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)

- Heavy (for example)
  - Jog, slow pace
  - Climb stairs or a hill moderate pace

- Moderate (for example)
  - Walk, fast pace
  - Carry a heavy load on level ground (25lbs/10kgs)

- Light (for example)
  - Walk, medium pace
  - Carry light load on level ground (10lbs/10kgs)

- Very light (for example)
  - Walk, slow pace
  - Wash dishes

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
- Slightly
- Moderately
- Quite a bit
- Extremely

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
- A little bit of difficulty
- Some difficulty
- Much difficulty
- Could not do

Name: __________________________
DOB: / /
Physician: ________________________
Directions: Circle the number next to the picture that best describes you.

### SOCIAL ACTIVITIES

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### PAIN

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

<table>
<thead>
<tr>
<th>No pain</th>
<th>Very mild pain</th>
<th>Mild pain</th>
<th>Moderate pain</th>
<th>Severe pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### CHANGE IN HEALTH

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

<table>
<thead>
<tr>
<th>Much better</th>
<th>A little better</th>
<th>About the same</th>
<th>A little worse</th>
<th>Much worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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 |

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 |

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 |