

NAME _____

DATE _____

CASE# _____

Rand 36-Item Health Survey 1.0

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

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

2. Compared to 1 year ago, how would you rate your health in general now?

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

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

CIRCLE ONE NUMBER ON EACH LINE

| Yes Limited a lot | Yes limited a little | No not limited At all |
|-------------------------|----------------------------|-----------------------------|
|-------------------------|----------------------------|-----------------------------|

| | | | |
|-----------------------------------------------------------------------------------------------------------|---|---|---|
| 3. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 |
| 4. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf | 1 | 2 | 3 |
| 5. Lifting or carrying groceries | 1 | 2 | 3 |
| 6. Climbing several flights of stairs | 1 | 2 | 3 |
| 7. Climbing one flight of stairs | 1 | 2 | 3 |
| 8. Bending, kneeling or stooping | 1 | 2 | 3 |
| 9. Walking more than a mile | 1 | 2 | 3 |
| 10. Walking several blocks | 1 | 2 | 3 |
| 11. Walking one block | 1 | 2 | 3 |
| 12. Bathing or dressing yourself | 1 | 2 | 3 |

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

| | Yes | No |
|------------------------------------------------------------------------------------------------------|-----|----|
| 13. Cut down the amount of time you spend on work or other activities | 1 | 2 |
| 14. Accomplished less than you would like | 1 | 2 |
| 15. Were limited in the kind of work or other activities | 1 | 2 |
| 16. Had difficulty performing the work or other activities (for example it took extra effort) | 1 | 2 |

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)

CIRCLE ONE NUMBER ON EACH LINE

| | Yes | No |
|------------------------------------------------------------------------------|-----|----|
| 17. Cut down the amount of time you spend on work or other activities | 1 | 2 |
| 18. Accomplished less than you would like | 1 | 2 |
| 19. Didn't do work or other activities as carefully as usual | 1 | 2 |

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 1 number)

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

21. How much **bodily** pain have you had in the **past 4 weeks?**

(circle 1 number)

- None..... 1
- Very mild..... 2
- Mild..... 3
- Moderate..... 4
- Severe..... 5
- Very severe..... 6

NAME _____ DATE _____ CASE# _____

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (Including work outside the house **and** housework)
(circle 1 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 last 4 weeks**. For each question, please give the 1 answer that comes closest to the way you have been feeling. **How much of the time during the last 4 weeks...**

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 |
|-----------------|------------------|------------------------|------------------|----------------------|------------------|
|-----------------|------------------|------------------------|------------------|----------------------|------------------|

- | | | | | | | |
|-------------------------------------------------------------------------|---|---|---|---|---|---|
| 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. Did 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**, 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 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

| Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|-----------------|-------------|------------|--------------|------------------|
|-----------------|-------------|------------|--------------|------------------|

- | | | | | | | |
|-----|---------------------------------------------------|---|---|---|---|---|
| 33. | I seem to get sick a lot 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 |