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 user: **Kathy Lane**   staff id: **30013**   login: **10/27/2010 12:34:37**
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## My Health

PID: 0	Acrostic: 0	Visit:
Date Form Completed: <b>d_form</b>	Administration Type: <b>admin</b>	
Reviewed by: <b>compby</b>	Language: <b>language</b> English	

### C. My Health

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

**sfhlth1**

- 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?

**sfhlth2**

- 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 questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports

**sfvig**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

**sfmod**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**c. Lifting or carrying groceries****sflift**

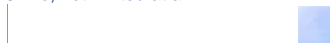
- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**d. Climbing **several** flights of stairs****sfsevfl**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**e. Climbing **one** flight of stairs****sfonefl**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**f. Bending, kneeling, or stooping****sfbend**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**g. Walking more than a mile****sfwalk1**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all

**h. Walking several hundred yards****sfwalk2**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all



i. Walking one hundred yards

**sfwalk3**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all



j. Bathing or dressing yourself

**sfbath**

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all



### C. My Health - continued

4. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Cut down on the amount of time you spent on work or other activities

**sfwork1**

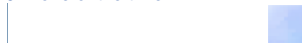
- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time



b. Accomplished less than you would like

**sfless1**

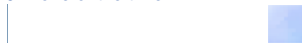
- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time



c. Were limited in the kind of work or other activities

**sflimit**

- 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



d. Had difficulty performing the work or other activities (for example, it took extra effort)

## sfextra

- 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



5. During the **past 4 weeks**, how much of the time 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)?

- a. Cut down on the amount of time you spend on work or other activities

## sfwork2

- 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



- b. Accomplished less than you would like

## sfless2

- 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



- c. Did work or other activities less carefully than usual

## sfiscare

- 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



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?

## sfinterfer

- 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**?

## sfpain1

- 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)?

## sfpain2

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

## C. My Health - continued

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

- a. Did you feel full of life?

## sfull

- 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

- b. Have you been very nervous?

## sfnerv

- 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

- c. Have you felt so down in the dumps nothing could cheer you up?

## sfdumps

- 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

- d. Have you felt calm and peaceful?

## sfcalm

- 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

e. Did you have a lot of energy?

**sfenergy**

- 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

f. Have you felt downhearted and depressed?

**sfdep**

- 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

g. Did you feel worn out?

**sfwrnout**

- 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

h. Have you been happy?

**sfhappy**

- 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

i. Did you feel tired?

**stfired**

- 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

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.)?

**sfsocial**

- 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?

a. I seem to get sick a little easier than other people

**sfstick**

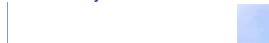
- 1 Definitely true
- 2 Mostly true
- 3 Don't know
- 4 Mostly false
- 5 Definitely false



b. I am as healthy as anybody i know

**sfashlth**

- 1 Definitely true
- 2 Mostly true
- 3 Don't know
- 4 Mostly false
- 5 Definitely false



c. I expect my health to get worse

**sfworse**

- 1 Definitely true
- 2 Mostly true
- 3 Don't know
- 4 Mostly false
- 5 Definitely false



d. My health is excellent

**sfexcel**

- 1 Definitely true
- 2 Mostly true
- 3 Don't know
- 4 Mostly false
- 5 Definitely false



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