

RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: _____

1. In general, would you say your health is: Excellent 1
 (Circle One Number) Very Good 2
Good 3
Fair..... 4
Poor..... 5
2. Compared to one year ago, how would you rate your: Much better than one year ago 1
 general health right now ? Somewhat better than one year ago 2
 (Circle One Number) About the same 3
Somewhat worse now than one year ago 4
Much worse now than one year ago 5

The following items are about activities you might do during a typical day: Does your health now limit you in these activities? If so, how much? (Circle One Number on Each Line)	Yes, Limited <u>A Lot</u>	Yes, Limited <u>A Little</u>	No, Not Limited <u>at All</u>
3. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports.....	1	2	3
4. Moderate activities , such as moving a table pushing a vacuum cleaner, bowling or playing golf.....	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing several flights of stairs.....	1	2	3
7. Climbing one flight of stairs	1	2	3
8. Bending, kneeling or stooping	1	2	3
9. Walking more than a mile	1	2	3
10. Walking several blocks	1	2	3
11. Walking one block	1	2	3
12. Bathing or dressing yourself	1	2	3

During the past 4 weeks , have you had any of the following problems with your work or other regular daily activities as a result of your physical health ?: (Circle One Number on Each Line)	<u>Yes</u>	<u>No</u>
13. Cut down the amount of time you spend on work or other activities	1	2
14. Accomplish less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, took extra effort)	1	2

During the past 4 weeks , have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems ? : (depressed, anxious) (Circle One Number on Each Line)	<u>Yes</u>	<u>No</u>
17. Cut down the amount of time you spend on work or other activities	1	2
18. Accomplish less than you would like	1	2
19. Didn't do work or other activities as carefully as usual.....	1	2
20. During the past 4 weeks , to what extent has your physical health or emotional: Not at all..... 1 problems interfered with your normal social activities with family, friends, Slightly 2 neighbors or groups? Moderate..... 3 (Circle One Number) Quite a bit..... 4 Good..... 5		

21. How much **bodily** pain have you had during the **past 4 weeks**:
(Circle One Number)
- None..... 1
 Very Mild..... 2
 Mild..... 3
 Moderate 4
 Severe..... 5
 Very Severe..... 6
22. During the **past 4 weeks**, how much did pain interfere with your normal work (including both work outside the home and housework ?
(Circle One Number)
- Not at all..... 1
 Slightly 2
 Moderately 3
 Quite a bit..... 4
 Extremely 5

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 . . . (Circle One Number on Each Line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?.....	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up ?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Do you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?.....	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?.....	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

32. During the **past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities like visiting with family, friends, relatives, etc.?
(Circle One Number)
- All of the time 1
 Most of the time 2
 Some of the time 3
 A little of the time 4
 None of the time..... 5

How TRUE or FALSE is each of the following statements for you? (Circle One Number on Each Line)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Comments: _____

Patient Signature: _____

Date _____