Your Health and Well-Being

This survey 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 \square in the one box that best describes your answer.

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

					-
Excellent	Very good	Good	Fair	Poor	
•			/ 🔻 👘	•	2
		3	4	5	

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

emeret a state of the state of	Somewhat		Somewhat	
Much better now than one	better now than one	About the same as	worse now than one	Much worse now than one
year ago	year ago	one year ago	year ago	year ago
		•		•
\Box				

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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?

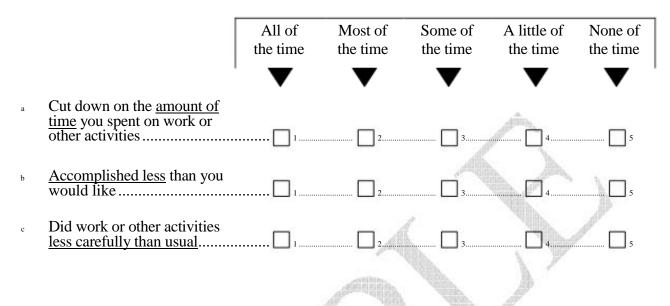
	·	Vac	Vac	No. not
		Yes,	Yes,	No, not
		limited	limited	limited
		a lot	a little	at all
		▼	▼	$\mathbf{\nabla}$
а	Vigorous activities, such as running, lifting			
	heavy objects, participating in strenuous sports	1	2	3
		ß		
b	<u>Moderate activities</u> , such as moving a table, pushing	_flite	100	
	a vacuum cleaner, bowling, or playing golf	1	2	3
	Lifting or carrying groceries			<u>а</u> п.
с	Litting of carrying grocenes	1	2	3
d	Climbing several flights of stairs	1		
e	Climbing <u>one</u> flight of stairs	······ [] 1	2	3
	Danding Impaling on stooping		1 ¹⁰	
f	Bending, kneeling, or stooping	······ [] 1	2	3
g	Walking more than a kilometre		2	3
0		_	_	_
h	Walking several hundred metres	·····················	2	3
i	Walking one hundred metres	······································	<u>L</u> 2	3
i	Bathing or dressing yourself			
J	During of allowing jourout manners and allowing in the second sec			

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

	10. III. III.	CAPACILIAN .				
- AND -	G Y	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 <u>amount of</u> <u>time</u> you spent on work or other activities	1	2	3	4	5
b	Accomplished less than you would like	1	2		4	5
с	Were limited in the <u>kind</u> of work or other activities		2		4	5
d	Had <u>difficulty</u> performing the the work or other activities (for example, it took extra effort)	or 🗖				5

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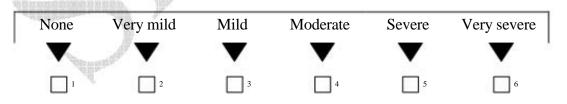
5. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?



6. During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

		Vil. Sandaria	1.87	
Not at all	Slightly	Moderately	Quite a bit	Extremely
▼			•	$\mathbf{\nabla}$
1 . Miles	2	3	4	5
		Y		
		III MARINA MARINA		
	V J			

7. How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u>?



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

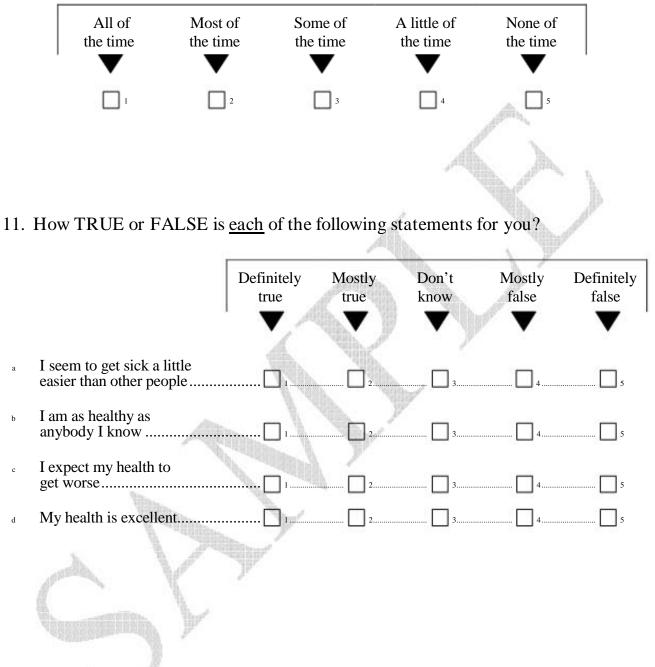


9. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>...

			and the second second second second	100000	1007		
		All of the time	Most of the time	Some of the time	A little of the time	None of the time	
	,	The second			▼	▼	
а	Did you feel full of life?		2		4		
b	Have you been very nervous?						
c	Have you felt so down in the dumps that nothing could cheer you up?	Q	2			5	
d	Have you felt calm and peaceful?		2			5	
e	Did you have a lot of energy?	······ □ 1	2			5	
f	Have you felt downhearted and depressed?	······ □ 1	2			5	
g	Did you feel worn out?						
h	Have you been happy?	ם 1			4		
i	Did you feel tired?	1				5	

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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.)?



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Thank you for completing these questions!

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