## RAND 36-ITEM HEALTH SURVEY 1.0 QUESTIONNAIRE ITEMS

Date: $\qquad$
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?

| 1. In general, would you say <br> your health is: |  |
| :--- | :--- |
| Excellent | 1 |
| Very Good | 2 |
| Good | 3 |
| Fair | 4 |
| Poor | 5 |
| 2. Compared to one year ago how would you <br> rate your health in general now? |  |
| Much better now than one year ago | 1 |
| Somewhat better now than one year ago | 2 |
| About the same | 3 |
| Somewhat worse now than one year ago | 4 |
| Much worse now than one year ago | 5 |


| (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 stopping | [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 spent 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 depressed or anxious)?

|  | Yes | No |
| :--- | :---: | :---: |
| 17. Cut down the amount of time you spent 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 One Number) Not at all 1 Slightly 2 Moderately 3 Quite a bit 4 Extremely 5
21. How much bodily pain have you had during the past 4 weeks?
(Circle One Number) None $1 \quad$ Very mild $2 \quad$ Mild $3 \quad$ Moderate $4 \quad$ Severe 5 Very severe 6

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22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
(Circle One Number) Not at all 1 A little bit 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 past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

| (Circle One Number of 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.)?
(Circle 1 Number) All of the time 1 Most of the time 2 Some of the time 3 A little of the 4 None of the time 5 How TRUE or FALSE is each of the following statements for you.

| (Circle One Number of Each Line) | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 33. I seem to get sick a little 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 expected my health to get worse | 1 | 2 | 3 | 4 | 5 |
| 36. My health is excellent | 1 | 2 | 3 | 4 | 5 |

