | (dd/mmm/yyyy |  |  |
|--|----------|----------|------------|-----------|---------|-------|---------|--------------|--|--|
| 5. During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item). |          |          |            |           |         |       |         |              |  |  |
|  |          |          |            |           |         | Yes   | No      | 7            |  |  |
| a. Cut down the amount of time   | vou sr   | ent on w | vork or ot | her activ | ities.  |       |         |              |  |  |
| b. Accomplished less than you  |          |          |            |           |         |       |         |              |  |  |
| c. Didn't do work or other activities as <i>carefully</i> as usual   |          |          |            |           |         |       |         |              |  |  |
|  |          |          | <i>-</i>   |           |         |       | I       | _            |  |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)               |          |          |            |           |         |       |         |              |  |  |
|  | Def      | initely  | Mostly     | Don't     | Mostl   | y D   | efinite |              |  |  |
|  | Tru      | e        | True       | Know      | False   | ly    | / False |              |  |  |
| a. I seem to get sick a little easier than people.   |          |          |            |           |         |       |         |              |  |  |
| b. I am as healthy as anybody I  |          |          |            |           |         |       |         |              |  |  |
| know.  |          |          |            |           |         |       |         |              |  |  |
| c. I expect my health to get   |          |          |            |           |         |       |         |              |  |  |
| worse.   |          |          |            |           |         |       |         |              |  |  |
| d. My health is excellent.   |          |          |            |           |         |       |         |              |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of        | s closes | t to the | way you l  | _         | -       |       |         | -            |  |  |
|  | None     | A Litt   | le Some    | A Go      | od N    | lost  | All of  |              |  |  |
|  | of the   | of the   | of the     |           |         | f the | the     |              |  |  |
|  | Time     | Time     | Time       | the Ti    | ime   T | ime   | Time    |              |  |  |
| a. Have you felt tense or high strung?   |          |          |            |           |         |       |         |              |  |  |
| b. Have you felt you had   |          |          |            |           |         |       |         |              |  |  |
| nothing to look forward to?  |          |          |            |           |         |       |         |              |  |  |
| c. Have you generally enjoyed the things you do?   |          |          |            |           |         |       |         |              |  |  |
| d. Have you been in low or   |          |          |            |           |         |       |         |              |  |  |
| very low spirits?  |          |          |            |           |         |       |         |              |  |  |
| e. Have you felt cheerful,   |          |          |            |           |         |       |         |              |  |  |
| lighthearted?  |          |          |            |           |         |       |         |              |  |  |
|  |          |          |            |           |         |       |         |              |  |  |

## MOS Health Survey Month 4 (page 1 of 2)

| Date of Visit/ (dd/mmm/yyyy)   |       |  |  |  |  |  |  |  |  |  |
|--|-------|--|--|--|--|--|--|--|--|--|
|  |       |  |  |  |  |  |  |  |  |  |
| 1. In general, would you say your health is: (check one)   |       |  |  |  |  |  |  |  |  |  |
| ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor   |       |  |  |  |  |  |  |  |  |  |
| 2. In general, compared to one year ago, how would you rate your present health? (check one)   |       |  |  |  |  |  |  |  |  |  |
| ☐ Much better now than one year ago  |       |  |  |  |  |  |  |  |  |  |
| Some what better now than one year ago   |       |  |  |  |  |  |  |  |  |  |
| About the same as one year ago   |       |  |  |  |  |  |  |  |  |  |
| Somewhat worse than one year ago   |       |  |  |  |  |  |  |  |  |  |
| ☐ Much worse than one year ago   |       |  |  |  |  |  |  |  |  |  |
| 3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)                          |       |  |  |  |  |  |  |  |  |  |
| Yes, Yes, No, Not  |       |  |  |  |  |  |  |  |  |  |
| Limited Limited Limited  |       |  |  |  |  |  |  |  |  |  |
| a. Vigorous activities, such as running, lifting   |       |  |  |  |  |  |  |  |  |  |
| a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.   |       |  |  |  |  |  |  |  |  |  |
| b. <b>Moderate activities</b> , such as moving a table,  |       |  |  |  |  |  |  |  |  |  |
| pushing a vacuum cleaner, bowling, or playing golf.  |       |  |  |  |  |  |  |  |  |  |
| c. Lifting or carrying groceries   |       |  |  |  |  |  |  |  |  |  |
| d. Climbing several flights of stairs  |       |  |  |  |  |  |  |  |  |  |
| e. Climbing <b>one</b> flight of stairs  |       |  |  |  |  |  |  |  |  |  |
| f. Bending, kneeling, or stooping  |       |  |  |  |  |  |  |  |  |  |
| g. Walking more than a mile  |       |  |  |  |  |  |  |  |  |  |
| h. Walking several blocks  |       |  |  |  |  |  |  |  |  |  |
| i. Walking one block   |       |  |  |  |  |  |  |  |  |  |
| j. Bathing or dressing yourself  |       |  |  |  |  |  |  |  |  |  |
| 4. During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other redaily activities as a result of your <u>physical</u> health? (Check one box for each item.) | gular |  |  |  |  |  |  |  |  |  |
| Yes No   |       |  |  |  |  |  |  |  |  |  |
| a. Cut down on the <i>amount of time</i> you spent on work or other activities.  |       |  |  |  |  |  |  |  |  |  |
| b. Accomplished less than you like   |       |  |  |  |  |  |  |  |  |  |
| c. Were limited in the <i>kind</i> of work or other activities   |       |  |  |  |  |  |  |  |  |  |
| d. Had <i>difficulty</i> performing the work or other activities (for example, it  |       |  |  |  |  |  |  |  |  |  |
| took extra effort)   |       |  |  |  |  |  |  |  |  |  |

## MOS Health Survey Month 4 (Page 2 of 2)

| Patient Study ID   |                     | Date                   | of Visit _         | /             | /_           |       | (d               | d/mmm/yyyy) |  |  |  |
|--|---------------------|------------------------|--------------------|---------------|--------------|-------|------------------|-------------|--|--|--|
| 5. During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item). |                     |                        |                    |               |              |       |                  |             |  |  |  |
|  |                     |                        |                    |               |              | Yes   | No               | 7           |  |  |  |
| a. Cut down the amount of time   | vou sp              | ent on wo              | ork or oth         | ner activ     | ities.       | 105   | 110              | 1           |  |  |  |
| b. Accomplished less than you would like   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| c. Didn't do work or other activities as <i>carefully</i> as usual   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| 6. How true or false is each of the fo   | ollowing            | g statemer             | nts for yo         | ou? (Che      | ck one       |       |                  | tem.)       |  |  |  |
|  | Def<br>True         | -                      | Mostly<br>True     | Don't<br>Know | Mostly False | ,     | efinite<br>False |             |  |  |  |
| a. I seem to get sick a little easier than people.   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| b. I am as healthy as anybody I know.  |                     |                        |                    |               |              |       |                  |             |  |  |  |
| c. I expect my health to get worse.  |                     |                        |                    |               |              |       |                  |             |  |  |  |
| d. My health is excellent.   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of        | s closes<br>one box | t to the w<br>for each | ay you h<br>item.) | ave beer      | n feeling    | g. Ho | w much           | •           |  |  |  |
|  | None of the         | A Little of the        | Some of the        |               |              | ost   | All of the       |             |  |  |  |
|  | Time                | Time                   | Time               | the Ti        |              | me    | Time             |             |  |  |  |
| a. Have you felt tense or high strung?   | Time                | Time                   | Time               | the 11        |              | me    | Time             |             |  |  |  |
| b. Have you felt you had nothing to look forward to?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| c. Have you generally enjoyed the things you do?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| d. Have you been in low or very low spirits?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| e. Have you felt cheerful, lighthearted?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
|  |                     |                        |                    |               |              |       |                  |             |  |  |  |

