

Questionnaire



Your user code for the questionnaire is: _____

We guarantee that responses from the questionnaire will be treated with caution and respect, and that your answers will not be available to unauthorized persons.

Please fill out the questionnaire and return it fully completed in the enclosed envelope.

The following questions are about how you feel about your own health.

Each question should be answered by circling the number that best suits you. If you are unsure how to answer, please answer as best you can.

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

(Circle one number)

- | | |
|-----------|---|
| Excellent | 1 |
| Very good | 2 |
| Good | 3 |
| Fair | 4 |
| Poor | 5 |

2. Compared to 1 year ago, how would you rate your health in general now?

(Circle one number)

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

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?

(Circle one number on each line)

| ACTIVITIES | 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 | 1 | 2 | 3 |
| b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf | 1 | 2 | 3 |
| c. Lifting or carrying groceries | 1 | 2 | 3 |
| d. Climbing several flights of stairs | 1 | 2 | 3 |
| e. Climbing one flight of stairs | 1 | 2 | 3 |
| f. Bending, kneeling or stooping | 1 | 2 | 3 |
| g. Walking more than a mile | 1 | 2 | 3 |
| h. Walking several blocks | 1 | 2 | 3 |
| i. Walking one block | 1 | 2 | 3 |
| j. Bathing or dressing yourself | 1 | 2 | 3 |

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?

(Circle one number on each line)

| | YES | NO |
|---|-----|----|
| a. Cut down the amount of time you spend on work or other activities | 1 | 2 |
| b. Accomplished less than you would like | 1 | 2 |
| c. Were limited in the kind of work or other activities | 1 | 2 |
| d. Had difficulty performing the work or other activities (for example it took extra effort) | 1 | 2 |

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)?

(Circle one number on each line)

| | YES | NO |
|---|-----|----|
| a. Cut down the amount of time you spend on work or other activities | 1 | 2 |
| b. Accomplished less than you would like | 1 | 2 |
| c. Didn't do work or other activities as carefully as usual | 1 | 2 |

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?

(Circle one number)

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

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

(Circle one number)

- | | |
|-------------|---|
| None | 1 |
| Very mild | 2 |
| Mild | 3 |
| Moderate | 4 |
| Severe | 5 |
| Very severe | 6 |

8. During the past 4 weeks, how much did pain interfere with your normal work (Including work outside the house and housework)

(Circle one number)

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

9. These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the 1 answer that comes closest to the way you have been feeling. How much of the time during the last 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 |
|--|-----------------|------------------|------------------------|------------------|----------------------|------------------|
| a. Did you feel full of pep? | 1 | 2 | 3 | 4 | 5 | 6 |
| b. Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| e. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| f. Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| g. Did you feel worn out? | 1 | 2 | 3 | 4 | 5 | 6 |
| h. Have you been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |
| i. 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, etc.)?

(Circle one number)

- All of the time 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time 5

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

(Circle one number on each line)

| | Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|--|-----------------|-------------|------------|--------------|------------------|
| a. I seem to get sick a lot easier than other people | 1 | 2 | 3 | 4 | 5 |
| b. I am as healthy as anybody I know | 1 | 2 | 3 | 4 | 5 |
| c. I expect my health to get worse | 1 | 2 | 3 | 4 | 5 |
| d. My health is excellent | 1 | 2 | 3 | 4 | 5 |

12. Have you had any injuries or other important changes in your health since you completed the last survey?

NO

YES..... ----->

If YES, please list whatever injuries or health changes you have had:

13. Have you had any surgeries or hospitalizations since you completed the last survey?

NO

YES..... ----->

If YES, please list whatever surgeries or hospitalizations you have had:

14. Have you changed your medication since you completed the last survey?

NO

YES..... ----->

If YES, please list changes you have done to your medication:

Thank you for answering these questions!