

RENSEIGNEMENTS

_____ _____
▲ Last name

_____ _____
▲ First name

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
 Somewhat better
 About the same
 Somewhat worse
 Much worse

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?

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

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Lifting or carrying groceries. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Climbing several flights of stairs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Climbing one flight of stairs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Bending, kneeling or stooping. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Walking more than a mile. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Walking several blocks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Walking one block. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Bathing or dressing yourself. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. In the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your **physical health**?

Yes No

- | | | |
|---|-----------------------|-----------------------|
| a. Cut down on the amount of time you spent on work or other activities? | <input type="radio"/> | <input type="radio"/> |
| b. Accomplished less than you would like? | <input type="radio"/> | <input type="radio"/> |
| c. Were limited in the kind of work or other activities? | <input type="radio"/> | <input type="radio"/> |
| d. Had difficulty performing the work or other activities (for example it took extra effort)? | <input type="radio"/> | <input type="radio"/> |

5. In 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)?

Yes No

- | | | |
|--|-----------------------|-----------------------|
| a. Cut down on the amount of time you spent on work or other activities? | <input type="radio"/> | <input type="radio"/> |
| b. Accomplished less than you would like? | <input type="radio"/> | <input type="radio"/> |
| c. Didn't do work or other activities as carefully as usual? | <input type="radio"/> | <input type="radio"/> |

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?

- None Very mild Mild Moderate Severe Very severe

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

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.

| 9. 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. Did you feel full of pep? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. 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"/> |
| c. 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"/> |
| d. Have you felt calm and peaceful? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. 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"/> |
| f. Have you felt downhearted or blue? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Do you feel worn out? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Have you been a happy person? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Did you feel tired? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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 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

| 11. How true or false is each of the following statements for you? | Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I seem to get sick a little easier than other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am as healthy as anybody I know. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I expect my health to get worse. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My health is excellent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |