Your Health

This survey includes a wide variety of questions about your health and your life. We are interested in how you feel about each of these issues.

1. In general, would you say your health is: [Mark an X in the box that best describes your answer.]

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Much better now than one year ago</th>
<th>Somewhat better now than one year ago</th>
<th>About the same as one year ago</th>
<th>Somewhat worse now than one year ago</th>
<th>Much worse now than one year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

3. 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? [Mark an X in a box on each line.]

   a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   c. Lifting or carrying groceries
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   d. Climbing several flights of stairs
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   e. Climbing one flight of stairs
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   f. Bending, kneeling, or stooping
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   g. Walking more than a mile
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   h. Walking several blocks
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   i. Walking one block
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

   j. Bathing or dressing yourself
      Yes, limited a lot
      Yes, limited a little
      Not limited at all
      1    2    3

4. 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?

   a. Cut down the amount of time you spent on work or other activities
      Yes
      No
      1    2

   b. Accomplished less than you would like
      Yes
      No
      1    2

   c. Were limited in the kind of work or other activities
      Yes
      No
      1    2

   d. Had difficulty performing the work or other activities (for example, it took extra effort)
      Yes
      No
      1    2

5. 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?

   a. Cut down the amount of time you spent on work or other activities
      Yes
      No
      1    2

   b. Accomplished less than you would like
      Yes
      No
      1    2

   c. Didn’t do work or other activities as carefully as usual
      Yes
      No
      1    2

6. 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?

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

7. How much bodily pain have you had during the past 4 weeks?

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

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and household work)?

   Not at all
   A little bit
   Moderately
   Quite a bit
   Extremely
   1    2    3    4    5

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...

   a. Did you feel full of pep?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   b. Have you been a very nervous person?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   c. Have you felt so down in the dumps that nothing could cheer you up?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   d. Have you felt calm and peaceful?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   e. Did you have a lot of energy?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   f. Have you felt downhearted and blue?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   g. Did you feel worn out?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   h. Have you been a happy person?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

   i. Did you feel tired?
      All of the time
      Most of the time
      Some of the time
      A little bit of the time
      None of the time
      1    2    3    4    5

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 the time
    Most of the time
    Some of the time
    A little bit of the time
    None of the time
    1    2    3    4    5

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

   a. I seem to get sick a lot more often than other people
      Definitely true
      Mostly true
      Don't know
      Mostly false
      Definitely false
      1    2    3    4    5

   b. I am as healthy as anybody I know
      Definitely true
      Mostly true
      Don't know
      Mostly false
      Definitely false
      1    2    3    4    5

   c. I expect my health to get worse
      Definitely true
      Mostly true
      Don't know
      Mostly false
      Definitely false
      1    2    3    4    5

   d. My health is excellent
      Definitely true
      Mostly true
      Don't know
      Mostly false
      Definitely false
      1    2    3    4    5

Thank you for completing these questions!