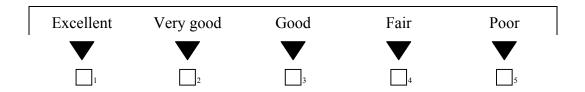
Your Health and Well-Being

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. <u>Compared to one year ago</u>, how would you rate your health in general <u>now</u>?

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

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

	Yes, limited a lot	Yes, limited a little	No, not limited at all	_
^a <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports		2	3	
Moderate activities, such as moving a table pushing a vacuum cleaner, bowling, or playing golf		2	3	
c Lifting or carrying groceries	1		3	
d Climbing several flights of stairs	1		3	
^e Climbing <u>one</u> flight of stairs	1		3	
f Bending, kneeling, or stooping	1		3	
g Walking more than a mile	1		3	
h Walking several hundred yards	1		3	
Walking one hundred yards	1		3	
j Bathing or dressing yourself	1	2	3	

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health? All of Most of Some of A little None of the time the time the time of the the time time a Cut down on the amount of time you spent on work or other activities...... ^c Were limited in the kind of work or other activities \square_1 \square_2 \square_3 \square_4 \square_5 d Had <u>difficulty</u> performing the work or other 5. During the past 4 weeks, how much of the time 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)? All of Most of Some of A little None of the time the time the time of the the time time ^a Cut down on the amount of time you spent on work or other activities 2 3

than usual \square_1 \square_2 \square_3 \square_4 \square_5

c Did work or other activities less carefully

	Slightly	Moderately	Quite a bit	Extremely	
		▼	▼ □4	5	
Iow much <u>bo</u>	odily pain hav	ve you had du	ring the <u>past</u>	4 weeks?	
None	Very mild	Mild	Moderate	Severe	Very Se
	2		▼	<u></u>	
		ow much did	<u>pain</u> interfere	•	ormal
work (includ	ing both worl	k outside the h			7
_			Quite a bit	Extremely	

during the pas comes closest t during the pas	to the way yo	_	_	_			
			All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Did you feel f	ull of life?		1		3	4	5
ь Have you been	n very nervous?		1	2	3	4	5
e Have you felt that nothing co	so down in the could cheer you u	dumps p?	1	2	3	4	5
d Have you felt	calm and peace	ful?	1	2	3	4	5
e Did you have	a lot of energy?		1	2	3	4	5
f Have you felt depressed?	downhearted an	d	1	2	3	4	5
g Did you feel w	vorn out?		1	2	3	4	5
h Have you been	n happy?		1	2		4	5
Did you feel ti	red?		1	2	3	4	5
During the <u>partional</u> or emotional friends, relat	problems int			•			
All of the time	Most of the time	Some of the time		e of the	None of the time	e	
▼	lacksquare	▼		4	▼ □5		

11. How TRUE or FALSE is each 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		▼ □ ₂	3	4	5
ь I am as healthy as anybody I kı	now	2	3	4	5
。I expect my health to get worse	e	2	3	4	5
d My health is excellent		2	3	4	5

THANK YOU FOR COMPLETING THESE QUESTIONS!