

## YOUR HEALTH AND WELL BEING

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. *Thank you for completing this survey?*

1. In general, would you say your health is: *(Please circle answer that best describes your health)*

**Excellent                  Very Good                  Good                  Fair                  Poor**

2. 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?

**[1] = Yes, limited a lot      [2] = Yes, limited a little      [3] = No, not limited at all**

- \_\_\_\_\_ a) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.  
\_\_\_\_\_ b) Climbing several flights of stairs

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

**[1] = All of the time      [2] = Most of the time      [3] = Some of the time      [4] = A little of the time      [5] = None of the time**

- \_\_\_\_\_ a) Accomplished less than you would like.  
\_\_\_\_\_ b) Was limited in the kind of work or other activities.

4. During the past 4 weeks, how much of the time 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)?

**[1] = All of the time      [2] = Most of the time      [3] = Some of the time      [4] = A little of the time      [5] = None of the time**

- \_\_\_\_\_ a) Accomplished less than you would like.  
\_\_\_\_\_ b) Did work or other activities less carefully than usual.

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

**[1] = All of the time      [2] = Most of the time      [3] = Some of the time      [4] = A little of the time      [5] = None of the time**

- \_\_\_\_\_ a) Accomplished less than you would like.  
\_\_\_\_\_ b) Did work or other activities less carefully than usual.

6. These questions are about how you feel and how things have been with you during the past 4 week. For each questions, please give the one answer that comes closest to the way have been feeling. How much of the time during the past 4 weeks.

**[1] = All of the time      [2] = Most of the time      [3] = Some of the time      [4] = A little of the time      [5] = None of the time**

- \_\_\_\_\_ a) Have you felt calm and peaceful?  
\_\_\_\_\_ b) Did you have a lot of energy?  
\_\_\_\_\_ c) Have you felt downhearted and depressed?

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

***Thank you for completing these questions!***