

Today's Date is : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year 104.49

Patient ID \_\_\_\_\_  
Physician ID \_\_\_\_\_  
Clinic ID \_\_\_\_\_

0.0.0, 104.52, 104.53

<b>Mode of Collection</b>	
Self-Administered .....	1
Personal Interview .....	2
Telephone Interview ....	3
Mail .....	4
Other .....	5
101.1	
Administrative Use Only:	

# Health Status Questionnaire 2.0

TO BE COMPLETED BY PATIENT

# Health Status Questionnaire

TO BE COMPLETED BY PATIENT

## INSTRUCTIONS:

This survey asks for your views about your health. This information will be summarized in your medical record and will help your doctors keep track of how you feel and how well you are able to do your usual activities.

Answer every question by circling the appropriate number, 1, 2, 3, ...If you are unsure about how to answer a question, please give the best answer you can and make a comment in the right margin.

1. In general, would you say your health is: *(circle one number)*

- |                 |   |       |
|-----------------|---|-------|
| Excellent ..... | 1 |       |
| Very Good ..... | 2 |       |
| Good .....      | 3 |       |
| Fair .....      | 4 |       |
| Poor .....      | 5 | 100.1 |

2. Compared to one year ago, how would you rate your health in general **now**? *(circle one number)*

- |   |   |       |
|---|---|-------|
| Much better now than one year ago .....     | 1 |       |
| Somewhat better now 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 | 100.2 |

## HEALTH AND DAILY ACTIVITIES

The following questions are about activities you might do during a typical day. Does **your health** limit you in these activities? If so, how much? *(circle one number on each line)*

- |  | Yes, Limited<br>a Lot | Yes, Limited<br>a Little | No, Not<br>Limited at All |       |
|--|-----------------------|--------------------------|---------------------------|-------|
| 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 and dressing yourself .....  | 1                     | 2                        | 3                         | 100.3 |

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 on the <u>amount of time</u> you spent on work or other activities                             | 1   | 2  |       |
| 14. <u>Accomplished less</u> than you would like .....  | 1   | 2  |       |
| 15. Were limited in the <u>kind</u> of work or other activities .....                                       | 1   | 2  |       |
| 16. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort) ..... | 1   | 2  | 100.4 |

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 on each line*)

	YES	NO	
17. Cut down on the <u>amount of time</u> you spent on work or other activities	1	2	
18. <u>Accomplished less</u> than you would like .....	1	2	
19. Didn't do work or other activities as <u>carefully</u> as usual .....	1	2	100.5

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	
Moderately .....	3	
Quite a bit.....	4	
Extremely .....	5	100.6

**PAIN**

21. How much bodily pain have you had during the **past 4 weeks**? (*circle one number*) 100.7

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 work both outside the home and housework)? (*circle one number*)

Not at all .....	1	
A little bit .....	2	
Moderately .....	3	
Quite a bit.....	4	
Extremely .....	5	100.8

**YOUR FEELINGS**

These questions are about how you feel and how things have been with you during the past month. For each question, please indicate the one answer that comes closest to the way you have been feeling.

100.694

How much of the time during the past month... (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 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. 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, e tc.)? (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

100.695

**HEALTH IN GENERAL**

How **TRUE** or **FALSE** is each of the following statements for you? (circle one number on each line)

100.11

	Definitely true	Mostly true	Not Sure	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

Please answer **YES** or **NO** for each question by circling "1" or "2" on each line.

100.121

	YES	NO
37. In the past year, have you had 2 weeks or more during which you felt sad, blue, or depressed; or when you lost all interest or pleasure in things that you usually cared about or enjoyed? .....	1	2
38. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes? .....	1	2
39. Have you felt depressed or sad much of the time in the past year? .....	1	2