
Your Health and Well-Being

This questionnaire 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. *Thank you for completing this survey!*

For each of the following questions, please mark an in the one box that best describes your answer.

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

| | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Very good | Good | Fair | Poor |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

| | | | | |
|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------------|----------------------------------|
| Much better now than one year ago | Somewhat better now than one year ago | About the same as one year ago | Somewhat worse now than one year ago | Much worse now than one year ago |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

3 The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

| | | |
|--------------------------|-----------------------------|------------------------------|
| Yes, limited a lot | Yes, limited a little | No, not limited at all |
| ▼ | ▼ | ▼ |

- a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports 1 2 3
- b Moderate activities, such as moving a table, using a vacuum cleaner, bowling, or doing tai chi 1 2 3
- c Lifting or carrying groceries 1 2 3
- d Climbing several flights of stairs 1 2 3
- e Climbing one flight of stairs 1 2 3
- f Bending, kneeling, or stooping 1 2 3
- g Walking more than a kilometre 1 2 3
- h Walking several hundred metres 1 2 3
- i Walking one hundred metres 1 2 3
- j Bathing or dressing yourself 1 2 3

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

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

- a Cut down on the amount of time you spent on work or other activities 1 2 3 4 5
- b Accomplished less than you would like 1 2 3 4 5
- c Were limited in the kind of work or other activities 1 2 3 4 5
- d Had difficulty performing the work or other activities (for example, it took extra effort) 1 2 3 4 5

5. During the past 4 weeks, how much of the time 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)?

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

- a Cut down on the amount of time you spent on work or other activities 1 2 3 4 5
- b Accomplished less than you would like 1 2 3 4 5
- c Did work or other activities less carefully than usual 1 2 3 4 5

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, neighbours, or groups?

| | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all | Slightly | Moderately | Quite a bit | Extremely |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

| | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| None | Very mild | Mild | Moderate | Severe | Very severe |
| ▼ | ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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

| | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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...

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

- a Did you feel full of life? 1 2 3 4 5
- b Have you been very nervous? 1 2 3 4 5
- c Have you felt so sad and low
in mood that nothing could
cheer you up? 1 2 3 4 5
- d Have you felt calm and
peaceful? 1 2 3 4 5
- e Did you have a lot of energy? 1 2 3 4 5
- f Have you felt downhearted
and depressed? 1 2 3 4 5
- g Did you feel worn out? 1 2 3 4 5
- h Have you been happy? 1 2 3 4 5
- i Did you feel tired? 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 of the time | None of the time |
| ▼ | ▼ | ▼ | ▼ | ▼ |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

11. How TRUE or FALSE is each of the following statements for you?

| | | | | |
|--------------------|----------------|---------------|-----------------|---------------------|
| Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
| ▼ | ▼ | ▼ | ▼ | ▼ |

- a I seem to get sick a little easier than other people 1 2 3 4 5
- b I am as healthy as anybody I know 1 2 3 4 5
- c I expect my health to get worse 1 2 3 4 5
- d My health is excellent 1 2 3 4 5

Thank you for completing these questions!