

HEALTH STATUS QUESTIONNAIRE

Please Read: This survey asks for your views about your health. The information will help your health care provider track how you feel and how well you are able to do your usual activities.

Answer every question by filling in the appropriate bubble. If you are unsure about how to answer a question, please give the best answer you can and make a comment at the end of the questionnaire.

Please use a **No. 2 pencil** to fill in your answers. Fill in bubbles **completely** as indicated here:  Erase changes cleanly. Do **not fold** this form.

Patient Name: _____

MO	DAY	YEAR	DR#	PATIENT NUMBER																		
<input type="radio"/> 1	<input type="radio"/> 7	<input type="radio"/> 01	<input type="radio"/> 0																			
<input type="radio"/> 2	<input type="radio"/> 8	<input type="radio"/> 02	<input type="radio"/> 1																			
<input type="radio"/> 3	<input type="radio"/> 9	<input type="radio"/> 03	<input type="radio"/> 2																			
<input type="radio"/> 4	<input type="radio"/> 10	<input type="radio"/> 04	<input type="radio"/> 3																			
<input type="radio"/> 5	<input type="radio"/> 11	<input type="radio"/> 05	<input type="radio"/> 4																			
<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 06	<input type="radio"/> 5																			
	<input type="radio"/> 10	<input type="radio"/> 7	<input type="radio"/> 6																			
	<input type="radio"/> 20	<input type="radio"/> 8	<input type="radio"/> 7																			
	<input type="radio"/> 30	<input type="radio"/> 9	<input type="radio"/> 8																			
	<input type="radio"/> 40	<input type="radio"/> 0	<input type="radio"/> 9																			

A. In general, would you say your health is:
[MARK ONLY ONE ANSWER]

1 Excellent
 2 Very good
 3 Good
 4 Fair
 5 Poor

B. Compared to one year ago, how would you rate your health in general now? **[MARK ONLY ONE ANSWER]**

1 Much better now than one year ago
 2 Somewhat better now than one year ago
 3 About the same
 4 Somewhat worse now than one year ago
 5 Much worse now than one year ago

C. 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?
[MARK ONLY ONE ANSWER ON EACH LINE]

	Yes, limited a lot	Yes, limited a little	No, not limited at all
1. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Lifting or carrying groceries	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Climbing several flights of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Climbing one flight of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Bending, kneeling, or stooping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Walking more than a mile	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Walking several blocks	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Walking one block	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. Bathing or dressing yourself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

D. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
[MARK EITHER YES OR NO ON EACH LINE]

	Yes	No
1. Cut down the amount of time you spent on work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
2. Accomplished less than you would like	<input type="radio"/> 1	<input type="radio"/> 2
3. Were limited in the kind of work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
4. Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="radio"/> 1	<input type="radio"/> 2

E. During the past four 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)?
[MARK EITHER YES OR NO ON EACH LINE]

	Yes	No
1. Cut down the amount of time you spent on work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
2. Accomplished less than you would like	<input type="radio"/> 1	<input type="radio"/> 2
3. Didn't do work or other activities as carefully as usual	<input type="radio"/> 1	<input type="radio"/> 2

F. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
[MARK ONLY ONE ANSWER]

1 Not at all 2 Quite a bit
 3 Slightly 4 Extremely
 5 Moderately

HEALTH STATUS QUESTIONNAIRE (CONTINUED)

G. How much bodily pain have you had during the past four weeks?

[MARK ONLY ONE ANSWER]

- None Mild Severe
 Very mild Moderate Very severe

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

[MARK ONLY ONE ANSWER]

- Not at all Moderately Extremely
 A little bit Quite a bit

I. These questions are about how you feel and how things have been with you during the past four 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 four weeks

[MARK ONLY ONE ANSWER 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
1. Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

[MARK ONLY ONE ANSWER]

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

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

[MARK ONLY ONE ANSWER ON EACH LINE]

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
1. I seem to get sick a little easier than other people.	<input type="radio"/>				
2. I am as healthy as anybody I know.	<input type="radio"/>				
3. I expect my health to get worse.	<input type="radio"/>				
4. My health is excellent.	<input type="radio"/>				

L. Please answer YES or NO

[MARK ONLY ONE ANSWER ON EACH LINE]

	Yes	No
1. In the past year, have you had two weeks or more during which you felt sad, blue, or depressed; or when you lost all interest or pleasure in things that you usually cared about or enjoyed?	<input type="radio"/>	<input type="radio"/>
2. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>
3. Have you felt depressed or sad much of the time in the past year?	<input type="radio"/>	<input type="radio"/>

Additional Comments: _____

SIGNATURE: _____

DATE: _____