

Instructions for completing the questionnaire: Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by marking the box that best represents your response.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Excellent    Very good    Good    Fair    Poor

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

- Much better now than a year ago  
 Somewhat better now than a year ago  
 About the same as one year ago  
 Somewhat worse now than one year ago  
 Much worse now than one year ago

3. 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?

Vigorous activities such as running, lifting heavy objects, participating in strenuous sports

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Moderate activities such as moving a table, pushing a vacuum, bowling, or playing golf

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Lifting or carrying groceries

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Climbing several flights of stairs

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Climbing one flight of stairs

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Bending, kneeling or stooping

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Walking more than one mile

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Walking several blocks

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Walking one block

- Yes, limited a lot    Yes, limited a little    No, not limited at all

Bathing or dressing yourself

- Yes, limited a lot    Yes, limited a little    No, not limited at all

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 your physical health?

Cut down the amount of time you spent on work or other activities?

Yes       No

Accomplished less than you would like?

Yes       No

Were limited in the kind of work or other activities

Yes       No

Had difficulty performing the work or other activities (for example, it took extra time)

Yes       No

5. 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)?

Cut down the amount of time you spent on work or other activities?

Yes       No

Accomplished less than you would like

Yes       No

Didn't do work or other activities as carefully as usual

Yes       No

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all     Slightly     Moderately     Quite a bit     Extremely

7. How much bodily pain have you had during the past 4 weeks?

Not at all     Slightly     Moderately     Quite a bit     Extremely

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

Not at all     Slightly     Moderately     Quite a bit     Extremely

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks** . . . **(Circle One Number on Each Line)**

	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
Did you feel full of pep?	1	2	3	4	5	6
Have you been a very nervous person?	1	2	3	4	5	6
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
Have you felt calm and peaceful?	1	2	3	4	5	6
Did you have a lot of energy?	1	2	3	4	5	6
Have you felt downhearted and blue?	1	2	3	4	5	6
Did you feel worn out?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6
Did you feel tired?	1	2	3	4	5	6

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

- All of the time   
  Most of the time   
  Some of the time  
 A little of the time   
  None of the time

11. How TRUE or FALSE is each of the following statements for you?

I seem to get sick a little easier than other people

- Definitely true   
  Mostly true   
  Don't know   
  Mostly false   
  Definitely false

I am as healthy as anybody I know

- Definitely true   
  Mostly true   
  Don't know   
  Mostly false   
  Definitely false

I expect my health to get worse

- Definitely true   
  Mostly true   
  Don't know   
  Mostly false   
  Definitely false

My health is excellent

- Definitely true   
  Mostly true   
  Don't know   
  Mostly false   
  Definitely false