

H E A L T H S T A T U S Q U E S T I O N N A I R E 2.0

INSTRUCTIONS:

This survey asks for your views about your health. This information will be summarized in your medical record and will help the Program 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 left margin.

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

(circle one number)

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

40. 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

H E A L T H A N D D A I L Y A C T I V I T I E S

41. 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? (Circle 1, 2, or 3 on each line.)

	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	1	2	3
b. <u>Moderate activities</u> such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing <u>several</u> flights of stairs	1	2	3
e. Climbing <u>one</u> flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking <u>more than a mile</u>	1	2	3
h. Walking <u>several blocks</u>	1	2	3
i. Walking <u>one block</u>	1	2	3
j. Bathing and dressing yourself	1	2	3

42. 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? (Please answer YES or NO for each question by circling 1 or 2 on each line.)

	YES	NO
a. Cut down on the <u>amount of time</u> you spent on work or other activities	1	2
b. <u>Accomplished less</u> than you would like	1	2
c. Were limited in the <u>kind</u> of work or other activities	1	2
d. Had <u>difficulty</u> performing the work or other activities (for example: it took extra effort)	1	2

43. 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)? (Please answer YES or NO for each question by circling 1 or 2 on each line.)

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

44. 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

P A I N

45. 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

46. 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

Y O U R F E E L I N G S

47. 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.
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
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

48. 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.)?

(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

49. Please choose the answer that best describes how **true** or **false** each of the following statements is for you.

(circle one number on each line)

	Definitely True	Mostly True	Dont Know	Mostly False	Definitely False
a.I seem to get sick a little easier than other people.	1	2	3	4	5
b.I am as healthy as anybody I know.	1	2	3	4	5
c.I expect my health to get worse.	1	2	3	4	5
d.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.

50. 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?

YES	NO
1	2

51. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

YES	NO
1	2

52. Have you felt depressed or sad much of the time in the past year?

YES	NO
1	2