NAM	E	ATE	CASE#	
	Rand 36-Item Hea	alth Survey 1.0		
1.	In general, would you say your he	ealth is:		
		Very Good Fair	gllent good	2 3 4
2.	Compared to 1 year ago, how would general now?	d you rate y	our health i	in
	Much better now that Somewhat better now About the same Somewhat worse now Much worse now than	than 1 year than 1 year	r ago 	2 3 4
The day	h?			
	<u>-</u>	<u> </u>	11012211 011	211011 22112
		Yes Limited a lot	Yes limited a little	No not limited At all
3.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	s 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 stair	as 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

1

2

2

3

3

11. Walking one block

12. Bathing or dressing yourself

CASE#

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?**

	CIRC	CLE ONE	NUMBER	ON	EACH	LINE
		Y	es		No	>
13.	Cut down the amount of time you spend on work or other activities		1		2	
14.	Accomplished 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 ot activities (for example it took extra ef		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 (such as feeling depressed or anxious)

	CIRCLE	ONE NUMBER Yes	ON EACH LINE No
17.	Cut down the amount of time you spend on work or other activities	1	2
18.	Accomplished 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 1 number)

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

21. How much **bodily** pain have you had in the **past 4 weeks?** (circle 1 number)

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

NAME	DATE	CASE#	
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22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (Including work outside the house **and** housework)

(circle 1 number)

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

These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the 1 answer that comes closest to the way you have been feeling. How much of the time during the last 4 weeks...

	CIR	CLE ONI	E NUMBER	ON	EACH L	NE
	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 tha nothing could cheer you up?	t 1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Did 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**, 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.... 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 lot 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