

## Health and Wellness Outcome Assessment Form (MOS-36)

Answer every question by marking the answer as indicated. If unsure of the answer, please give the best answer you can.

1. In general, would you say your health is: (Circle One)
- |                |   |
|----------------|---|
| Excellent..... | 1 |
| Very Good..... | 2 |
| Good.....      | 3 |
| Fair.....      | 4 |
| Poor.....      | 5 |

2. Compared to one year ago, how would you rate your health in general now? (Circle One)
- |  |   |
|--|---|
| Much better than one year ago.....         | 1 |
| Somewhat better now than one year ago..... | 2 |
| About the same as one year ago.....        | 3 |
| Somewhat worse than one year ago.....      | 4 |
| Much worse than one year ago.....          | 5 |

3. The following items concern activities you might undertake during a typical day. Does your health now limit you in these activities? If so, how much? (Circle one number on each line)

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not at all
a. <i>Vigorous activities</i> (running, lifting heavy objects, strenuous sports)	1	2	3
b. <i>Moderate activities</i> (moving a table, vacuuming, bowling, golfing)	1	2	3
c. <i>Lifting or carrying groceries</i>	1	2	3
d. <i>Climbing several flights of stairs</i>	1	2	3
e. <i>Climbing one flight of stairs</i>	1	2	3
f. <i>Bending, kneeling or stooping</i>	1	2	3
g. <i>Walking more than one mile</i>	1	2	3
h. <i>Walking several blocks</i>	1	2	3
i. <i>Walking one block</i>	1	2	3
j. <i>Bathing or dressing yourself</i>	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Circle one number on each line.)
- |   | YES | NO |
|---|-----|----|
| a. Cut down the <i>amount of time</i> you spent on work or other activities                           | 1   | 2  |
| b. <i>Accomplished less</i> than you would like   | 1   | 2  |
| c. Were limited in the <i>kind</i> of work or other activities performed                              | 1   | 2  |
| d. Had <i>difficulty</i> performing the work or other activities (For example, it took extra effort.) | 1   | 2  |

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Circle one number on each line.)
- |   | YES | NO |
|---|-----|----|
| a. Cut down the <i>amount of time</i> you spent on work or other activities | 1   | 2  |
| b. <i>Accomplished less</i> than you would like                             | 1   | 2  |
| c. Didn't do work or other activities as <i>carefully</i> as usual          | 1   | 2  |

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Circle one)
- |                  |   |
|------------------|---|
| None.....        | 1 |
| Slightly.....    | 2 |
| Moderately.....  | 3 |
| Quite a bit..... | 4 |
| Extremely.....   | 5 |

7. How much bodily pain have you had during the past 4 weeks? (Circle one)

- None..... 1
- Very mild..... 2
- Mild..... 3
- Moderate..... 4
- Severe..... 5
- Very severe..... 6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Circle one)

- Not at all..... 1
- A little bit..... 2
- Moderately..... 3
- Quite a bit..... 4
- Extremely..... 5

9. These questions concern how you feel and how things have been with you during the past 4 weeks. For each question please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks

(Circle one number on each line.)

	All of the time	Most of the time	A good bit of time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt down-hearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Circle One)

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time..... 4
- None of the time..... 5

11. How TRUE or FALSE is each of the following statements for you? (Circle one number on each line.)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick more easily than other people.	1	2	3	4	5
b. I am as healthy as anybody I know.	1	2	3	4	5
c. I expect my health to get worse.	1	2	3	4	5
d. My health is excellent.	1	2	3	4	5

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