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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Very good | Good | Fair | Poor |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Much better now than one year ago | Somewhat better  now than one year ago | About the same as  one year ago | Somewhat worse  now than one year ago | Much worse now than one year ago |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

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

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?

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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All of  the time | Most of  the time | Some of  the time | A little of the time | None of  the time |
|  |  |  |  |  |  |
| a Cut down on the amount of  time you spent on work or  other activities  1  2  3  4  5 | | | | | |
| b Accomplished less than you  would like  1  2  3  4  5 | | | | | |
| c Were limited in the kind of  work or other activities  1  2  3  4  5 | | | | | |
| d Had difficulty performing the  work or other activities (for  example, it took extra effort)  1  2  3  4  5 | | | | | |

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)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All of  the time | Most of  the time | Some of  the time | A little of the time | None of  the time |
|  |  |  |  |  |  |
| a Cut down on the amount of  time you spent on work or  other activities  1  2  3  4  5 | | | | | |
| b Accomplished less than you  would like  1  2  3  4  5 | | | | | |
| c Did work or other activities  less carefully than usual  1  2  3  4  5 | | | | | |

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?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Slightly | Moderately | Quite a bit | Extremely |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

7. How much bodily pain have you had during the past 4 weeks?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| None | Very mild | Mild | Moderate | Severe | Very severe | |
|  |  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 |

8. 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 |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

9. 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 Did you feel full of life?  1  2  3  4  5 | | | | | |
| b Have you been very nervous?  1  2  3  4  5 | | | | | |
| c Have you felt so down in the  dumps that nothing could  cheer you up?  1  2  3  4  5 | | | | | |
| d Have you felt calm and  peaceful?  1  2  3  4  5 | | | | | |
| e Did you have a lot of energy?  1  2  3  4  5 | | | | | |
| f Have you felt downhearted  and depressed?  1  2  3  4  5 | | | | | |
| g Did you feel worn out?  1  2  3  4  5 | | | | | |
| h Have you been happy?  1  2  3  4  5 | | | | | |
| i Did you feel tired?  1  2  3  4  5 | | | | | |

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 with friends, relatives, etc.)?

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Definitely true | Mostly  true | Don’t  know | Mostly  false | Definitely false |
|  |  |  |  |  |  |
| a I seem to get sick a little easier than other people  1  2  3  4  5 | | | | | |
| b I am as healthy as  anybody I know  1  2  3  4  5 | | | | | |
| c I expect my health to  get worse  1  2  3  4  5 | | | | | |
| d My health is excellent  1  2  3  4  5 | | | | | |

*Thank you for completing these questions!*