RAND 36 ITEM HEALTH SURVEY 1.0

Patient Name: ________________________________

1. In general, would you say your health is:
   (Circle One Number)
   Excellent ................................................. 1
   Very Good .............................................. 2
   Good ....................................................... 3
   Fair.......................................................... 4
   Poor.................................................................. 5

2. Compared to one year ago, how would you rate your:
   general health right now?
   (Circle One Number)
   Much better than one year ago ............... 1
   Somewhat better 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

The following items are about activities you might do during a typical day:

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Yes, Limited A Lot</th>
<th>Yes, Limited A Little</th>
<th>No, Not Limited at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Vigorous activities, such as running, lifting heavy objects,</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>participating in strenuous sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Moderate activities, such as moving a table pushing a vacuum</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>cleaner, bowling or playing golf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Lifting or carrying groceries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Climbing one flight of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Bending, kneeling or stooping</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Walking more than a mile</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Walking several blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Walking one block</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Bathing or dressing yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Cut down the amount of time you spend on work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. Accomplish less than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. Were limited in the kind of work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. Had difficulty performing the work or other activities (for example, took extra effort)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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?: (depressed, anxious) (Circle One Number on Each Line)

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Cut down the amount of time you spend on work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18. Accomplish less than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19. Didn’t do work or other activities as carefully as usual</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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
   Moderate............................ 3
   Quite a bit........................ 4
   Good.............................. 5
21. How much bodily pain have you had during the past 4 weeks?
(Circle One Number)

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 both work outside the home and housework)?
(Circle One Number)

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

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 . . .

(Circle One Number on Each Line)

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 that 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. Do 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, to what extent has your physical health or emotional problems interfered with your normal social activities like visiting with family, friends, relatives, etc.?
(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

How TRUE or FALSE is each of the following statements for you?

(Circle One Number on Each Line)

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

Comments: ________________________________________________

Patient Signature: ____________________________________________ Date ____________________