

RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: _____

1. In general, would you say your health is:
(Circle One Number)
- | | |
|----------------|---|
| Excellent..... | 1 |
| Very Good..... | 2 |
| Good..... | 3 |
| Fair..... | 4 |
| Poor..... | 5 |
-
2. Compared to one year ago, how would you rate your:
general health right now ?
(Circle One Number)
- | | |
|---|---|
| Much better than one year ago..... | 1 |
| Somewhat better than one year ago..... | 2 |
| 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)	Yes	No
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)	Yes	No
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 problems interfered with your normal social activities with family, friends, neighbors or groups?
(Circle One Number)
- | | |
|------------------|---|
| Not at all..... | 1 |
| Slightly..... | 2 |
| Moderate..... | 3 |
| Quite a bit..... | 4 |
| Good..... | 5 |

**More questions on back*

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)

- Nor 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: _____