



Participant ID: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Clinical Center: \_\_\_\_\_

Site: \_\_\_\_\_

Visit Number: \_\_\_\_\_

CRF Date: \_\_\_\_\_

RC ID: \_\_\_\_\_

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## GENERAL HEALTH QUESTIONNAIRE

1. Technician ID: \_\_\_\_\_

2. In the last year, did you try to lose weight through diet and exercise?

<sub>1</sub> Yes      <sub>0</sub> No

3. The following questions are about how you felt during the last week. For each question, please give the one answer that comes closest to the way you have been feeling. How often in the last week did you feel this way?

A. I felt that everything I did was an effort.

- <sub>1</sub> Rarely or none of the time (< 1 day)
- <sub>2</sub> Some or a little of the time (1- 2 days)
- <sub>3</sub> A moderate amount of the time (3 - 4 days)
- <sub>4</sub> Most of the time

B. I could not get going.

- <sub>1</sub> Rarely or none of the time (< 1 day)
- <sub>2</sub> Some or a little of the time (1- 2 days)
- <sub>3</sub> A moderate amount of the time (3 - 4 days)
- <sub>4</sub> Most of the time