

RAND 36 Item Health Survey 1.0

DATE: _____

PATIENT INFORMATION: LAST NAME: _____ FIRST NAME: _____ M.I.: _____

SEX: MALE FEMALE DATE OF BIRTH: _____ PHONE NUMBER: _____

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

Excellent Very Good Good Fair Poor

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

Much better Somewhat better About the same Somewhat worse Much worse

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
3.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:	<input type="radio"/>	<input type="radio"/>
14.	Accomplished less than you would like:	<input type="radio"/>	<input type="radio"/>
15.	Were limited in the kind of work or other activities:	<input type="radio"/>	<input type="radio"/>
16.	Had difficulty performing the work or other activities:	<input type="radio"/>	<input type="radio"/>

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)?

		Yes	No
17.	Cut down the amount of time you spent on work or other activities:	<input type="radio"/>	<input type="radio"/>
18.	Accomplished less than you would like:	<input type="radio"/>	<input type="radio"/>
19.	Didn't do work or other activities as carefully as usual:	<input type="radio"/>	<input type="radio"/>

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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? (choose only one)

- Not at all Slightly Moderately Quite a bit Extremely

21. How much **bodily pain** have you had in the **past 4 weeks**? (choose only one)

- None Very mild Mild Moderate Severe Very severe

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (Including work outside the house and housework) (choose only one)

- Not at all Slightly Moderately Quite a bit Extremely

These questions are about how you feel and how things have been with you **during the last 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 last 4 weeks...

		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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.) ?

- All of the time Most of the time Some of the time A little of the time None of the time

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

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

- Definitely True Mostly True Don't Know Mostly False Definitely False

34. I am as healthy as anybody I know:

- Definitely True Mostly True Don't Know Mostly False Definitely False

35. I expect my health to get worse:

- Definitely True Mostly True Don't Know Mostly False Definitely False

36. My health is excellent:

- Definitely True Mostly True Don't Know Mostly False Definitely False