

Patient ID: _____

Reviewer ID: _____

Date: ____ / ____ / ____
month day year

Quality of Life

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

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

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

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

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 (1)	Yes, limited a little (2)	No, not limited at all (3)
a. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports			
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
c. Lifting or carrying groceries			
d. Climbing several flights of stairs			
e. Climbing one flight of stairs			
f. Bending, kneeling or stooping			
g. Walking more than a mile			
h. Walking several blocks			
i. Walking one block			
j. Bathing or dressing yourself			

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?

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

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)?

	Yes (1)	No (2)
a. Cut down the amount of time you spent on work or other activities		
b. Accomplished less than you would like		
c. Didn't do work or other activities as carefully as usual		

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?

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

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

- ₁ None
- ₂ Very mild
- ₃ Mild
- ₄ Moderate
- ₅ Severe
- ₆ 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)?

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

9. 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. How much of the time during the past 4 weeks ...

	All of the time (1)	Most of the time (2)	A good bit of the time (3)	Some of the time (4)	A little of the time (5)	None of the time (6)
a. Did you feel full of pep?						
b. Have you been a very nervous person?						
c. Have you felt so down in the dumps that nothing could cheer you up?						
d. Have you felt calm and peaceful?						
e. Did you have a lot of energy?						
f. Have you felt downhearted and blue?						
g. Did you feel worn out?						
h. Have you been a happy person?						
i. Did you feel tired?						

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.)?

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

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

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