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)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Lifting or carrying groceries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Walking several blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10. Did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11. Have you felt downhearted &amp; blue?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>12. Have you been a happy person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>