## MOS Health Survey Month 12 (page 1 of 2)

|      | Patient Study IDInitials [  |                          |                             |         |          |             |  |  |  |  |  |  |
|------|---|--------------------------|-----------------------------|---------|----------|-------------|--|--|--|--|--|--|
|      | Date of Visit/ (dd/mmm/yyyy)  |                          |                             |         |          |             |  |  |  |  |  |  |
|      |   |                          |                             |         |          |             |  |  |  |  |  |  |
| 1. I | n general, would you say your health is: (check one)  |                          |                             |         |          |             |  |  |  |  |  |  |
|      | ☐ Excellent ☐ Very good ☐ Good ☐ Fa   | air 🗌                    | Poor                        |         |          |             |  |  |  |  |  |  |
| 2. I | n general, compared to one year ago, how would you rate   | your prese               | ent health                  | ? (che  | ck one)  |             |  |  |  |  |  |  |
|      | <ul> <li>☐ Much better now than one year ago</li> <li>☐ Some what better now than one year ago</li> <li>☐ About the same as one year ago</li> <li>☐ Somewhat worse than one year ago</li> <li>☐ Much worse than one year ago</li> </ul> |                          |                             |         |          |             |  |  |  |  |  |  |
|      | The following items are activities you might do during a ty<br>in these activities? If so, how much? (Check one box for   |                          |                             | our hea | lth now  | ' limit you |  |  |  |  |  |  |
|      |   | Yes,<br>Limited<br>A Lot | Yes,<br>Limited<br>A Little |         | ited     |             |  |  |  |  |  |  |
|      | a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports.  |                          |                             |         |          |             |  |  |  |  |  |  |
|      | b. <b>Moderate activities</b> , such as moving a table,   |                          |                             |         |          |             |  |  |  |  |  |  |
|      | pushing a vacuum cleaner, bowling, or playing golf.   |                          |                             |         |          |             |  |  |  |  |  |  |
|      | c. Lifting or carrying groceries  |                          |                             |         |          |             |  |  |  |  |  |  |
|      | d. Climbing <b>several</b> flights of stairs  |                          |                             |         |          |             |  |  |  |  |  |  |
|      | e. Climbing <b>one</b> flight of stairs   |                          |                             |         |          |             |  |  |  |  |  |  |
|      | f. Bending, kneeling, or stooping   |                          |                             |         |          |             |  |  |  |  |  |  |
|      | g. Walking more than a mile   |                          |                             |         |          |             |  |  |  |  |  |  |
|      | h. Walking several blocks   |                          |                             |         |          |             |  |  |  |  |  |  |
|      | i. Walking one block  |                          |                             |         |          |             |  |  |  |  |  |  |
|      | j. Bathing or dressing yourself   |                          |                             |         |          | <u> </u>    |  |  |  |  |  |  |
|      | Ouring the past 4 weeks, have you had any of the following aily activities as a result of your physical health? (Check  |                          |                             |         | c or oth | er regular  |  |  |  |  |  |  |
|      |   |                          |                             | Yes     | No       |             |  |  |  |  |  |  |
|      | a. Cut down on the amount of time you spent on work or  | other activ              | vities.                     |         |          |             |  |  |  |  |  |  |
|      | b. Accomplished less than you like  |                          |                             |         |          |             |  |  |  |  |  |  |
|      | c. Were limited in the <i>kind</i> of work or other activities  |                          |                             |         |          |             |  |  |  |  |  |  |
|      | d. Had <i>difficulty</i> performing the work or other activities (took extra effort)  | (for examp               | le, it                      |         |          |             |  |  |  |  |  |  |
|      | ·   |                          | ,                           |         |          |             |  |  |  |  |  |  |

## MOS Health Survey Month 12 (Page 2 of 2)

| Patient Study ID   |  | Date       | of Visit       | /_            |                | /     | (                | dd/mmm/yyyy) |  |  |  |  |
|--|--|------------|----------------|---------------|----------------|-------|------------------|--------------|--|--|--|--|
| 5. During the <u>past 4 weeks</u> , had you had any of the following problems with your work or other regular daily activities as a result of any <u>emotional</u> problems (such as feeling depressed or anxious)? (Check one box for each item). |  |            |                |               |                |       |                  |              |  |  |  |  |
|  |  |            |                |               |                | Yes   | No               |              |  |  |  |  |
| a. Cut down the amount of time   | vou sp                                   | ent on wo  | ork or otl     | ner activ     | ities.         | 1 2 2 | 110              |              |  |  |  |  |
| ·  | b. Accomplished less than you would like |            |                |               |                |       |                  |              |  |  |  |  |
| c. Didn't do work or other activ   | vities as                                | carefully  | as usual       |               |                |       |                  |              |  |  |  |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)   |  |            |                |               |                |       |                  |              |  |  |  |  |
|  | Defi<br>True                             | -          | Mostly<br>True | Don't<br>Know | Mostl<br>False | 2     | efinite<br>False |              |  |  |  |  |
| a. I seem to get sick a little easier than people.   | Truc                                     |            | True           | Kilow         | Taise          | 1)    | / Taise          |              |  |  |  |  |
| b. I am as healthy as anybody I know.  | -  |            |                |               |                |       |                  |              |  |  |  |  |
| c. I expect my health to get worse.  |  |            |                |               |                |       |                  |              |  |  |  |  |
| d. My health is excellent.   |  |            |                |               |                |       |                  |              |  |  |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of  | s closes                                 | t to the w | ay you h       |               |                |       |                  |              |  |  |  |  |
|  | None                                     | A Little   | Some           | A Go          | od M           | lost  | All of           |              |  |  |  |  |
|  | of the                                   | of the     | of the         | Bit of        | o              | f the | the              |              |  |  |  |  |
|  | Time                                     | Time       | Time           | the Ti        | me T           | ime   | Time             |              |  |  |  |  |
| a. Have you felt tense or high strung?   |  |            |                |               |                |       |                  |              |  |  |  |  |
| b. Have you felt you had   |  |            |                |               |                |       |                  |              |  |  |  |  |
| nothing to look forward to?  |  |            |                |               |                |       |                  |              |  |  |  |  |
| c. Have you generally enjoyed the things you do?   |  |            |                |               |                |       |                  |              |  |  |  |  |
| d. Have you been in low or very low spirits?   |  |            |                |               |                |       |                  |              |  |  |  |  |
| e. Have you felt cheerful, lighthearted?   |  |            |                |               |                |       |                  |              |  |  |  |  |
|  |  |            |                |               |                |       |                  |              |  |  |  |  |

## MOS Health Survey Month 24 (page 1 of 2)

|    | Patient Study IDInitials  |                          |                             |        |                     |            |  |  |  |  |  |
|----|---|--------------------------|-----------------------------|--------|---------------------|------------|--|--|--|--|--|
|    | Date of Visit/ (dd/mmm/yyyy)  |                          |                             |        |                     |            |  |  |  |  |  |
|    |   |                          |                             |        |                     |            |  |  |  |  |  |
| 1. | In general, would you say your health is: (check one)   |                          |                             |        |                     |            |  |  |  |  |  |
|    | ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor  |                          |                             |        |                     |            |  |  |  |  |  |
| 2. | 2. In general, compared to one year ago, how would you rate your present health? (check one)  |                          |                             |        |                     |            |  |  |  |  |  |
|    | <ul> <li>Much better now than one year ago</li> <li>Some what better now than one year ago</li> <li>About the same as one year ago</li> <li>Somewhat worse than one year ago</li> <li>Much worse than one year ago</li> </ul> |                          |                             |        |                     |            |  |  |  |  |  |
| 3. | The following items are activities you might do during a ty in these activities? If so, how much? (Check one box for  |                          | •                           | ur hea | lth now             | limit you  |  |  |  |  |  |
|    |   | Yes,<br>Limited<br>A Lot | Yes,<br>Limited<br>A Little | Lim    | Not<br>nited<br>All |            |  |  |  |  |  |
|    | a. Vigorous activities, such as running, lifting  |                          |                             |        |                     |            |  |  |  |  |  |
|    | <ul><li>heavy objects, participating in strenuous sports.</li><li>b. Moderate activities, such as moving a table,</li></ul>   |                          |                             |        |                     |            |  |  |  |  |  |
|    | pushing a vacuum cleaner, bowling, or playing golf.   |                          |                             |        |                     |            |  |  |  |  |  |
|    | c. Lifting or carrying groceries  |                          |                             |        |                     |            |  |  |  |  |  |
|    | d. Climbing several flights of stairs   |                          |                             |        |                     |            |  |  |  |  |  |
|    | e. Climbing <b>one</b> flight of stairs   |                          |                             |        |                     |            |  |  |  |  |  |
|    | f. Bending, kneeling, or stooping   |                          |                             |        |                     |            |  |  |  |  |  |
|    | g. Walking more than a mile   |                          |                             |        |                     |            |  |  |  |  |  |
|    | h. Walking several blocks   |                          |                             |        |                     |            |  |  |  |  |  |
|    | i. Walking one block  |                          |                             |        |                     |            |  |  |  |  |  |
|    | j. Bathing or dressing yourself   |                          |                             |        |                     |            |  |  |  |  |  |
|    | During the past 4 weeks, have you had any of the following daily activities as a result of your physical health? (Check   |                          |                             |        | c or othe           | er regular |  |  |  |  |  |
|    |   |                          |                             | Yes    | No                  |            |  |  |  |  |  |
|    | a. Cut down on the amount of time you spent on work or  | other activ              | ities.                      |        |                     |            |  |  |  |  |  |
|    | b. Accomplished less than you like  |                          |                             |        |                     |            |  |  |  |  |  |
|    | c. Were limited in the <i>kind</i> of work or other activities  |                          |                             |        |                     |            |  |  |  |  |  |
|    | d. Had <i>difficulty</i> performing the work or other activities ( took extra effort)   | (for examp               | le, it                      | _      |                     |            |  |  |  |  |  |
|    |   | -                        |                             |        |                     | I          |  |  |  |  |  |

