

TWELVE ITEM HEALTH STATUS QUESTIONNAIRE
VERSION 2.0

OSDH# _____

1. In general, would you say your health is? (*circle one number*):
- Excellent.....1
 - Very Good.....2
 - Good.....3
 - Fair.....4
 - Poor.....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
a lot | Yes,
limited
a little | No, not
limited
at all |
|----|---|--------------------------|-----------------------------|------------------------------|
| 2. | Lifting or carrying groceries..... | 1 | 2 | 3 |
| 3. | Climbing several flights of stairs..... | 1 | 2 | 3 |
| 4. | Walking several blocks..... | 1 | 2 | 3 |

5. During the past 4 weeks, how much difficulty did you have doing your work or other regular daily activities as a result of your physical health? (*circle one number*)

- None at all.....1
- A little bit.....2
- Some.....3
- Quite a bit.....4
- Could not do daily work.....5

6. During the past 4 weeks, to what extent have you accomplished less than you would like in your work or other daily activities as a result of emotional problems (such as feeling depressed or anxious)? (*circle one number*)

- Not at all.....1
- Slightly.....2
- Moderately.....3
- Quite a bit.....4
- Extremely.....5

7. 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

8. 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

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 the closest to the way you have been feeling.

How much of the time in the **past 4 weeks**...

(circle one number on each line)

		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
9.	Have you felt calm and peaceful?	1	2	3	4	5	6
10.	Did you have a lot of energy?	1	2	3	4	5	6
11.	Have you felt downhearted & blue?	1	2	3	4	5	6
12.	Have you been a happy person?	1	2	3	4	5	6