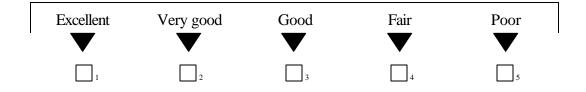
Your Health and Well-Being

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!*

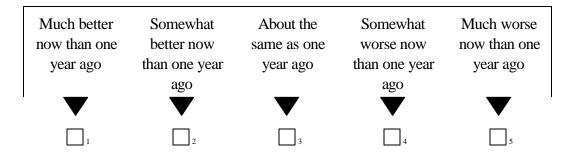
For each of the following questions, please mark an \boxtimes in the one box that best describes your answer.

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



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

now?



3. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

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

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

	All of the time			A little of the time	
^a Cut down on the <u>amount of time</u> you spent on work or other activities	1		3	4	5
Accomplished less than you would like	1		3	4	5
Were limited in the <u>kind</u> of work or other activities	1	2	3	4	5
Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	1	2	3	4	5
During the <u>past 4 weeks</u> , how much of to following problems with your work or or <u>result of any emotional problems</u> (such	other reg	gular da	aily acti	vities <u>as</u>	a
	All of the time			A little of the time	
^a Cut down on the <u>amount of time</u> you spent on work or other activities	🔲 1	2	3	4	5
b Accomplished less than you would like	1	2	3	4	5
Did work or other activities <u>less carefully</u> than usual	🔲 1	2	3	4	5

5.

Not at all	Slightly	Moderately	Quite a bit	Extremely	
		▼ □ 3	4		
		ve you had du			
None	Very mild	Mild	Moderate	Severe	Very Se
1	2	3	4	5	
During the p	ast 4 weeks,	how much did	l <u>pain</u> interfei	re with your	normal

			All of the time		Some of the time		None of the time
a Did you feel ful	ll of life?			▼ 2	▼ 3	4	5
ь Have you been	very nervous?		1		3	4	5
Have you felt so that nothing cou	o down in the du uld cheer you up?		1	2	3	4	5
d Have you felt c	alm and peaceful	?	1	2	3	4	5
e Did you have a	lot of energy?		1	2	3	4	5
Have you felt d depressed?	lownhearted and		1	2	3	4	5
g Did you feel wo	orn out?		1	2	3	4	5
h Have you been	happy?		11	2	3	4	5
i Did you feel tire	ed?				3	4	5
During the <u>pa</u> or emotional friends, relat	l problems in						
All of the	Most of the	Some of the	A little		None of th	ne	
	timo	time	tin	ne	time	İ	
time	time			7			

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

	Definitely true	Mostly	Don't	Mostly	Definitely
	true	true	know	false	false
^a I seem to get sick a little easier					
than other people		2	8	3	4
		_			
ь I am as healthy as anybody I know	1	2	8	3	4
c I expect my health to get worse		2	8	3	4
1 5					
Mr. boolds is availant					
d My health is excellent	1	2	8	3	4

THANK YOU FOR COMPLETING THESE QUESTIONS!