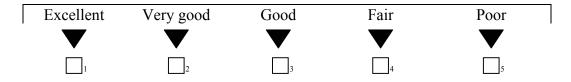
Your Health and Well-Being

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. *Thank you for completing this survey!*

For each of the following questions, please mark an \boxtimes in the one box that best describes your answer.

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



2. 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?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	l	2	3
ь Climbing several flights of stairs		2	3

			All of	Most	Some	A little	No
			the time	of the time	of the time	of the time	of tii
a Accomplished le	ess than you wou	ıld					
like			1	2	3	4	[
ь Were limited in to other activities	the <u>kind</u> of work	or	1	2	3	4	[
During the <u>past</u>	4 weeks, how	v much <i>e</i>	of the t	ime hav	ve vou l	had anv	of
following probl	ems with you	r work (or othe	r regula	ar daily	activiti	ies <u>a</u>
following probl	ems with you	r work (or other ch as for All of	r regulared regu	ar daily lepress Some	activitied or an	ies <u>a</u> 1xio
following probl	ems with you	r work (or other ch as for All of the	r regularies regularie	ar daily lepress Some of the	A little of the	ies <u>a</u> 1xio No of
following probl	ems with you	r work (or other ch as for All of	r regulared regu	ar daily lepress Some	A little of the	ies <u>a</u> 1xio No of
following probl	ems with you notional prob	r work (<u>lems</u> (su	All of the time	Most of the time	Some of the time	A little of the time	No of tir
following proble result of any em	ems with you notional prob	r work (lems (su	All of the time	Most of the time	Some of the time	A little of the time	No of tir
Accomplished le	ems with you notional probes than you would reactivities less sual	r work (lems (su	All of the time	Most of the time	Some of the time	A little of the time	No of tim
following proble result of any em a Accomplished le	ems with you notional probes than you would be activities less sual	r work of lems (su	All of the time	Most of the time	Some of the time	A little of the time	No of tim

6.	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 during the past 4 weeks								
		All of the time	Most Some of the time time		None of the time				
	^а Have you felt calm and peaceful ⁶ ^b Did you have a lot of energy?	<u></u>		_					
	Have you felt downhearted and depressed?								
7.	During the <u>past 4 weeks</u> , how <u>emotional problems</u> interfer friends, relatives, etc.)?		•						
	All of the time time	Some of the time	A little of the time	None of the time	e				
		▼	▼	▼					

Thank you for completing these questions!