## MOS Health Survey Month 24 (Page 2 of 2)

| Patient Study ID   |  | Dat         | e of Visi  | it/      | /         | <u> </u>  | _ (dd/mmm/yyyy) |  |  |  |  |
|--|--|-------------|------------|----------|-----------|-----------|-----------------|--|--|--|--|
| 5. During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item).   | -  |             | _          | -        | -         |           |                 |  |  |  |  |
| Yes No   |  |             |            |          |           |           |                 |  |  |  |  |
| a Cut down the amount of time  | NOU CO   | ent on wo   | rk or oth  | or activ |           | 103 110   | ╡               |  |  |  |  |
| <ul><li>a. Cut down the <i>amount of time</i> you spent on work or other activities.</li><li>b. <i>Accomplished less</i> than you would like</li></ul> |  |             |            |          |           |           |                 |  |  |  |  |
| *  |  |             | 00 1101101 |          |           |           | -               |  |  |  |  |
| c. Didn't do work of other activ   | c. Didn't do work or other activities as <i>carefully</i> as usual |             |            |          |           |           |                 |  |  |  |  |
| 6. How true or false is each of the fo   | ollowing   | statemen    | ts for yo  | ou? (Che | ck one bo |           | item.)          |  |  |  |  |
|  | Defi   | nitely   1  | Mostly     | Don't    | Mostly    | Definite  |                 |  |  |  |  |
|  | True   | e []        | Γrue       | Know     | False     | ly False  |                 |  |  |  |  |
| a. I seem to get sick a little   |  |             |            |          |           |           |                 |  |  |  |  |
| easier than people.  |  |             |            |          |           |           |                 |  |  |  |  |
| b. I am as healthy as anybody I  |  |             |            |          |           |           |                 |  |  |  |  |
| know.  |  |             |            |          |           |           |                 |  |  |  |  |
| c. I expect my health to get   |  |             |            |          |           |           |                 |  |  |  |  |
| worse.   |  |             |            |          |           |           |                 |  |  |  |  |
| d. My health is excellent.   |  |             |            |          |           |           |                 |  |  |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of  | s closes   | t to the wa | ay you h   |          |           |           |                 |  |  |  |  |
|  | None   | A Little    | Some       | A Go     | od Mo     | st All of | 7 <b>I</b>      |  |  |  |  |
|  | of the   | of the      | of the     | Bit of   |           |           |                 |  |  |  |  |
|  | Time   | Time        | Time       | the Ti   |           |           |                 |  |  |  |  |
| a. Have you felt tense or high strung?   | Time   | Time        | Time       | unc 11   |           | ic Time   |                 |  |  |  |  |
| b. Have you felt you had   |  |             |            |          |           |           |                 |  |  |  |  |
| nothing to look forward to?  |  |             |            |          |           |           |                 |  |  |  |  |
| c. Have you generally enjoyed  |  |             |            |          |           |           | _               |  |  |  |  |
| the things you do?   |  |             |            |          |           |           | <b> </b>        |  |  |  |  |
| d. Have you been in low or   |  |             |            | +        |           |           | -  <b> </b>     |  |  |  |  |
| very low spirits?  |  |             |            |          |           |           |                 |  |  |  |  |
|  |  |             |            | +        |           |           | -  <b> </b>     |  |  |  |  |
| e. Have you felt cheerful,   |  |             |            |          |           |           | <b> </b>        |  |  |  |  |
| lighthearted?  |  |             |            |          |           |           | <b>」</b>        |  |  |  |  |
|  |  |             |            |          |           |           |                 |  |  |  |  |

## MOS Health Survey Month 36 (page 1 of 2)

| Patient S  | tudy ID   |  |                                |             | Initials     |                          |                             |         |          |                  |  |  |
|--|---|--|--------------------------------|-------------|--------------|--------------------------|-----------------------------|---------|----------|------------------|--|--|
| Date of V  | Date of Visit/ (dd/mmm/yyyy)  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  |   |  |                                |             |              |                          |                             |         |          |                  |  |  |
| 1. In genera   | l, would you  | say your                               | health                         | is: (chec   | k one)       |                          |                             |         |          |                  |  |  |
| ☐ Exce   | ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor                                  |  |                                |             |              |                          |                             |         |          |                  |  |  |
| 2. In general, compared to one year ago, how would you rate your present health? (check one) |   |  |                                |             |              |                          |                             |         |          |                  |  |  |
| ☐ Son ☐ Ab ☐ Son   | ch better now<br>me what bette<br>out the same<br>mewhat wors<br>ch worse tha | er now that<br>as one ye<br>e than one | an one g<br>ar ago<br>e year a | year ago    |              |                          |                             |         |          |                  |  |  |
|  | wing items a activities? If   |  |                                |             |              |                          |                             | our hea | lth now  | <u>limit you</u> |  |  |
|  |   |  |                                |             |              | Yes,<br>Limited<br>A Lot | Yes,<br>Limited<br>A Little |         | ited     |                  |  |  |
| _  | orous activit<br>vy objects, pa   |  |                                | -           | -            |                          |                             |         |          |                  |  |  |
|  | derate activi   |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | ing a vacuun  |  |                                |             |              |                          |                             |         |          |                  |  |  |
| c. Lift  | ing or carryir  | ng groceri                             | es                             |             |              |                          |                             |         |          |                  |  |  |
| d. Clin  | ibing <mark>severa</mark> l   | I flights of                           | f stairs                       |             |              |                          |                             |         |          |                  |  |  |
|  | bing <b>one</b> flig  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | ling, kneeling  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | king <b>more th</b>   |  | 2                              |             |              |                          |                             |         |          |                  |  |  |
|  | king several  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | ing one bloc  |  |                                |             |              |                          |                             |         |          |                  |  |  |
| j. Bath  | ing or dressir  | ng yoursel                             | f                              |             |              |                          |                             |         |          |                  |  |  |
|  | e <u>past 4 week</u><br>vities as a res                                       |  |                                |             |              |                          |                             |         | c or oth | er regular       |  |  |
|  |   |  |                                |             |              |                          |                             | Yes     | No       |                  |  |  |
| a. Cut d   | lown on the a   | amount of                              | time y                         | ou spent o  | on work or   | other activ              | vities.                     |         |          |                  |  |  |
|  | mplished less   |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | limited in th   |  |                                | or other ac | tivities     |                          |                             |         |          |                  |  |  |
|  | difficulty per<br>extra effort)   | forming th                             | ne worl                        | k or other  | activities ( | for examp                | ole, it                     |         |          |                  |  |  |
| L  |   |  |                                |             |              |                          |                             |         |          |                  |  |  |

