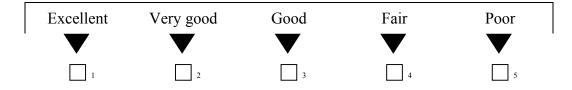
Your Health and Well-Being

This questionnaire 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 year ago	Somewhat better now than one	About the same as one year ago	Somewhat worse now than one	Much worse now than one year ago
	year ago	, ,	year 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	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	▼ 2	V
b	Moderate activities, such as moving a table, using a vacuum cleaner, bowling, or doing tai chi	1	2	3
с	Lifting or carrying groceries	1	2	3
d	Climbing several flights of stairs	1	2	3
e	Climbing one flight of stairs	1	2	3
f	Bending, kneeling, or stooping	1	2	3
g	Walking more than a kilometre	1	2	3
h	Walking several hundred metres	1	2	3
i	Walking one hundred metres	1	2	3
j	Bathing or dressing yourself	1	2	3

	following problems with y result of your physical he	•	or other re	gular daily	activities <u>a</u>	as a
		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a	Cut down on the amount of time you spent on work or other activities	1	2	3	4	5
b	Accomplished less than you would like	1	2	3	4	5
c	Were limited in the <u>kind</u> of work or other activities	1	2	3	4	5
d	Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	1	2	3	4	5
•	During the <u>past 4 weeks</u> , following problems with y result of any emotional problems	your work	or other re	gular daily	activities <u>a</u>	as a
		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a	Cut down on the <u>amount of</u> <u>time</u> you spent on work or other activities	1	2	3	4	5
b	Accomplished less than you would like	1	2	3	4	5
c	Did work or other activities less carefully than usual					

4. During the past 4 weeks, how much of the time have you had any of the

	Not at all	Slightly	Moder	rately	Quite a bit	Extremely
	1			3	4	V 5
7.	How much boo	lily pain have Very mild	you had	during	<u>-</u>	eeks? Very severe
			▼ 3	4	\	6
8.	During the <u>pas</u> work (includin					•
	Not at all	A little bit	Moder	rately	Quite a bit	Extremely
	▼	▼] 3	▼	▼

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... Most of Some of A little of None of All of the time the time the time the time the time a Did you feel full of life? ь Have you been very nervous?...... c Have you felt so sad and low in mood that nothing could cheer you up? _____ 1 ___ 2 ____ 3 ____ d Have you felt calm and peaceful?.... e Did you have a lot of energy? f Have you felt downhearted and depressed? g Did you feel worn out?..... h Have you been happy?..... Did you feel tired? **10.** 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.)? All of Most of Some of A little of None of

the time

the time

the time

the time

the time

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	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

Thank you for completing these questions!