

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_

## HEALTH STATUS QUESTIONNAIRE (HSQ-12)

1. In general, would you say your health is: *(Circle one number)*

- Excellent ..... 1
- Very Good..... 2
- Good ..... 3
- Fair ..... 4
- Poor ..... 5

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

	Yes, limited a lot	Yes, limited a little	No, not limited at all
2. Lifting or carrying groceries .....	1	2	3
3. Climbing several flights of stairs .....	1	2	3
4. Walking several blocks.....	1	2	3

5. During the **past 4 weeks** how much difficulty did you have doing your work or other regular daily activities as a result of your physical health? *(Circle one number)*

- None at all ..... 1
- A little bit..... 2
- Moderately ..... 3
- Quite a bit ..... 4
- Couldn't do any work ..... 5

6. During the **past 4 weeks**, to what extent have you accomplished less than you would like in your work or other daily activities **as a result of emotional problems** (such as feeling depressed or anxious)? *(circle one number)*

- None at all ..... 1
- A little bit..... 2
- Moderately..... 3
- Quite a bit ..... 4
- Extremely ..... 5

7. 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 number)*

- None at all ..... 1
- Slightly ..... 2
- Moderately ..... 3
- Quite a bit ..... 4
- Extremely ..... 5

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

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

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...(Circle one number on each line)

	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>Little of the time</b>	<b>None of the time</b>
9. Have you felt calm and peaceful?	1	2	3	4	5	6
10. Did you have a lot of energy?	1	2	3	4	5	6
11. Have you felt downhearted and blue?	1	2	3	4	5	6
12. Have you been happy?	1	2	3	4	5	6

Please answer YES or NO for each question by circling "1" or "2" on each line.

	<b>Yes</b>	<b>No</b>
13. In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost all interest or pleasure in things that you usually cared about or enjoyed?	1	2
14. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?	1	2
15. Have you felt depressed or sad much of the time in the past year?	1	2

Ware J Jr, Kosinski M, Keller A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Med Care.* 1996 Mar;34(3):220-33

**DECODED KEY: SEE INFORMATION ON LAST PAGE FOR SCORING**

## HEALTH STATUS QUESTIONNAIRE (HSQ-12)

1. In general, would you say your health is *(Circle one number)*:

	Recode
Excellent.....1	100
Very Good.....2	85
Good.....3	60
Fair.....4	25
Poor.....5	0

**The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
2. Lifting or carrying groceries .....	1	2	3	0, 50, 100
3. Climbing several flights of stairs .....	1	2	3	0, 50, 100
4. Walking several blocks.....	1	2	3	0, 50, 100

5. During the **past 4 weeks** how much difficulty did you have doing your work or other regular daily activities as a result of your physical health? *(circle one number)*

None at all .....	100
A little bit.....	65
Moderately .....	25
Quite a bit.....	10
Couldn't do any work.....	0

6. During the **past 4 weeks**, to what extent have you accomplished less than you would like in your work or other daily activities as a result of emotional problems (such as feeling depressed or anxious)? *(circle one number)*

None at all .....	100
A little bit.....	65
Moderately .....	45
Quite a bit.....	20
Extremely .....	0

7. 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 number)*

None at all .....	100
Slightly .....	75
Moderately .....	50
Quite a bit.....	25
Extremely .....	0

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

	<u>Recode</u>
None.....1	100
Very Mild.....2	85
Mild.....3	65
Moderate.....4	45
Severe.....5	25
Very Severe.....6	0

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>Little of the time</b>	<b>None of the time</b>	
9. Have you felt calm and peaceful?	1	2	3	4	5	6	100, 80, 60, 40, 20, 0
10. Did you have a lot of energy?	1	2	3	4	5	6	100, 80, 60, 40, 20, 0
11. Have you felt downhearted and blue?	1	2	3	4	5	6	0, 20, 40, 60, 80, 100
12. Have you been happy?	1	2	3	4	5	6	100, 80, 60, 40, 20, 0

**TABLE 2: SECOND STEP: HSQ-12 Scoring Algorithms / 2<sup>nd</sup> step: Computing Scale Scores**

<b>SCALE</b>	<b>No. of Items</b>	<b>Scale Items</b>	<b>Minimum No. of Items needed to Compute a Score</b>
Physical Functioning	3	2, 3, 4	2
Role Limitations Attributable to: Physical Health (Role-Physical)	1	5	1
Bodily Pain	1	8	1
Health Perception	1	1	1
Energy / Fatigue	1	10	1
Social Functioning	1	7	1
Role Limitations Attributable to: Mental Health (Role-Mental)	1	6	1
Mental Health	3	9, 11, 12	2

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## SCORING THE HSQ-12

• **Formula:**

$$\frac{\text{Sum of Recoded Scale Item}}{\text{Number of Completed Scale Items}} = \text{Scale Score}$$

$$\frac{\text{HSQ9+HSQ11+HSQ12}}{3} = \text{Mental Health Score}$$

LAST STEP: The average for each of the 8 categories is calculated and then transferred to the summary page.

<i>Example:</i>	<i># of items</i>	<i>Question #'s</i>	<i>Scores</i>	<i>Total</i>	<i>Average</i>
1) Physical Function:	n=3:	2-4	50+100+0=	150/3	50
2) Role-Physical:	n=1	5:	65	65/1	65
↓	↓	↓	↓	↓	↓
8) Mental Health:	n=3	9,11,12:	80+60+40=	180/3	60

**RULES:**

1. Step 1: Recode the response values from the instrument (use the recoding version)
2. Step 2: Calculate the average of the recoded response values for the multi-item scales (Scales 1 & 8)
3. The higher the score, the better the health status
4. Scoring may be completed manually with a calculator or with a standard data analysis and database management software (e.g., SAS, SPSS, FoxPro, dBASE). It is more efficient and reliable to enter the numbers corresponding to the specific response values into a spreadsheet or data entry package, allowing the computer to process the necessary calculations.
5. Missing responses for scales 1 & 8 can be estimated by averaging the 2 completed items and re-averaging (plugging in the average of the 2 into the missing 1 question slot). When a missing response from a single-item question occurs, the scale score is treated as missing.
6. Questions 13-15 are "Yes / No" questions and act as a screen for depression. When answered "Yes" inquiry as to the source of depression and follow-up with a psychometric tool (SCL-90R, Beck's Depression Inventory, etc.) and/or referral for a psychological consultation is recommended.

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## SF-12 HEALTH STATUS RESULTS

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_

SCALE	SF-12 MEAN*	INITIAL BASELINE	1 <sup>st</sup> Re-exam	2 <sup>nd</sup> Re-exam	3 <sup>rd</sup> Re-exam
1. HEALTH PERCEPTION	72				
2. PHYSICAL FUNCTION	84				
3. ROLE-PHYSICAL	81				
4. ROLE-EMOTIONAL	81				
5. SOCIAL FUNCTIONING	83				
6. BODILY PAIN	75				
7. MENTAL HEALTH	75				
8. ENERGY FATIGUE	61				
Major Depression	Yes / No				
Dysthymia	Yes / No				
Both	Yes / No				

\*Not yet established (1996); the mean scores are those derived from the HSQ 2.0 (36 item questionnaire)



SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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