## MOS Health Survey Month 36 (Page 2 of 2)

| Patient Study ID   |                     | Date                   | of Visit _         | /             | /_           |       | (d               | d/mmm/yyyy) |  |  |  |
|--|---------------------|------------------------|--------------------|---------------|--------------|-------|------------------|-------------|--|--|--|
| 5. During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item). |                     |                        |                    |               |              |       |                  |             |  |  |  |
|  |                     |                        |                    |               |              | Yes   | No               | 7           |  |  |  |
| a. Cut down the amount of time   | vou sp              | ent on wo              | ork or oth         | ner activ     | ities.       | 105   | 110              | 1           |  |  |  |
| b. Accomplished less than you would like   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| c. Didn't do work or other activities as <i>carefully</i> as usual   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| 6. How true or false is each of the fo   | ollowing            | g statemer             | nts for yo         | ou? (Che      | ck one       |       |                  | tem.)       |  |  |  |
|  | Def<br>True         | -                      | Mostly<br>True     | Don't<br>Know | Mostly False | ,     | efinite<br>False |             |  |  |  |
| a. I seem to get sick a little easier than people.   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| b. I am as healthy as anybody I know.  |                     |                        |                    |               |              |       |                  |             |  |  |  |
| c. I expect my health to get worse.  |                     |                        |                    |               |              |       |                  |             |  |  |  |
| d. My health is excellent.   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of        | s closes<br>one box | t to the w<br>for each | ay you h<br>item.) | ave beer      | n feeling    | g. Ho | w much           | •           |  |  |  |
|  | None of the         | A Little of the        | Some of the        |               |              | ost   | All of the       |             |  |  |  |
|  | Time                | Time                   | Time               | the Ti        |              | me    | Time             |             |  |  |  |
| a. Have you felt tense or high strung?   | Time                | Time                   | Time               | the 11        |              | me    | Time             |             |  |  |  |
| b. Have you felt you had nothing to look forward to?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| c. Have you generally enjoyed the things you do?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| d. Have you been in low or very low spirits?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
| e. Have you felt cheerful, lighthearted?   |                     |                        |                    |               |              |       |                  |             |  |  |  |
|  |                     |                        |                    |               |              |       |                  |             |  |  |  |

## MOS Health Survey Month 48 (page 1 of 2)

| Patient S  | tudy ID   |  |                                |             | Initials     |                          |                             |         |          |                  |  |  |
|--|---|--|--------------------------------|-------------|--------------|--------------------------|-----------------------------|---------|----------|------------------|--|--|
| Date of V  | Date of Visit/ (dd/mmm/yyyy)  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  |   |  |                                |             |              |                          |                             |         |          |                  |  |  |
| 1. In genera   | l, would you  | say your                               | health                         | is: (chec   | k one)       |                          |                             |         |          |                  |  |  |
| ☐ Exce   | ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor                                  |  |                                |             |              |                          |                             |         |          |                  |  |  |
| 2. In general, compared to one year ago, how would you rate your present health? (check one) |   |  |                                |             |              |                          |                             |         |          |                  |  |  |
| ☐ Son ☐ Ab ☐ Son   | ch better now<br>me what bette<br>out the same<br>mewhat wors<br>ch worse tha | er now that<br>as one ye<br>e than one | an one g<br>ar ago<br>e year a | year ago    |              |                          |                             |         |          |                  |  |  |
|  | wing items a activities? If   |  |                                |             |              |                          |                             | our hea | lth now  | <u>limit you</u> |  |  |
|  |   |  |                                |             |              | Yes,<br>Limited<br>A Lot | Yes,<br>Limited<br>A Little |         | ited     |                  |  |  |
| _  | orous activit<br>vy objects, pa   |  |                                | -           | -            |                          |                             |         |          |                  |  |  |
|  | derate activi   |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | ing a vacuun  |  |                                |             |              |                          |                             |         |          |                  |  |  |
| c. Lift  | ing or carryir  | ng groceri                             | es                             |             |              |                          |                             |         |          |                  |  |  |
| d. Clin  | ibing <mark>severa</mark> l   | I flights of                           | f stairs                       |             |              |                          |                             |         |          |                  |  |  |
|  | bing <b>one</b> flig  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | ling, kneeling  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | king <b>more th</b>   |  | 2                              |             |              |                          |                             |         |          |                  |  |  |
|  | king several  |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | ing one bloc  |  |                                |             |              |                          |                             |         |          |                  |  |  |
| j. Bath  | ing or dressir  | ng yoursel                             | f                              |             |              |                          |                             |         |          |                  |  |  |
|  | e <u>past 4 week</u><br>vities as a res                                       |  |                                |             |              |                          |                             |         | c or oth | er regular       |  |  |
|  |   |  |                                |             |              |                          |                             | Yes     | No       |                  |  |  |
| a. Cut d   | lown on the a   | amount of                              | time y                         | ou spent o  | on work or   | other activ              | vities.                     |         |          |                  |  |  |
|  | mplished less   |  |                                |             |              |                          |                             |         |          |                  |  |  |
|  | limited in th   |  |                                | or other ac | tivities     |                          |                             |         |          |                  |  |  |
|  | difficulty per<br>extra effort)   | forming th                             | ne worl                        | k or other  | activities ( | for examp                | ole, it                     |         |          |                  |  |  |
| L  |   |  |                                |             |              |                          |                             |         |          |                  |  |  |

## MOS Health Survey Month 48 (Page 2 of 2)

| Patient Study ID   |  | Date       | of Visit <sub>-</sub> | /             | /              |       | (d               | d/mmm/yyyy) |  |  |  |  |
|--|--|------------|-----------------------|---------------|----------------|-------|------------------|-------------|--|--|--|--|
| 5. During the <u>past 4 weeks</u> , had you had any of the following problems with your work or other regular daily activities as a result of any <u>emotional</u> problems (such as feeling depressed or anxious)? (Check one box for each item).   |  |            |                       |               |                |       |                  |             |  |  |  |  |
|  |  |            |                       |               |                | Yes   | No               | 7           |  |  |  |  |
| a. Cut down the amount of time   | vou sp   | ent on wo  | rk or oth             | ner activ     | ities.         | 1 100 | 1,0              |             |  |  |  |  |
| b. Accomplished less than you  |  |            |                       |               |                |       |                  |             |  |  |  |  |
| c. Didn't do work or other activ   | c. Didn't do work or other activities as <i>carefully</i> as usual |            |                       |               |                |       |                  |             |  |  |  |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)   |  |            |                       |               |                |       |                  |             |  |  |  |  |
|  | Defi<br>True   | -          | Mostly<br>True        | Don't<br>Know | Mostl<br>False | 2     | efinite<br>False |             |  |  |  |  |
| a. I seem to get sick a little easier than people.   | Truc   |            | Truc                  | Know          | Taise          |       | i aisc           |             |  |  |  |  |
| b. I am as healthy as anybody I know.  |  |            |                       |               |                |       |                  |             |  |  |  |  |
| c. I expect my health to get worse.  |  |            |                       |               |                |       |                  |             |  |  |  |  |
| d. My health is excellent.   |  |            |                       |               |                |       |                  |             |  |  |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of the check of the c | s closes   | t to the w | ay you h              |               |                |       |                  |             |  |  |  |  |
|  | None   | A Little   | Some                  | A Go          | od M           | lost  | All of           |             |  |  |  |  |
|  | of the   | of the     | of the                |               |                | f the | the              |             |  |  |  |  |
|  | Time   | Time       | Time                  | the Ti        | me T           | ime   | Time             |             |  |  |  |  |
| a. Have you felt tense or high strung?   |  |            |                       |               |                |       |                  |             |  |  |  |  |
| b. Have you felt you had   |  |            |                       |               |                |       |                  |             |  |  |  |  |
| nothing to look forward to?  |  |            |                       |               |                |       |                  |             |  |  |  |  |
| c. Have you generally enjoyed the things you do?   |  |            |                       |               |                |       |                  |             |  |  |  |  |
| d. Have you been in low or very low spirits?   |  |            |                       |               |                |       |                  |             |  |  |  |  |
| e. Have you felt cheerful, lighthearted?   |  |            |                       |               |                |       |                  |             |  |  |  |  |
|  |  |            |                       |               |                |       |                  |             |  |  |  |  |

