

# HEALTH STATUS QUESTIONNAIRE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** This survey asks for your views about your general health. The information will help track how you feel and how well you are able to do your usual activities.

Answer each question by checking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Much Better now
- Somewhat Better now
- About the Same
- Somewhat Worse now
- Much Worse now

## How Much Of The Time During The Past 4 Weeks.....

3. 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

4. Did you feel full of pep?

- 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

5. Have you been a very nervous person?

- 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

6. Have you felt so down in the dumps that nothing could cheer you up?

- 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

7. Have you felt calm and peaceful?

- 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

8. Did you have a lot of energy?

- 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

9. Have you felt downhearted and blue?

- 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

10. Did you feel worn out?

- 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

11. Have you been a happy person?

- 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

12. Did you feel tired?

- 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

13. During the past 4 weeks, how much time has your physical health or emotional problems interfered with you social activities (like visiting friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

**How True or False is each of the following statements for you?**

14. I seem to get sick a little easier than other people.

- Definitely True
- Mostly True
- Don't Know
- Mostly False
- Definitely False

15. I am as healthy as anybody I know.

- Definitely True
- Mostly True
- Don't Know
- Mostly False
- Definitely False

16. I expect my health to get worse.

- Definitely True
- Mostly True
- Don't Know
- Mostly False
- Definitely False

17. My health is excellent.

- Definitely True
- Mostly True
- Don't Know
- Mostly False
- Definitely False

**Please answer Yes or No for each question.**

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 18. In the past year, have you had two weeks of more during which you felt sad, blue, or depressed; or when you lost all your interest or pleasure in things that you usually cared about or enjoyed? | Yes                      | No                       |
|                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you felt depressed or sad much of the time in the past year?                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |