

QUALITY OF LIFE ASSESSMENT

INSTRUCTIONS: This set of questions 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. Answer every question by marking the answer as indicated. If you are unsure about how to answer any questions, please give the best answer you can.

In general, would you say your health is (check only one box):

- Excellent Very good Good Fair Poor

Compared to one year ago, how would you rate your health in general? (Check only one box)

- Much better than one year ago Somewhat worse now than one year ago
 Somewhat better now than one year ago Much worse now than one year ago
 About the same as one year ago

How well have things been going for you?

	Very Well	Fine	Poorly	Does Not Apply
Overall				
At school				
In your job				
In your social life				
With close friends				
With sex				
With your attitude				
With your boyfriend/girlfriend				
With your children				
With your parents				
With your spouse				

The following questions are about activities you might do during a typical day. Does your health limit you? If so, how much?
(Please circle the number corresponding to your answer)

ACTIVITIES	Yes, limited a lot	Yes, limited a little	Not limited at all
Vigorous activities (running, lifting heavy objects, strenuous sports)	1	2	3
Moderate activities (moving a table, vacuuming, bowling, golf)	1	2	3
Lifting or carrying groceries	1	2	3
Climbing several flights of stairs	1	2	3
Climbing one flight of stairs	1	2	3
Bending, kneeling, stooping	1	2	3
Walking more than one mile	1	2	3
Walking several blocks	1	2	3
Walking one block	1	2	3
Bathing/dressing yourself	1	2	3

During the past 4 weeks, have you had any of the following problems with work or other daily activities as a result to your physical health? *(Please circle the number corresponding to your answer)*

ACTIVITIES	Yes	No
Cut down on the amount of time you spend on work or other activities	1	2
Accomplished less than you would like	1	2
Were limited in work or other activities	1	2
Had difficulty performing work or other activities (i.e. "it took extra effort")	1	2

During the past 4 weeks, have you had any of the following problems with work or other daily activities as a result to your emotional health? *(Please circle the number corresponding to your answer)*

ACTIVITIES	Yes	No
Cut down on the amount of time you spent on work or other activities	1	2
Accomplished less than you would like	1	2
Didn't do work or other activities as carefully as usual	1	2

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? *(Please only mark one)*

- Not at all Slightly Moderately Quite a bit Extremely

How much physical pain have you had during the past 4 weeks? *(Please only mark one)*

- None Very mild Mild Moderate Severe Very severe

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? *(Please only mark one)*

- Not at all A little bit Moderately Quite a bit Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. Please give one answer for each item. *(Please circle the number corresponding to your answer)*

	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
Do you feel full of life?	1	2	3	4	5	6
Have you been nervous?	1	2	3	4	5	6
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
Have you felt calm and peaceful?	1	2	3	4	5	6
Did you have a lot of energy?	1	2	3	4	5	6
Have you felt downhearted and blue?	1	2	3	4	5	6
Did you feel worn out?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6
Did you feel tired?	1	2	3	4	5	6

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (with friends, relatives, etc). *Please only mark one.*

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

How TRUE or FALSE is each of the following statements for you? *(Please circle the number corresponding to your answer)*

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people	1	2	3	4	5
I am as healthy as anybody I know	1	2	3	4	5
I expect my health to get worse	1	2	3	4	5
My health is excellent	1	2	3	4	5