

## RAND 36 ITEM HEALTH SURVEY 1.0

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

1. In general, would you say your health is: Excellent.....1  
 (Circle One Number) Very Good.....2  
Good.....3  
Fair.....4  
Poor.....5
2. Compared to one year ago, how would you rate your: Much better than one year ago.....1  
 general health right now? Somewhat better than one year ago.....2  
 (Circle One Number) 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 <b>your health now limit you</b> 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. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports .....	1	2	3
4. <b>Moderate activities</b> , 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 <b>several</b> flights of stairs .....	1	2	3
7. Climbing <b>one</b> flight of stairs .....	1	2	3
8. Bending, kneeling or stooping .....	1	2	3
9. Walking <b>more than a mile</b> .....	1	2	3
10. Walking <b>several blocks</b> .....	1	2	3
11. Walking <b>one block</b> .....	1	2	3
12. Bathing or dressing yourself .....	1	2	3

During the <b>past 4 weeks</b> , 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 <b>past 4 weeks</b> , 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 <b>past 4 weeks</b> , 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	

21. How much **bodily** pain have you had during the **past 4 weeks**:  
**(Circle One Number)**
- None .....1  
 Very Mild.....2  
 Mild.....3  
 Moderate .....4  
 Severe.....5  
 Very Severe .....6
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  
 Slightly.....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.

How much of the time during the past 4 weeks . . . <b>(Circle One Number on Each Line)</b>	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. Do 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**, to what extent has your **physical health or emotional problems** interfered with your normal social activities like visiting with family, friends, relatives, etc.?  
**(Circle One Number)**
- All of the time.....1  
 Most of the time.....2  
 Some of the time.....3  
 A little of the time .....4  
 None of the time .....5

How TRUE or FALSE is each of the following statements for you ? <b>(Circle One Number on Each Line)</b>	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 expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date \_\_\_\_\_