

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. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. <b>Moderate activities</b> , 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 <b>several</b> flights of stairs	1	2	3
7. Climbing <b>one</b> flight of stairs	1	2	3
8. Bending, kneeling or stooping	1	2	3
9. Walking <b>more than a mile</b>	1	2	3
10. Walking <b>several blocks</b>	1	2	3
11. Walking <b>one block</b>	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 <b>amount of time</b> you spend on work or other activities	1	2
14. <b>Accomplished less</b> than you would like	1	2
15. Were limited in the <b>kind</b> of work or other activities	1	2
16. Had <b>difficulty</b> 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 <b>amount of time</b> you spend on work or other activities	1	2
18. <b>Accomplished less</b> than you would like	1	2
19. Didn't do work or other activities as <b>carefully</b> 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 |