

	The Arthroplasty Foundation Donald L. Pomeroy, M.D. VR-12	Date of Evaluation <input style="width: 100%; height: 20px;" type="text"/> DD-MMM-YYYY
Subject ID # <input style="width: 100%; height: 20px;" type="text"/>	Subject Name/Initials <input style="width: 100%; height: 20px;" type="text"/>	Date of Birth <input style="width: 100%; height: 20px;" type="text"/>

1. In general, would you say your health is:

Excellent
 Very Good
 Good
 Fair
 Poor

2. 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?

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
A. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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**?

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
A. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 any emotional problems** (such as feeling depressed or anxious)?

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
A. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Not at all
 A little bit
 Moderately
 Quite a bit
 Extremely

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

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

	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
A. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, we'd like to ask you some questions about how your health may have changed.

8. **Compared to one year ago**, how would you rate your **physical health** in general **now**?

	Much better	Slightly better	About the same	Slightly worse	Much worse
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **Compared to one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

	Much better	Slightly better	About the same	Slightly worse	Much worse
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Veterans RAND 12 Item Health Survey was developed from the Veterans RAND 36 Item Health Survey which was developed and modified from the original RAND version of the 36-item Health Survey version 1.0 (also known as the "MOS SF-36"). Scoring algorithms and imputation of missing values reference:
 (Spiro A, Rogers W, Qian S and Kazis L. Imputing Physical and Mental Summary Scores (PCS and MCS) for the Veterans SF-12 Health Survey in the Context of Missing Data, Sept. 2994, Report submitted to CMS.)