

## RAND 36 ITEM HEALTH SURVEY 1.0

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

1. In general, would you say your health is:  
(Circle One Number)
- |                 |   |
|-----------------|---|
| Excellent ..... | 1 |
| Very Good ..... | 2 |
| Good .....      | 3 |
| Fair .....      | 4 |
| Poor .....      | 5 |
2. Compared to one year ago, how would you rate your:  
general health right now ?  
(Circle One Number)
- |  |   |
|--|---|
| Much better than one year ago .....        | 1 |
| Somewhat better 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 |

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 ? (Circle One Number on Each Line)	Yes, Limited <u>A Lot</u>	Yes, Limited <u>A Little</u>	No, Not Limited <u>at All</u>
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 stooping.....	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)	<u>Yes</u>	<u>No</u>
13. Cut down the amount of time you spend on work or other activities .....	1	2
14. Accomplish 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, 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 ? : (depressed, anxious) (Circle One Number on Each Line)	<u>Yes</u>	<u>No</u>
17. Cut down the amount of time you spend on work or other activities .....	1	2
18. Accomplish 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 |
| Moderate .....    | 3 |
| Quite a bit ..... | 4 |
| Good .....        | 5 |