## **VR-12**

Name:	Date of birth:	
Gender:	Contact information (optional):	
Instructions For each question, select the response that best reflects your current situation. Mark your choice by checking the box next to your selected answer. Please select only one response per question.		
Q1. In general, would you say your health is:		
Excellent		
□ Very good		
Good		
☐ Fair		
Poor		
Q2. Does your health now limit you in t	hese activities? If so, how much?	
a) Moderate activities (e.g., moving a ta	able, vacuuming, bowling):	
☐ Yes, limited a lot		
☐ Yes, limited a little		
b) Climbing several flights of stairs:		
☐ Yes, limited a lot		
☐ Yes, limited a little		
□ No, not limited at all		
Q3. <u>In the past 4 weeks,</u> have you had a physical health?	any problems with work or daily activities due to	
a) Accomplished less than you would li	ike:	
☐ Yes, a little of the time		
☐ Yes, some of the time		
☐ Yes, most of the time		
☐ Yes, all of the time		

b) Limited in the kind of work or activities:
□ No, none of the time
☐ Yes, a little of the time
☐ Yes, some of the time
☐ Yes, most of the time
☐ Yes, all of the time
Q4. <u>In the past 4 weeks,</u> have <u>emotional problems</u> affected your work or activities?
a) Accomplished less than you would like:
□ No, none of the time
☐ Yes, a little of the time
☐ Yes, some of the time
☐ Yes, most of the time
☐ Yes, all of the time
b) Limited in the kind of work or activities:
□ No, none of the time
<ul><li>No, none of the time</li><li>Yes, a little of the time</li></ul>
☐ Yes, a little of the time
<ul><li>☐ Yes, a little of the time</li><li>☐ Yes, some of the time</li></ul>
<ul> <li>Yes, a little of the time</li> <li>Yes, some of the time</li> <li>Yes, most of the time</li> <li>Yes, all of the time</li> </ul>
<ul> <li>Yes, a little of the time</li> <li>Yes, some of the time</li> <li>Yes, most of the time</li> </ul>
<ul> <li>Yes, a little of the time</li> <li>Yes, some of the time</li> <li>Yes, most of the time</li> <li>Yes, all of the time</li> </ul> Q5. In the past 4 weeks, how much did pain interfere with normal work (including)
<ul> <li>Yes, a little of the time</li> <li>Yes, some of the time</li> <li>Yes, most of the time</li> <li>Yes, all of the time</li> </ul> Q5. In the past 4 weeks, how much did pain interfere with normal work (including housework)?
<ul> <li>Yes, a little of the time</li> <li>Yes, some of the time</li> <li>Yes, most of the time</li> <li>Yes, all of the time</li> </ul> Q5. In the past 4 weeks, how much did pain interfere with normal work (including housework)? <ul> <li>Not at all</li> </ul>
<ul> <li>Yes, a little of the time</li> <li>Yes, some of the time</li> <li>Yes, most of the time</li> <li>Yes, all of the time</li> </ul> Q5. In the past 4 weeks, how much did pain interfere with normal work (including housework)? <ul> <li>Not at all</li> <li>A little bit</li> </ul>
<ul> <li>Yes, a little of the time</li> <li>Yes, some of the time</li> <li>Yes, most of the time</li> <li>Yes, all of the time</li> </ul> Q5. In the past 4 weeks, how much did pain interfere with normal work (including housework)? <ul> <li>Not at all</li> <li>A little bit</li> <li>Moderately</li> </ul>

Q6. How much of the time during the <u>past 4 weeks</u> :
1. Have you felt calm and peaceful?
☐ All of the time
☐ Most of the time
☐ A good bit of the time
☐ Some of the time
☐ A little of the time
□ None of the time
2. Did you have a lot of energy?
☐ All of the time
☐ A good bit of the time
☐ Some of the time
☐ A little of the time
□ None of the time
3. Have you felt downhearted and blue?
☐ All of the time
☐ A good bit of the time
☐ Some of the time
☐ A little of the time
□ None of the time
Q7. <u>During the past 4 weeks</u> , how much of the time have health problems interfered with social activities (like visiting with friends, relatives, etc.)?
☐ All of the time
☐ Most of the time
☐ A good bit of the time
☐ Some of the time
☐ A little of the time
□ None of the time

<ul> <li>☐ Much better</li> <li>☐ Slightly better</li> <li>☐ About the same</li> <li>☐ Slightly worse</li> <li>☐ Much worse</li> </ul> Q9. Compared to one year ago, how would you rate your emotional problems (such as		
<ul> <li>Slightly better</li> <li>About the same</li> <li>Slightly worse</li> <li>Much worse</li> </ul>		
<ul><li> □ About the same</li><li> □ Slightly worse</li><li> □ Much worse</li></ul>		
☐ Slightly worse ☐ Much worse		
☐ Much worse		
Q9. Compared to one year ago, how would you rate your emotional problems (such as		
feeling anxious, depressed or irritable) now ?		
☐ Much better		
☐ Slightly better		
☐ About the same		
☐ Slightly worse		
☐ Much worse		
Thank you for completing this questionnaire!		

Score
Physical component summary (PCS):
Mental component summary (MCS):
Additional notes

## **Scoring instructions**

The Veterans SF-12 measures physical and mental health using two summary scores: the **physical component summary** and the **mental component summary** (**MCS**). These scores are calculated by applying standardized weights to specific responses, summing the results, and normalizing them on a scale where the average for the general U.S. population is 50, with a standard deviation of 10.

The survey was administered to 1.4 million veterans, with 877,775 respondents in the 1999 Large Health Survey of Veteran Enrollees (Veterans Health Study), the largest federal survey ever conducted by the VA. The weights for the PCS and MCS scores were derived from this extensive sample.

The Veterans RAND 12 Item Health Survey (VR-12) was developed from the Veterans RAND 36 Item Health Survey (VR-36), which was developed from the MOS RAND SF-36 Version 1.0.

Spiro, A., Rogers, W., Qian, S., & Kazis, L. (2004). *Imputing physical and mental summary scores* (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data. Report reviewed and approved by CMS. Baltimore, MD.