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 hea | Ith 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 | ble, vacuuming, bowling): |
| ☐ Yes, limited a lot | |
| ☐ Yes, limited a little | |
| □ No, not limited at all | |
| 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: |
| ☐ 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 | |
| | |

| h) I instead in the Island of words on activities. |
|---|
| 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. In the past 4 weeks, have emotional problems affected your work or activities? |
| a) Accomplished less than you would like: |
| |
| ☐ 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 |
| |
| □ No, none of the time |
| No, none of the timeYes, a little of the time |
| No, none of the time Yes, a little of the time Yes, some of the time |
| No, none of the time Yes, a little of the time Yes, some of the time Yes, most of the time |
| 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 Q5. In the past 4 weeks, how much did pain interfere with normal work (including) |
| 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 Q5. In the past 4 weeks, how much did pain interfere with normal work (including housework)? |
| 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 Yes, all of the time Os. In the past 4 weeks, how much did pain interfere with normal work (including housework)? Not at all A little bit |
| 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 Q5. In the past 4 weeks, how much did pain interfere with normal work (including housework)? Not at all A little bit Moderately |
| 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 Yes, all of the time Os. In the past 4 weeks, how much did pain interfere with normal work (including housework)? Not at all A little bit |

| 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 |
| ☐ Most 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 |

| Q8. Compared to one year ago, how would you rate your physical health? | |
|--|--|
| ☐ Much better | |
| ☐ Slightly better | |
| ☐ About the same | |
| About the same | |
| ☐ Slightly 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.