# MOS Health Survey Month 60 (page 1 of 2)

| Patient Study ID Initials   |                                   |           |                     |            |  |  |  |  |  |  |
|---|-----------------------------------|-----------|---------------------|------------|--|--|--|--|--|--|
| Date of Visit/ (dd/mmm/yyyy)  |                                   |           |                     |            |  |  |  |  |  |  |
|   |                                   |           |                     |            |  |  |  |  |  |  |
| 1. In general, would you say your health is: (check one)  |                                   |           |                     |            |  |  |  |  |  |  |
| ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor  |                                   |           |                     |            |  |  |  |  |  |  |
| 2. In general, compared to one year ago, how would you rate you   | ur present hea                    | lth? (che | ck one)             |            |  |  |  |  |  |  |
| <ul> <li>☐ Much better now than one year ago</li> <li>☐ Some what better now than one year ago</li> <li>☐ About the same as one year ago</li> <li>☐ Somewhat worse than one year ago</li> <li>☐ Much worse than one year ago</li> </ul> |                                   |           |                     |            |  |  |  |  |  |  |
| 3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)   |                                   |           |                     |            |  |  |  |  |  |  |
| Li  | Yes,<br>imited Limit<br>Lot A Lit | ted Lim   | Not<br>nited<br>All |            |  |  |  |  |  |  |
| a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports.  |                                   |           |                     |            |  |  |  |  |  |  |
| b. <b>Moderate activities</b> , such as moving a table,   |                                   |           |                     |            |  |  |  |  |  |  |
| pushing a vacuum cleaner, bowling, or playing golf.   |                                   |           |                     |            |  |  |  |  |  |  |
| c. Lifting or carrying groceries  |                                   |           |                     |            |  |  |  |  |  |  |
| d. Climbing <b>several</b> flights of stairs  |                                   |           |                     |            |  |  |  |  |  |  |
| e. Climbing <b>one</b> flight of stairs   |                                   |           |                     |            |  |  |  |  |  |  |
| f. Bending, kneeling, or stooping   |                                   |           |                     |            |  |  |  |  |  |  |
| g. Walking more than a mile   |                                   |           |                     |            |  |  |  |  |  |  |
| h. Walking several blocks   |                                   |           |                     |            |  |  |  |  |  |  |
| i. Walking <b>one block</b>   |                                   |           |                     |            |  |  |  |  |  |  |
| j. Bathing or dressing yourself   |                                   |           |                     |            |  |  |  |  |  |  |
| 4. During the <u>past 4 weeks</u> , have you had any of the following pr daily activities as a result of your <u>physical</u> health? (Check one  |                                   |           | c or oth            | er regular |  |  |  |  |  |  |
|   |                                   | Yes       | No                  |            |  |  |  |  |  |  |
| a. Cut down on the amount of time you spent on work or oth  | ner activities.                   |           |                     |            |  |  |  |  |  |  |
| b. Accomplished less than you like  |                                   |           |                     |            |  |  |  |  |  |  |
| c. Were limited in the <i>kind</i> of work or other activities  |                                   |           |                     |            |  |  |  |  |  |  |
| d. Had <i>difficulty</i> performing the work or other activities (for took extra effort)  | example, it                       |           |                     |            |  |  |  |  |  |  |
|   |                                   | •         |                     | •          |  |  |  |  |  |  |

## MOS Health Survey Month 60 (Page 2 of 2)

| Patient Study ID   |             | Date       | of Visit       | /_            | /               |     | (                | dd/mmm/yyyy) |  |  |
|--|-------------|------------|----------------|---------------|-----------------|-----|------------------|--------------|--|--|
| 5. During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item).   |             |            |                |               |                 |     |                  |              |  |  |
|  |             |            |                |               |                 | Yes | No               | 7            |  |  |
| a. Cut down the amount of time   | vou sp      | ent on wo  | ork or oth     | ner activi    | ities.          | 105 | 110              | ┪            |  |  |
| b. Accomplished less than you  |             |            |                |               |                 |     |                  |              |  |  |
| c. Didn't do work or other activities as <i>carefully</i> as usual   |             |            |                |               |                 |     |                  |              |  |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)   |             |            |                |               |                 |     |                  |              |  |  |
|  | Def<br>True | -          | Mostly<br>True | Don't<br>Know | Mostly<br>False |     | efinite<br>False |              |  |  |
| a. I seem to get sick a little easier than people.   |             |            |                |               | - 0120          |     |                  |              |  |  |
| b. I am as healthy as anybody I know.  |             |            |                |               |                 |     |                  |              |  |  |
| c. I expect my health to get worse.  |             |            |                |               |                 |     |                  |              |  |  |
| d. My health is excellent.   |             |            |                |               |                 |     |                  |              |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of the check of the c | s closes    | t to the w | ay you h       | _             | -               |     |                  | -            |  |  |
|  | None        | A Little   | Some           | A Goo         | od Me           | ost | All of           |              |  |  |
|  | of the      | of the     | of the         |               | ı               | -   | the              |              |  |  |
|  | Time        | Time       | Time           | the Ti        | me Ti           | me  | Time             |              |  |  |
| a. Have you felt tense or high strung?   |             |            |                |               |                 |     |                  |              |  |  |
| b. Have you felt you had   |             |            |                |               |                 |     |                  |              |  |  |
| nothing to look forward to?  |             |            |                |               |                 |     |                  |              |  |  |
| c. Have you generally enjoyed the things you do?   |             |            |                |               |                 |     |                  |              |  |  |
| d. Have you been in low or very low spirits?   |             |            |                |               |                 |     |                  |              |  |  |
| e. Have you felt cheerful, lighthearted?   |             |            |                |               |                 |     |                  |              |  |  |
|  |             |            |                |               |                 |     |                  |              |  |  |

## MOS Health Survey Month 72 (page 1 of 2)

| Patient Study ID  | Initials                        |                    |           |            |  |  |  |  |  |  |
|---|---------------------------------|--------------------|-----------|------------|--|--|--|--|--|--|
| Date of Visit/ (dd/mmm/yyyy)  |                                 |                    |           |            |  |  |  |  |  |  |
|   | -                               |                    |           |            |  |  |  |  |  |  |
| 1. In general, would you say your health is: (ch  | eck one)                        |                    |           |            |  |  |  |  |  |  |
| ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor  |                                 |                    |           |            |  |  |  |  |  |  |
| 2. In general, compared to one year ago, how w  |                                 |                    | ck one)   |            |  |  |  |  |  |  |
| ☐ Much better now than one year ago   | , , ,                           | `                  | ,         |            |  |  |  |  |  |  |
| Some what better now than one year ago  | 10                              |                    |           |            |  |  |  |  |  |  |
|   | ;U                              |                    |           |            |  |  |  |  |  |  |
| About the same as one year ago  |                                 |                    |           |            |  |  |  |  |  |  |
| Somewhat worse than one year ago  |                                 |                    |           |            |  |  |  |  |  |  |
| Much worse than one year ago  |                                 |                    |           |            |  |  |  |  |  |  |
| 3. The following items are activities you might   |                                 | es <u>your hea</u> | lth now   | limit you  |  |  |  |  |  |  |
| in these activities? If so, how much? (Chec   | k one box for each item)        |                    |           |            |  |  |  |  |  |  |
|   | Yes, Yes                        | s, No,             | Not       |            |  |  |  |  |  |  |
|   |                                 |                    | nited     |            |  |  |  |  |  |  |
| 77.   |                                 | Little At A        | All       |            |  |  |  |  |  |  |
| a. <b>Vigorous activities</b> , such as running, li   | <u> </u>                        |                    |           |            |  |  |  |  |  |  |
| <ul><li>heavy objects, participating in strenuou</li><li>b. Moderate activities, such as moving a</li></ul> |                                 |                    |           |            |  |  |  |  |  |  |
| pushing a vacuum cleaner, bowling, or   |                                 |                    |           |            |  |  |  |  |  |  |
| c. Lifting or carrying groceries  | ,,                              |                    |           |            |  |  |  |  |  |  |
| d. Climbing <b>several</b> flights of stairs  |                                 |                    |           |            |  |  |  |  |  |  |
| e. Climbing <b>one</b> flight of stairs   |                                 |                    |           |            |  |  |  |  |  |  |
| f. Bending, kneeling, or stooping   |                                 |                    |           |            |  |  |  |  |  |  |
| g. Walking more than a mile   |                                 |                    |           |            |  |  |  |  |  |  |
| h. Walking several blocks   |                                 |                    |           |            |  |  |  |  |  |  |
| i. Walking one block  |                                 |                    |           |            |  |  |  |  |  |  |
| j. Bathing or dressing yourself   |                                 |                    |           |            |  |  |  |  |  |  |
| 4. During the past 4 weeks, have you had any or   | the following problems with     | n your wor         | k or othe | er regular |  |  |  |  |  |  |
| daily activities as a result of your physical he  |                                 |                    |           |            |  |  |  |  |  |  |
|   |                                 | Yes                | No        |            |  |  |  |  |  |  |
| a. Cut down on the <i>amount of time</i> you spe  | nt on work or other activities  |                    | 110       |            |  |  |  |  |  |  |
| b. Accomplished less than you like  |                                 | -                  |           |            |  |  |  |  |  |  |
| c. Were limited in the <i>kind</i> of work or othe  | activities                      |                    |           |            |  |  |  |  |  |  |
| d. Had difficulty performing the work or ot   | ner activities (for example, it |                    |           |            |  |  |  |  |  |  |
| took extra effort)  |                                 |                    |           |            |  |  |  |  |  |  |
|   |                                 |                    |           |            |  |  |  |  |  |  |

