

## MOS-HIV (Thai Version)

[INTERVIEWER READ: “Next are some questions about your current health.”]

1. In general, would you say your health is
 

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
  
2. How much bodily pain have you generally had during the past month?
 

None	1
Very Mild	2
Mild	3
Moderate	4
Severe	5
Very Severe	6
  
3. During the past month, how much did pain interfere with your normal work (or your normal activities, including work outside the home and housework)?
 

Not at all	1
A little	2
A moderate amount	3
Very much	4
An extreme amount	5
  
4. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

0=NO, not limited	1= YES, limited a little	2= YES, limited a lot
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- |  |   |   |   |
|--|---|---|---|
| a. The kinds or amounts of vigorous activities you can do, like lifting heavy objects, running or participating in strenuous sports. | 0 | 1 | 2 |
| b. The kinds or amounts of moderate activities you can do, like moving a table, carrying groceries or bowling.                       | 0 | 1 | 2 |
| c. Walking uphill or climbing (a few flights of stairs).   | 0 | 1 | 2 |
| d. Bending, lifting or stooping.   | 0 | 1 | 2 |
| e. Walking one block.  | 0 | 1 | 2 |
| f. Eating, dressing, bathing or using the toilet.  | 0 | 1 | 2 |

5. Does your health keep you from working at a job, doing work around the house?  
 Yes 1  
 No 2
6. Have you been unable to do certain kinds or amounts of work, housework, or schoolwork because of your health?  
 Yes 1  
 No 2

[INTERVIEWER: "For each of the following questions, please check the box for the one answer that comes closest to the way you have been feeling during the past month."]

1=All of the Time	2=Most of the Time	3=A Good Bit of the Time
4=Some of the Time	5=A Little of the Time	6=None of the Time

7. How much of the time, during the past month, has your health limited your social activities (like visiting with friends or close relatives)?
- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
|  | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|
8. How much of the time, during the past month:
- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| a. Have you been a very nervous person?                                | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Have you felt calm and peaceful?                                    | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Have you felt downhearted and blue?                                 | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
9. How often during the past month:
- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| a. Did you feel full of pep?                                     | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Did you feel worn out?  | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Did you feel tired?   | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Did you have enough energy to do the things you wanted to do? | 1 | 2 | 3 | 4 | 5 | 6 |
| e. Did you feel weighed down by your health problems?            | 1 | 2 | 3 | 4 | 5 | 6 |
| f. Were you discouraged by your health problems ?                | 1 | 2 | 3 | 4 | 5 | 6 |
| g. Did you feel despair over your health problems?               | 1 | 2 | 3 | 4 | 5 | 6 |
| h. Were you afraid because of your health?                       | 1 | 2 | 3 | 4 | 5 | 6 |

10. How much of the time during the past month:
- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| a. Did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things? | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Did you forget things that happened, recently for example, where you put things and when you had appointments?            | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Did you have trouble keeping your attention on any activity for long?   | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Did you have difficulty doing activities involving concentration and thinking?  | 1 | 2 | 3 | 4 | 5 | 6 |

11. Please tell me whether each of the following statements is true or false for you.

1=Definitely True	2=Mostly True	3=Not Sure	4=Mostly False	5=Definitely False
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- |                                       |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|
| a. I am somewhat ill                  | 1 | 2 | 3 | 4 | 5 |
| b. I am as healthy as anybody I know. | 1 | 2 | 3 | 4 | 5 |
| c. My health is excellent.            | 1 | 2 | 3 | 4 | 5 |
| d. I have been feeling bad lately.    | 1 | 2 | 3 | 4 | 5 |

12. How has the quality of your life been during the past month? That is, how have things been going for you?

- |                                   |   |
|-----------------------------------|---|
| Very well; could hardly be better | 1 |
| Pretty good                       | 2 |
| Good and bad parts about equal    | 3 |
| Pretty bad                        | 4 |
| Very bad; could hardly be worse   | 5 |

13. How would you rate your physical health and emotional condition now compared to 1 month ago?

- |                 |   |
|-----------------|---|
| Much better     | 1 |
| A little better | 2 |
| About the same  | 3 |
| A little worse  | 4 |
| Much worse      | 5 |