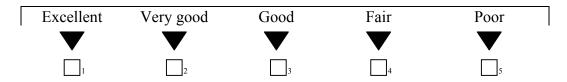
Your Health and Well-Being

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, Yes, No, not limited limited limited a lot a little at all

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

			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					
			1	2	3	4	[
b Were limited in other activities	the <u>kind</u> of work	or	1	2	3	4	[
				_			
During the past							
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Accomplished less Did work or oth carefully than u	ess than you wou er 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

These questions are about during the past 4 weeks. comes closest to the way during the past 4 weeks.	For each quest you have been f	ion, please give	e the one ans	•
	All of the time	Most Some of the time time	e of the	None of the time
a Have you felt calm and peac				
e Have you felt downhearted a depressed?	and			
During the <u>past 4 weeks</u> , <u>emotional problems</u> inte friends, relatives, etc.)?		•		
All of the Most of time time	the Some of the time	A little of the time	None of the time	
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Thank you for completing these questions!