


No.	Item Description	Data Value
<b>a</b>	Data collected? DB Name: [ zDataCollected ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
<b>b</b>	Date of assessment DB Name: [ zFormDate ]	<input type="text"/> <input type="text"/> <input type="text"/>  (dd-mmm-yyyy) Complete
INSTRUCTIONS: 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. Answer each question by selecting the appropriate response and checking the corresponding circle. 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 DB Name: [ Q01 ]	<input type="radio"/> 1 - (1) Excellent <input type="radio"/> 2 - (2) Very good <input type="radio"/> 3 - (3) Good <input type="radio"/> 4 - (4) Fair <input type="radio"/> 5 - (5) Poor
2	Compared to one year ago, how would you rate your health in general now? DB Name: [ Q02 ]	<input type="radio"/> 1 - (1) Much better now than one year ago <input type="radio"/> 2 - (2) Somewhat better now than one year ago <input type="radio"/> 3 - (3) About the same as one year ago <input type="radio"/> 4 - (4) Somewhat worse now than one year ago <input type="radio"/> 5 - (5) Much worse now than one year ago
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 check the circle that comes the closest to the way you have been feeling.		
3	Vigorous activities such as running, lifting heavy objects, participating in strenuous sports DB Name: [ Q03 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
4	<u>Moderate</u> activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf DB Name: [ Q04 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
5	Lifting or carrying groceries DB Name: [ Q05 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
6	Climbing <u>several</u> flights of stairs DB Name: [ Q06 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
7	Climbing <u>one</u> flight of stairs DB Name: [ Q07 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
8	Bending, kneeling, or stooping DB Name: [ Q08 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
9	Walking <u>more than a mile</u> DB Name: [ Q09 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
10	Walking <u>several hundred yards</u> DB Name: [ Q10 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
11	Walking <u>one hundred yards</u> DB Name: [ Q11 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all
12	Bathing or dressing yourself DB Name: [ Q12 ]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all

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?

13	Cut down on the amount of time you spent on work or other Activities DB Name: [ Q13 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time
14	Accomplished less than you would like DB Name: [ Q14 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time
15	Were limited in the kind of work or other activities DB Name: [ Q15 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time
16	Had difficulty performing the work or other activities DB Name: [ Q16 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time

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)?

17	Cut down the amount of time you spent on work or other activities DB Name: [ Q17 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time
18	Accomplished less than you would like DB Name: [ Q18 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time
19	Didn't do work or other activities as carefully as usual DB Name: [ Q19 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time
20	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities? DB Name: [ Q20 ]	<input type="radio"/> 1 - (1) Not at all <input type="radio"/> 2 - (2) Slightly <input type="radio"/> 3 - (3) Moderately <input type="radio"/> 4 - (4) Quite a bit <input type="radio"/> 5 - (5) Extremely
21	How much bodily pain have you had in the past 4 weeks? DB Name: [ Q21 ]	<input type="radio"/> 1 - (1) None <input type="radio"/> 2 - (2) Very mild <input type="radio"/> 3 - (3) Mild <input type="radio"/> 4 - (4) Moderate <input type="radio"/> 5 - (5) Severe <input type="radio"/> 6 - (6) Very severe
22	During the past 4 weeks, how much did pain interfere with your normal work? DB Name: [ Q22 ]	<input type="radio"/> 1 - (1) Not at all <input type="radio"/> 2 - (2) Slightly <input type="radio"/> 3 - (3) Moderately <input type="radio"/> 4 - (4) Quite a bit <input type="radio"/> 5 - (5) Extremely

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

23	Did you feel full of pep? DB Name: [ Q23 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
24	Have you been a very nervous person? DB Name: [ Q24 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
25	Have you felt so down in the dumps that nothing could cheer you up? DB Name: [ Q25 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
26	Have you felt calm and peaceful? DB Name: [ Q26 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
27	Did you have a lot of energy? DB Name: [ Q27 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
28	Have you felt downhearted and blue? DB Name: [ Q28 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
29	Did you feel worn out? DB Name: [ Q29 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
30	Have you been a happy person? DB Name: [ Q30 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time
31	Did you feel tired? DB Name: [ Q31 ]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time

32	<p>During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities?</p> <p>DB Name: [ Q32 ]</p>	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time
<p>How true or false is each of the following statements for you? Check the circle of the answer that best corresponds to how you feel about each statement.</p>		
33	<p>I seem to get sick a little easier than other people</p> <p>DB Name: [ Q33 ]</p>	<input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false <input type="radio"/> 5 - (5) Definitely false
34	<p>I am as healthy as anyone I know</p> <p>DB Name: [ Q34 ]</p>	<input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false <input type="radio"/> 5 - (5) Definitely false
35	<p>I expect my health to get worse</p> <p>DB Name: [ Q35 ]</p>	<input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false <input type="radio"/> 5 - (5) Definitely false
36	<p>My health is excellent</p> <p>DB Name: [ Q36 ]</p>	<input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false <input type="radio"/> 5 - (5) Definitely false
c	<p>General Comments</p> <p>DB Name: [ zNotes ]</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>(250 char.)</p>