Instructions: This survey asks for your views about your health. This information will help keep track of how you feel and how well your are able to do your usual activities.

Q 1: In general, would you say your health is:

1☐ Excellent
2☐ Very Good
3☐ Good
4☐ Fair
5☐ Poor

Q 2: Compared to one year ago, how would you rate your health in general now?

1☐ Much better now than one year ago
2☐ Somewhat better now than one year ago
3☐ About the same as one year ago
4☐ Somewhat worse now than one year ago
5☐ Much worse now than one year ago

Q 3: The following items are about activities you might do during a typical day. Does your health now limit you in these activities? Is so, how much?

Activities	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
a: **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports.	☐	☐	☐
b: **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐	☐	☐
c: Lifting or carrying groceries	☐	☐	☐
d: Climbing **several** flights of stairs	☐	☐	☐
e: Climbing **one** flight of stairs	☐	☐	☐
f: Bending, kneeling, or stooping	☐	☐	☐
g: Walking **more than one mile**	☐	☐	☐
h: Walking **several blocks**	☐	☐	☐
i: Walking **one block**	☐	☐	☐
j: Bathing or dressing yourself	☐	☐	☐

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 your physical health?

	YES	NO
a Cut down on the **amount of time** you spent on work or other activities	☐	☐
b: **Accomplished less** than you would like	☐	☐
c: Were limited in the **kind** of work or other activities	☐	☐
d: Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐	☐

5: 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)?

	YES	NO
a: Cut down on the **amount of time** you spent of work or other activities	☐	☐
b: **Accomplished less** than you would like	☐	☐
c: Didn't do work or other activities as **carefully** as usual	☐	☐

6: 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?

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

7: How much bodily pain have you had during the past 4 weeks?

1☐ None
2☐ Very Mild
3☐ Mild
4☐ Moderate
5☐ Severe
6☐ Very Severe

8: During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)?

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

9: 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-

	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
a: Did you feel full of pep?	☐	☐	☐	☐	☐	☐
b: Have you been a very nervous person	☐	☐	☐	☐	☐	☐
c: Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
d: Have you felt calm and peaceful	☐	☐	☐	☐	☐	☐
e: Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
f: Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
g: Did you feel worn out?	☐	☐	☐	☐	☐	☐
h: Have you been a happy person?	☐	☐	☐	☐	☐	☐
i: Did you feel tired?	☐	☐	☐	☐	☐	☐

Q10: 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.)?

1☐ All of the time
2☐ Most of the time
3☐ Some of the time
4☐ A little of the time
5☐ None of the time

Q 11: How TRUE or FALSE is <u>each</u> of the following statements for you?

	DEFINITELY TRUE	MOSTLY TRUE	DON'T KNOW	MOSTLY FALSE	DEFINITELY FALSE
a: I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
b: I am as healthy as anybody I know	☐	☐	☐	☐	☐
c: I expect my health to get worse	☐	☐	☐	☐	☐
d: My health is excellent	☐	☐	☐	☐	☐

Finally, a few questions about you....

Q40 Are you...

1 ☐ Male
2 ☐ Female

Q41 How old are you? |__|__| Years

Q42 Are you of Latino or Hispanic origin?

1 ☐ No
2 ☐ Yes

Q43 Which of the following best describes your ethnic background?

1 ☐ Asian/Pacific Islander
2 ☐ Black/African American
3 ☐ Native American
4 ☐ White
5 ☐ Other, *specify:* _____

Q44 What is the highest level of education you have received?

1 ☐ 8th grade or less
2 ☐ Some high school
3 ☐ High school graduate or GED
4 ☐ Trade school (Vocational, Technical, or Business School)
5 ☐ Some college or Associate's degree (including Community College)
6 ☐ Bachelor's degree
7 ☐ Graduate or professional degree
8 ☐ Other, *specify:*_____