

HEALTH STATUS QUESTIONNAIRE 2.0

Mode of Collection

- Self-Administered
- Personal Interview
- Telephone Interview
- Mail
- Other

Patient: _____

Date: _____

Patient ID#: _____

Instructions: This survey asks for your views about your health. The information will help you health care provider track how you feel and how well you are able to do your usual activities.

Answer each question by circling the appropriate number. If you are unsure about how to answer a question, please give the best answer you can.

HEALTH STATUS QUESTIONNAIRE 2.0

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

Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5

2. Compared to 1 Year Ago, how would you rate your health in general now?

Much Better now	1
Somewhat Better now	2
About the Same	3
Somewhat Worse now	4
Much Worse now	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?

	Yes limited a lot	Yes limited a little	No, Not limited at all
3. Vigorous activities (running, lifting heavy objects, strenuous sports)	1	2	3
4. Moderate activities like moving a table, vacuuming, bowling, 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?

	Yes	No
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. Difficulty performing work or other activities (e.g. it took extra effort)	1	2

During the past 4 weeks, have you had any of the following problems with work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
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?

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?

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)?

Not At All	1
Somewhat	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 one answer that comes closest to the way you have been feeling.

How Much Of The Time During The Past 4 Weeks....

23. Did you feel full of pep?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5
None of the time	6

24. Have you been a very nervous person?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5

None of the time 6

How Much Of The Time During The Past 4 Weeks....

25. Have you felt so down in the dumps that nothing could cheer you up?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5
None of the time	6

26. Have you felt calm and peaceful?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5
None of the time	6

27. Did you have a lot of energy?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5
None of the time	6

28. Have you felt downhearted and blue?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5
None of the time	6

29. Did you feel worn out?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5
None of the time	6

30. Have you been a happy person?

All of the time	1
Most of the time	2
A Good Bit of the time	3
Some of the time	4
A Little of the time	5
None of the time	6

How Much Of The Time During The Past 4 Weeks....

31. Did you feel tired?

- | | |
|------------------------|---|
| All of the time | 1 |
| Most of the time | 2 |
| A Good Bit of the time | 3 |
| Some of the time | 4 |
| A Little of the time | 5 |
| None of the time | 6 |

32. During the past 4 weeks, how much time has your physical health or emotional problems interfered with you social activities (like visiting friends, relatives, etc.)?

- | | |
|----------------------|---|
| 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?

33. I seem to get sick a little easier than other people.

- | | |
|------------------|---|
| Definitely True | 1 |
| Mostly True | 2 |
| Don't Know | 3 |
| Mostly False | 4 |
| Definitely False | 5 |

34. I am as healthy as anybody I know.

- | | |
|------------------|---|
| Definitely True | 1 |
| Mostly True | 2 |
| Don't Know | 3 |
| Mostly False | 4 |
| Definitely False | 5 |

35. I expect my health to get worse.

- | | |
|------------------|---|
| Definitely True | 1 |
| Mostly True | 2 |
| Don't Know | 3 |
| Mostly False | 4 |
| Definitely False | 5 |

36. My health is excellent.

- | | |
|------------------|---|
| Definitely True | 1 |
| Mostly True | 2 |
| Don't Know | 3 |
| Mostly False | 4 |
| Definitely False | 5 |

Please answer Yes or No for each question.

	Yes	No
37. In the past year, have you had two weeks or more during which you felt sad, blue, or depressed; or when you lost all your interest or pleasure in things that you usually cared about or enjoyed?	1	2
38. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?	1	2
39. Have you felt depressed or sad much of the time in the past year?	1	2