

Name _____ Date _____

RAND 36 Item Health Survey 1.0

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 health in general **now**?
(Circle One Number)

Much better now than one year ago1
Somewhat better now than one year ago2
About the same3
Somewhat worse now than one year ago.....4
Much worse now than one year ago5

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 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 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 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 feeling depressed or anxious)?

(Circle One Number on Each Line)

	<u>Yes</u>	<u>No</u>
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
Very mild.....	2
Mild	3
Moderate.....	4
Severe	5
Very severe.....	6

Name:

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 all1
- Slightly2
- Moderately3
- Quite a bit4
- Extremely5

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** . . .

(Circle One Number on Each Line)

	<u>All of the Time</u>	<u>Most of the Time</u>	<u>A Good Bit of the Time</u>	<u>Some of the Time</u>	<u>A Little of the Time</u>	<u>None of the Time</u>
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 One Number)

- All of the time1
- Most of the time.....2
- Some of the time.....3
- A little of the time.....4
- None of the time5

How TRUE OR FALSE is each of the following statements for you?

	Definitely <u>True</u>	Mostly <u>True</u>	Don't <u>Know</u>	Mostly <u>False</u>	Definitely <u>False</u>
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: _____