Your Health and Well-Being

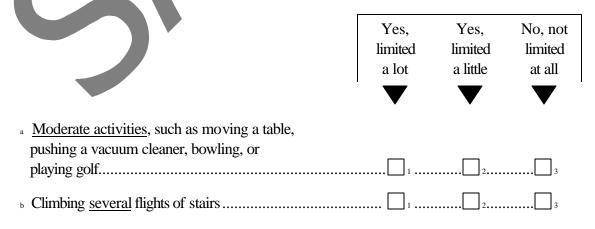
This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. *Thank you for completing this survey!*

For each of the following questions, please mark an \boxtimes in the one box that best describes your answer.

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



2. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?



				All of	Most of	Some	A little	None
					the time	of the	of the	of the
					lacksquare	time	time	time
	omplished less			1	2	3	4	·
	e limited in the activities	· 			2	3	4	
	g the <u>past</u>					- 4		•
follow	ving proble	ems with ye	our wor	lz or oth	er regul	ar dail	v activi	ities a
	of any em	-			_		, -	
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	~ -	-		such as All of	feeling	Some of the	A little of the	None of the
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6.	These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u> . For each question, please give the one									
	answer that comes closest to th	_	_	_						
	of the time during the past 4	• •		cening. 110	v illucii					
	<u> </u>									
		All of the time	Most Some of the the time	of A little of the time	None of the time					
		the time	time time	ne the time	uie uitie					
		•	•							
	^a Have you felt calm and peaceful?	1	2	3 4	5					
	ь Did you have a lot of energy?		2	34	5					
	c Have you felt downhearted and									
	depressed?		2	3 4	5					
7.	During the past 4 weeks, how n	nuch of th	e time has v	our physica	l health					
•	or emotional problems interfere									
	friends, relatives, etc.)?				C					
		ome of the	A little of the	None of th	e					
	time time	time	time	time	I					
		lacktriangledown	V	V						
	1 2	3	4	5						

Thank you for completing these questions!