

Attachment C. HOS Field Test Item Differences by Questionnaire Version

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

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| <p>8. Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</p> | <p>8. Because of a health or physical problem, do you have any difficulty doing the following activities without help from another person?</p> |
| <p>12. Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?</p> <p>5 <input type="checkbox"/> Not at all</p> <p>4 <input type="checkbox"/> Very little</p> <p>3 <input type="checkbox"/> Somewhat</p> <p>2 <input type="checkbox"/> Quite a lot</p> <p>1 <input type="checkbox"/> Cannot do</p> | <p>12. Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, or walking at a brisk pace?</p> <p>5 <input type="checkbox"/> Not at all</p> <p>4 <input type="checkbox"/> Very little</p> <p>3 <input type="checkbox"/> Somewhat</p> <p>2 <input type="checkbox"/> Quite a lot</p> <p>1 <input type="checkbox"/> Cannot do</p> |
| <p>38. In the past 12 months, has a doctor or other health professional talked with you about your diet or eating habits?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p> | <p>38. In the past 12 months, has a doctor or other health professional provided advise about your diet or eating habits?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p> |
| <p>39. In the past 12 months, has a doctor or other health professional talked with you about your alcohol use?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p> | <p>39. In the past 12 months, has a doctor or other health professional provided advice about your alcohol use?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p> |