## MOS Health Survey Month 72 (Page 2 of 2)

| ent Study ID  |             |            | ate of V           | isit          | _/        | /_   |                      | (dd/mmm/yy     |
|---|-------------|------------|--------------------|---------------|-----------|--|----------------------|----------------|
| During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item). |             |            |                    |               |           |  |                      |                |
|   |             |            |                    |               |           | Y  | es No                |                |
| a. Cut down the amount of tim   | e vou sp    | ent on wo  | ork or otl         | ner activ     | ities     |  | 05 110               | $\dashv$       |
| b. Accomplished less than you   |             |            |                    |               |           |  |                      |                |
| c. Didn't do work or other acti   |             |            | as usua            |               |           |  |                      |                |
| How true or false is each of the f  | ollowing    | g stateme  | nts for yo         | ou? (Che      | eck o     | ne box   | for each             | item.)         |
|   | Def<br>True | -          | Mostly<br>True     | Don't<br>Know | Mo<br>Fal | 2  | Definite<br>ly False |                |
| a. I seem to get sick a little easier than people.  |             |            | 1140               | THIOW         | 1 4       |  | 19 1 4150            |                |
| b. I am as healthy as anybody know.   | I           |            |                    |               |           |  |                      |                |
| c. I expect my health to get worse.   |             |            |                    |               |           |  |                      |                |
| d. My health is excellent.  |             |            |                    |               |           |  |                      |                |
| These questions are about how the please give the answer that come during the past 4 weeks (Check           | es closes   | t to the w | ay you h<br>item.) | A Go          | od        |  | All of the           | th of the time |
| a. Have you felt tense or high strung?  | Time        | Time       | Time               |               |           | Time   | Time                 |                |
| b. Have you felt you had  |             |            |                    |               |           |  |                      |                |
|   |             |            |                    |               |           | <del>                                     </del> | -                    | $\dashv$       |
| nothing to look forward to?  c. Have you generally enjoyed  |             |            |                    |               |           |  |                      |                |
| nothing to look forward to?   |             |            |                    |               |           |  |                      |                |

## MOS Health Survey Month 84 (page 1 of 2)

| Patient S        | tudy ID   |  |                                |             | Initials     |                          |                             |         |          |                  |  |
|------------------|---|--|--------------------------------|-------------|--------------|--------------------------|-----------------------------|---------|----------|------------------|--|
| Date of V        | Date of Visit/ (dd/mmm/yyyy)  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  |   |  |                                |             |              |                          |                             |         |          |                  |  |
| 1. In genera     | l, would you  | say your                               | health                         | is: (chec   | k one)       |                          |                             |         |          |                  |  |
| ☐ Exce           | ellent  | Very goo                               | d [                            | Good        | ☐ Fa         | ir 🗀                     | ] Poor                      |         |          |                  |  |
| 2. In genera     | l, compared t   | to one yea                             | ır ago,                        | how wou     | ld you rate  | your prese               | ent health                  | n? (che | ck one)  |                  |  |
| ☐ Son ☐ Ab ☐ Son | ch better now<br>me what bette<br>out the same<br>mewhat wors<br>ch worse tha | er now that<br>as one ye<br>e than one | an one g<br>ar ago<br>e year a | year ago    |              |                          |                             |         |          |                  |  |
|                  | wing items a activities? If   |  |                                |             |              |                          |                             | our hea | lth now  | <u>limit you</u> |  |
|                  |   |  |                                |             |              | Yes,<br>Limited<br>A Lot | Yes,<br>Limited<br>A Little |         | ited     |                  |  |
| _                | orous activit<br>vy objects, pa   |  |                                | -           | -            |                          |                             |         |          |                  |  |
|                  | derate activi   |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | ing a vacuun  |  |                                |             |              |                          |                             |         |          |                  |  |
| c. Lift          | ing or carryir  | ng groceri                             | es                             |             |              |                          |                             |         |          |                  |  |
| d. Clin          | ibing <mark>severa</mark> l   | I flights of                           | f stairs                       |             |              |                          |                             |         |          |                  |  |
|                  | bing <b>one</b> flig  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | ling, kneeling  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | king <b>more th</b>   |  | 2                              |             |              |                          |                             |         |          |                  |  |
|                  | king several  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | ing one bloc  |  |                                |             |              |                          |                             |         |          |                  |  |
| j. Bath          | ing or dressir  | ng yoursel                             | f                              |             |              |                          |                             |         |          |                  |  |
|                  | e <u>past 4 week</u><br>vities as a res                                       |  |                                |             |              |                          |                             |         | c or oth | er regular       |  |
|                  |   |  |                                |             |              |                          |                             | Yes     | No       |                  |  |
| a. Cut d         | lown on the a   | amount of                              | time y                         | ou spent o  | on work or   | other activ              | vities.                     |         |          |                  |  |
|                  | mplished less   |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | limited in th   |  |                                | or other ac | tivities     |                          |                             |         |          |                  |  |
|                  | difficulty per<br>extra effort)   | forming th                             | ne worl                        | k or other  | activities ( | for examp                | ole, it                     |         |          |                  |  |
| L                |   |  |                                |             |              |                          |                             |         |          |                  |  |

## MOS Health Survey Month 84 (Page 2 of 2)

| Patient Study ID   |                     | Date                   | of Visit           | /_            |                | /         | (                   | dd/mmm/yyyy) |  |
|--|---------------------|------------------------|--------------------|---------------|----------------|-----------|---------------------|--------------|--|
| 5. During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item). |                     |                        |                    |               |                |           |                     |              |  |
|  |                     |                        |                    |               |                | Yes       | s No                |              |  |
| a. Cut down the amount of time   | you sp              | ent on w               | ork or oth         | ner activ     | ities.         |           |                     |              |  |
| b. Accomplished less than you  | would li            | ike                    |                    |               |                |           |                     |              |  |
| c. Didn't do work or other activ   | vities as           | carefully              | as usual           |               |                |           |                     |              |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)               |                     |                        |                    |               |                |           |                     |              |  |
|  | Defi<br>True        | -                      | Mostly<br>True     | Don't<br>Know | Mostl<br>False | 2         | Definite<br>y False |              |  |
| a. I seem to get sick a little easier than people.   | Trux                |                        | Truc               | TCHOW         | Tuise          |           | y i disc            |              |  |
| b. I am as healthy as anybody I know.  |                     |                        |                    |               |                |           |                     |              |  |
| c. I expect my health to get worse.  |                     |                        |                    |               |                |           |                     |              |  |
| d. My health is excellent.   |                     |                        |                    |               |                |           |                     |              |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of        | s closes<br>one box | t to the w<br>for each | ay you h<br>item.) | ave beei      | n feelin       | g. Ho     | w much              |              |  |
|  | None                | A Little               |                    |               |                | lost      | All of              |              |  |
|  | of the<br>Time      | of the<br>Time         | of the Time        | Bit of the Ti |                | f the ime | the<br>Time         |              |  |
| a. Have you felt tense or high strung?   | Time                | Time                   | Time               | uite 11       |                | iiiie     | Time                |              |  |
| b. Have you felt you had   |                     |                        |                    |               |                |           |                     |              |  |
| nothing to look forward to?  |                     |                        |                    |               |                |           |                     |              |  |
| c. Have you generally enjoyed the things you do?   |                     |                        |                    |               |                |           |                     |              |  |
| d. Have you been in low or very low spirits?   |                     |                        |                    |               |                |           |                     |              |  |
| e. Have you felt cheerful, lighthearted?   |                     |                        |                    |               |                |           |                     |              |  |
|  |                     |                        |                    |               |                |           |                     |              |  |

