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# Your Health and Well-Being

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**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  in the one box that best describes your answer.**

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

Excellent	Very good	Good	Fair	Poor
▼	▼	▼	▼	▼
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**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
▼	▼	▼

- a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>
- b. Climbing several flights of stairs ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>

**3. 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?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼

- a Accomplished less than you would like ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>
- b Were limited in the kind of work or other activities ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>

**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 any emotional problems (such as feeling depressed or anxious)?**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼

- a Accomplished less than you would like..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>
- b Did work or other activities less carefully than usual..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>

**5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

Not at all	A little bit	Moderately	Quite a bit	Extremely
▼	▼	▼	▼	▼
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

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 time during the **past 4 weeks**...

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼

- a Have you felt calm and peaceful? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- b Did you have a lot of energy? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- c Have you felt downhearted and depressed? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

7. 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.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

*Thank you for completing these questions!*