

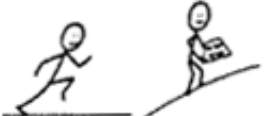


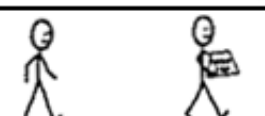

Name: _____ DOB ____/____/____

Physician: _____

Directions: Circle the number next to the picture that best describes you.

1 PHYSICAL FITNESS




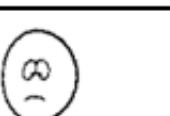
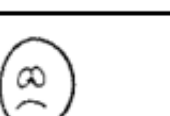
During the past 4 weeks...
 What was the hardest physical activity you could do for at least 2 minutes?

Very heavy (for example) • Run, fast pace • Carry a heavy load upstairs or uphill (25lbs/10kgs)		1
Heavy (for example) • Jog, slow pace • Climb stairs or a hill moderate pace		2
Moderate (for example) • Walk, fast pace • Carry a heavy load on level ground (25lbs/10kgs)		3
Light (for example) • Walk, medium pace • Carry light load on level ground (10lbs/10kgs)		4
Very light (for example) • Walk, slow pace • Wash dishes		5

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2 FEELINGS





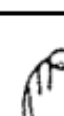
During the past 4 weeks...
 How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue?

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

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3 DAILY ACTIVITIES

During the past 4 weeks...
 How much difficulty have you had doing your usual activities or task, both inside and outside the house because of your physical and emotional health?

No difficulty at all		1
A little bit of difficulty		2
Some difficulty		3
Much difficulty		4
Could not do		5

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Name: _____ DOB ____/____/____

Physician: _____

Directions: Circle the number next to the picture that best describes you.

4 SOCIAL ACTIVITIES






During the past 4 weeks...
Has your physical and emotional health limited your social activities with family, friends, neighbors or groups?

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

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5 PAIN





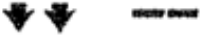
During the past 4 weeks...
How much bodily pain have you generally had?

No pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5

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6 CHANGE IN HEALTH

How would you rate your overall health now compared to 4 weeks ago?

Much better		1
A little better		2
About the same		3
A little worse		4
Much worse		5

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Name: _____ DOB ____/____/____

Physician: _____

Directions: Circle the number next to the picture that best describes you.

7 OVERALL HEALTH

During the past 4 weeks...
How would you rate your health in general?






Excellent		1
Very good		2
Good		3
Fair		4
Poor		5

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8 SOCIAL SUPPORT

During the past 4 weeks...
Was someone available to help you if you needed and wanted help? For example if you


- felt very nervous, lonely, or blue
- got sick and had to stay in bed
- needed someone to talk to
- needed help with daily chores
- needed help just taking care of yourself

Yes, as much as I wanted		1
Yes, quite a bit		2
Yes, some		3
Yes, a little		4
No, not at all		5

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9 QUALITY OF LIFE

How have things been going for you during the past 4 weeks?

	Very well: could hardly be better	1
	Pretty good	2
	Good & bad parts about equal	3
	Pretty bad	4
	Very bad: could hardly be worse	5

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