## MOS Health Survey Month 96 (page 1 of 2)

| Patient Study ID Initials   |                                   |           |                     |            |  |  |  |  |  |  |
|---|-----------------------------------|-----------|---------------------|------------|--|--|--|--|--|--|
| Date of Visit/ (dd/mmm/yyyy)  |                                   |           |                     |            |  |  |  |  |  |  |
|   |                                   |           |                     |            |  |  |  |  |  |  |
| 1. In general, would you say your health is: (check one)  |                                   |           |                     |            |  |  |  |  |  |  |
| ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor  |                                   |           |                     |            |  |  |  |  |  |  |
| 2. In general, compared to one year ago, how would you rate you   | ur present hea                    | lth? (che | ck one)             |            |  |  |  |  |  |  |
| <ul> <li>☐ Much better now than one year ago</li> <li>☐ Some what better now than one year ago</li> <li>☐ About the same as one year ago</li> <li>☐ Somewhat worse than one year ago</li> <li>☐ Much worse than one year ago</li> </ul> |                                   |           |                     |            |  |  |  |  |  |  |
| 3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)   |                                   |           |                     |            |  |  |  |  |  |  |
| Li  | Yes,<br>imited Limit<br>Lot A Lit | ted Lim   | Not<br>nited<br>All |            |  |  |  |  |  |  |
| a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports.  |                                   |           |                     |            |  |  |  |  |  |  |
| b. <b>Moderate activities</b> , such as moving a table,   |                                   |           |                     |            |  |  |  |  |  |  |
| pushing a vacuum cleaner, bowling, or playing golf.   |                                   |           |                     |            |  |  |  |  |  |  |
| c. Lifting or carrying groceries  |                                   |           |                     |            |  |  |  |  |  |  |
| d. Climbing <b>several</b> flights of stairs  |                                   |           |                     |            |  |  |  |  |  |  |
| e. Climbing <b>one</b> flight of stairs   |                                   |           |                     |            |  |  |  |  |  |  |
| f. Bending, kneeling, or stooping   |                                   |           |                     |            |  |  |  |  |  |  |
| g. Walking more than a mile   |                                   |           |                     |            |  |  |  |  |  |  |
| h. Walking several blocks   |                                   |           |                     |            |  |  |  |  |  |  |
| i. Walking <b>one block</b>   |                                   |           |                     |            |  |  |  |  |  |  |
| j. Bathing or dressing yourself   |                                   |           |                     |            |  |  |  |  |  |  |
| 4. During the <u>past 4 weeks</u> , have you had any of the following pr daily activities as a result of your <u>physical</u> health? (Check one  |                                   |           | c or oth            | er regular |  |  |  |  |  |  |
|   |                                   | Yes       | No                  |            |  |  |  |  |  |  |
| a. Cut down on the amount of time you spent on work or oth  | ner activities.                   |           |                     |            |  |  |  |  |  |  |
| b. Accomplished less than you like  |                                   |           |                     |            |  |  |  |  |  |  |
| c. Were limited in the <i>kind</i> of work or other activities  |                                   |           |                     |            |  |  |  |  |  |  |
| d. Had <i>difficulty</i> performing the work or other activities (for took extra effort)  | example, it                       |           |                     |            |  |  |  |  |  |  |
|   |                                   | •         |                     | •          |  |  |  |  |  |  |

## MOS Health Survey Month 96 (Page 2 of 2)

| Patient Study ID  |  | Date       | of Visit       | /_            |                | /     | (                | dd/mmm/yyyy) |  |  |  |  |
|---|--|------------|----------------|---------------|----------------|-------|------------------|--------------|--|--|--|--|
|   | 5. During the <u>past 4 weeks</u> , had you had any of the following problems with your work or other regular daily activities as a result of any <u>emotional</u> problems (such as feeling depressed or anxious)? (Check one box for each item). |            |                |               |                |       |                  |              |  |  |  |  |
|   |  |            |                |               |                | Yes   | No               |              |  |  |  |  |
| a. Cut down the amount of time  | vou sp   | ent on wo  | ork or otl     | ner activ     | ities.         | 1 2 2 | 110              |              |  |  |  |  |
| b. Accomplished less than you   |  |            |                |               |                |       |                  |              |  |  |  |  |
| c. Didn't do work or other activ  | vities as  | carefully  | as usual       |               |                |       |                  |              |  |  |  |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)        |  |            |                |               |                |       |                  |              |  |  |  |  |
|   | Defi<br>True   | -          | Mostly<br>True | Don't<br>Know | Mostl<br>False | 2     | efinite<br>False |              |  |  |  |  |
| a. I seem to get sick a little easier than people.  | Truc   |            | True           | Kilow         | Taise          | 1)    | / Taise          |              |  |  |  |  |
| b. I am as healthy as anybody I know.   | -  |            |                |               |                |       |                  |              |  |  |  |  |
| c. I expect my health to get worse.   |  |            |                |               |                |       |                  |              |  |  |  |  |
| d. My health is excellent.  |  |            |                |               |                |       |                  |              |  |  |  |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check of | s closes   | t to the w | ay you h       |               |                |       |                  |              |  |  |  |  |
|   | None   | A Little   | Some           | A Go          | od M           | lost  | All of           |              |  |  |  |  |
|   | of the   | of the     | of the         | Bit of        | o              | f the | the              |              |  |  |  |  |
|   | Time   | Time       | Time           | the Ti        | me T           | ime   | Time             |              |  |  |  |  |
| a. Have you felt tense or high strung?  |  |            |                |               |                |       |                  |              |  |  |  |  |
| b. Have you felt you had  |  |            |                |               |                |       |                  |              |  |  |  |  |
| nothing to look forward to?   |  |            |                |               |                |       |                  |              |  |  |  |  |
| c. Have you generally enjoyed the things you do?  |  |            |                |               |                |       |                  |              |  |  |  |  |
| d. Have you been in low or very low spirits?  |  |            |                |               |                |       |                  |              |  |  |  |  |
| e. Have you felt cheerful, lighthearted?  |  |            |                |               |                |       |                  |              |  |  |  |  |
|   |  |            |                |               |                |       |                  |              |  |  |  |  |

## MOS Health Survey Month 108 (page 1 of 2)

| Patient Study ID Initials   |                                   |           |                     |            |  |  |  |  |  |  |
|---|-----------------------------------|-----------|---------------------|------------|--|--|--|--|--|--|
| Date of Visit/ (dd/mmm/yyyy)  |                                   |           |                     |            |  |  |  |  |  |  |
|   |                                   |           |                     |            |  |  |  |  |  |  |
| 1. In general, would you say your health is: (check one)  |                                   |           |                     |            |  |  |  |  |  |  |
| ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor  |                                   |           |                     |            |  |  |  |  |  |  |
| 2. In general, compared to one year ago, how would you rate you   | ur present hea                    | lth? (che | ck one)             |            |  |  |  |  |  |  |
| <ul> <li>☐ Much better now than one year ago</li> <li>☐ Some what better now than one year ago</li> <li>☐ About the same as one year ago</li> <li>☐ Somewhat worse than one year ago</li> <li>☐ Much worse than one year ago</li> </ul> |                                   |           |                     |            |  |  |  |  |  |  |
| 3. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one box for each item)   |                                   |           |                     |            |  |  |  |  |  |  |
| Li  | Yes,<br>imited Limit<br>Lot A Lit | ted Lim   | Not<br>nited<br>All |            |  |  |  |  |  |  |
| a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports.  |                                   |           |                     |            |  |  |  |  |  |  |
| b. <b>Moderate activities</b> , such as moving a table,   |                                   |           |                     |            |  |  |  |  |  |  |
| pushing a vacuum cleaner, bowling, or playing golf.   |                                   |           |                     |            |  |  |  |  |  |  |
| c. Lifting or carrying groceries  |                                   |           |                     |            |  |  |  |  |  |  |
| d. Climbing <b>several</b> flights of stairs  |                                   |           |                     |            |  |  |  |  |  |  |
| e. Climbing <b>one</b> flight of stairs   |                                   |           |                     |            |  |  |  |  |  |  |
| f. Bending, kneeling, or stooping   |                                   |           |                     |            |  |  |  |  |  |  |
| g. Walking more than a mile   |                                   |           |                     |            |  |  |  |  |  |  |
| h. Walking several blocks   |                                   |           |                     |            |  |  |  |  |  |  |
| i. Walking <b>one block</b>   |                                   |           |                     |            |  |  |  |  |  |  |
| j. Bathing or dressing yourself   |                                   |           |                     |            |  |  |  |  |  |  |
| 4. During the <u>past 4 weeks</u> , have you had any of the following pr daily activities as a result of your <u>physical</u> health? (Check one  |                                   |           | c or oth            | er regular |  |  |  |  |  |  |
|   |                                   | Yes       | No                  |            |  |  |  |  |  |  |
| a. Cut down on the amount of time you spent on work or oth  | ner activities.                   |           |                     |            |  |  |  |  |  |  |
| b. Accomplished less than you like  |                                   |           |                     |            |  |  |  |  |  |  |
| c. Were limited in the <i>kind</i> of work or other activities  |                                   |           |                     |            |  |  |  |  |  |  |
| d. Had <i>difficulty</i> performing the work or other activities (for took extra effort)  | example, it                       |           |                     |            |  |  |  |  |  |  |
|   |                                   | •         |                     | •          |  |  |  |  |  |  |

