

Health Status Questionnaire

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 bubbles. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is...
Please select one response.

Excellent	Very Good	Good	Fair	Poor
①	②	③	④	⑤

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

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

Health and Daily Activities

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?

Please select one response for each question.

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

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?

Please select one response for each question.

	Yes	No
13. Cut down on the amount of time you spent on work or other activities.....	①	②
14. Accomplished less than you would like.....	①	②
15. Were limited in the kind of work or other activities	①	②
16. Had difficulty performing the work or other activities (for example, it took extra effort)	①	②

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?)

Please select one response for each question.

	Yes	No
17. Cut down the amount of time you spent on work or other activities	①	②
18. Accomplished less than you would like	①	②
19. Didn't do work or other activities as carefully as usual	①	②

20. 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?

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

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

Please select one response

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

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

Please select one response

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

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.

	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
23. Did you feel full of pep?	①	②	③	④	⑤	⑥
24. Have you been a very nervous person?	①	②	③	④	⑤	⑥
25. Have you felt so down in the dumps that nothing could cheer you up?	①	②	③	④	⑤	⑥
26. Have you felt calm and peaceful?	①	②	③	④	⑤	⑥
27. Did you have a lot of energy?	①	②	③	④	⑤	⑥
28. Have you felt downhearted and blue?	①	②	③	④	⑤	⑥
29. Have you been a happy person?	①	②	③	④	⑤	⑥
31. Did you feel tired?.....	①	②	③	④	⑤	⑥

32. 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.)?	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	①	②	③	④	⑤

How true or false is each of the following statements for you?
Please select one response for each question.

33. I seem to get sick a little easier than other people	①	②	③	④	⑤
34. I am as health as anybody I know	①	②	③	④	⑤
35. I expect my health to get worse.....	①	②	③	④	⑤
36. My health is excellent	①	②	③	④	⑤

Please answer Yes or No for each question.

	Yes	No
37. In the past year, have you had two weeks or more during with you felt sad, blue or depressed; or when you lost all interest or pleasure in things you usually cared about or enjoyed?	①	②
38. Have you had two years or more in your life with you felt depressed or sad most days, even if you felt okay sometimes?.....	①	②
39. Have you felt depressed or sad much of the time in the past year?.....	①	②