## MOS Health Survey Month 108 (Page 2 of 2)

| Patient Study ID   |                      | Date           | of Visit           | /_            |                | /       | (                | dd/mmm/yyyy) |  |
|--|----------------------|----------------|--------------------|---------------|----------------|---------|------------------|--------------|--|
| 5. During the past 4 weeks, had you daily activities as a result of any (Check one box for each item). |                      |                |                    |               |                |         |                  |              |  |
|  |                      |                |                    |               |                | Yes     | No               | 7            |  |
| a. Cut down the amount of time   | e you sp             | ent on wo      | rk or oth          | ner activ     | ities.         |         |                  |              |  |
| b. Accomplished less than you  |                      |                |                    |               |                |         |                  |              |  |
| c. Didn't do work or other activities as <i>carefully</i> as usual                                     |                      |                |                    |               |                |         |                  |              |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)       |                      |                |                    |               |                |         |                  |              |  |
|  | Defi<br>True         | -              | Mostly<br>True     | Don't<br>Know | Mostl<br>False | ,       | efinite<br>False |              |  |
| a. I seem to get sick a little easier than people.   |                      |                |                    |               |                |         |                  |              |  |
| b. I am as healthy as anybody know.  | [                    |                |                    |               |                |         |                  |              |  |
| c. I expect my health to get worse.  |                      |                |                    |               |                |         |                  |              |  |
| d. My health is excellent.   |                      |                |                    |               |                |         |                  |              |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check   | es closes<br>one box | t to the wa    | ay you h<br>item.) | ave beer      | n feeling      | g. Ho   | w much           |              |  |
|  | None                 | A Little       |                    |               |                | lost    | All of           |              |  |
|  | of the<br>Time       | of the<br>Time | of the Time        | Bit of the Ti | _              | the ime | the<br>Time      |              |  |
| a. Have you felt tense or high strung?   | Time                 | Time           | Time               | uic 11        | inc 1          | inic    | Time             |              |  |
| b. Have you felt you had nothing to look forward to?   |                      |                |                    |               |                |         |                  |              |  |
| c. Have you generally enjoyed the things you do?   |                      |                |                    |               |                |         |                  |              |  |
| d. Have you been in low or very low spirits?   |                      |                |                    |               |                |         |                  |              |  |
| e. Have you felt cheerful, lighthearted?   |                      |                |                    |               |                |         |                  |              |  |
|  |                      |                |                    |               |                |         |                  |              |  |

# MOS Health Survey Month 120 (Page 1 of 2)

| Patient S        | tudy ID   |  |                                |             | Initials     |                          |                             |         |          |                  |  |
|------------------|---|--|--------------------------------|-------------|--------------|--------------------------|-----------------------------|---------|----------|------------------|--|
| Date of V        | Date of Visit/ (dd/mmm/yyyy)  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  |   |  |                                |             |              |                          |                             |         |          |                  |  |
| 1. In genera     | l, would you  | say your                               | health                         | is: (chec   | k one)       |                          |                             |         |          |                  |  |
| ☐ Exce           | ellent  | Very goo                               | d [                            | Good        | ☐ Fa         | ir 🗀                     | ] Poor                      |         |          |                  |  |
| 2. In genera     | l, compared t   | to one yea                             | ır ago,                        | how wou     | ld you rate  | your prese               | ent health                  | n? (che | ck one)  |                  |  |
| ☐ Son ☐ Ab ☐ Son | ch better now<br>me what bette<br>out the same<br>mewhat wors<br>ch worse tha | er now that<br>as one ye<br>e than one | an one g<br>ar ago<br>e year a | year ago    |              |                          |                             |         |          |                  |  |
|                  | wing items a activities? If   |  |                                |             |              |                          |                             | our hea | lth now  | <u>limit you</u> |  |
|                  |   |  |                                |             |              | Yes,<br>Limited<br>A Lot | Yes,<br>Limited<br>A Little |         | ited     |                  |  |
| _                | orous activit<br>vy objects, pa   |  |                                | -           | -            |                          |                             |         |          |                  |  |
|                  | derate activi   |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | ing a vacuun  |  |                                |             |              |                          |                             |         |          |                  |  |
| c. Lift          | ing or carryir  | ng groceri                             | es                             |             |              |                          |                             |         |          |                  |  |
| d. Clin          | ibing <mark>severa</mark> l   | I flights of                           | f stairs                       |             |              |                          |                             |         |          |                  |  |
|                  | bing <b>one</b> flig  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | ling, kneeling  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | king <b>more th</b>   |  | 2                              |             |              |                          |                             |         |          |                  |  |
|                  | king several  |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | ing one bloc  |  |                                |             |              |                          |                             |         |          |                  |  |
| j. Bath          | ing or dressir  | ng yoursel                             | f                              |             |              |                          |                             |         |          |                  |  |
|                  | e <u>past 4 week</u><br>vities as a res                                       |  |                                |             |              |                          |                             |         | c or oth | er regular       |  |
|                  |   |  |                                |             |              |                          |                             | Yes     | No       |                  |  |
| a. Cut d         | lown on the a   | amount of                              | time y                         | ou spent o  | on work or   | other activ              | vities.                     |         |          |                  |  |
|                  | mplished less   |  |                                |             |              |                          |                             |         |          |                  |  |
|                  | limited in th   |  |                                | or other ac | tivities     |                          |                             |         |          |                  |  |
|                  | difficulty per<br>extra effort)   | forming th                             | ne worl                        | k or other  | activities ( | for examp                | ole, it                     |         |          |                  |  |
| L                |   |  |                                |             |              |                          |                             |         |          |                  |  |

# MOS Health Survey Month 120 (Page 2 of 2)

| Patient Study ID   |                  | Date           | of Visit           | /_            |                | /       | (                | dd/mmm/yyyy) |  |
|--|------------------|----------------|--------------------|---------------|----------------|---------|------------------|--------------|--|
| 5. During the <u>past 4 weeks</u> , had you daily activities as a result of any (Check one box for each item). |                  |                |                    |               |                |         |                  |              |  |
|  |                  |                |                    |               |                | Yes     | No               |              |  |
| a. Cut down the amount of time   | e you sp         | ent on wo      | rk or oth          | ner activ     | ities.         |         |                  |              |  |
| b. Accomplished less than you  |                  |                |                    |               |                |         |                  |              |  |
| c. Didn't do work or other activities as <i>carefully</i> as usual   |                  |                |                    |               |                |         |                  |              |  |
| 6. How true or false is each of the following statements for you? (Check one box for each item.)               |                  |                |                    |               |                |         |                  |              |  |
|  | Defi<br>True     | -              | Mostly<br>True     | Don't<br>Know | Mostl<br>False | ,       | efinite<br>False |              |  |
| a. I seem to get sick a little easier than people.   |                  |                |                    |               |                |         |                  |              |  |
| b. I am as healthy as anybody know.  | [                |                |                    |               |                |         |                  |              |  |
| c. I expect my health to get worse.  |                  |                |                    |               |                |         |                  |              |  |
| d. My health is excellent.   |                  |                |                    |               |                |         |                  |              |  |
| 7. These questions are about how the please give the answer that come during the past 4 weeks (Check           | s closestone box | t to the wa    | ay you h<br>item.) | ave beer      | n feeling      | g. Но   | w much           |              |  |
|  | None             | A Little       |                    |               |                | lost    | All of           |              |  |
|  | of the<br>Time   | of the<br>Time | of the Time        | Bit of the Ti |                | the ime | the<br>Time      |              |  |
| a. Have you felt tense or high strung?   | Time             | Time           | Time               | the 11        |                | inic    | Time             |              |  |
| b. Have you felt you had nothing to look forward to?   |                  |                |                    |               |                |         |                  |              |  |
| c. Have you generally enjoyed the things you do?   |                  |                |                    |               |                |         |                  |              |  |
| d. Have you been in low or very low spirits?   |                  |                |                    |               |                |         |                  |              |  |
| e. Have you felt cheerful, lighthearted?   |                  |                |                    |               |                |         |                  |              |  |
|  |                  |                |                    |               |                |         |                  |              |  |