

RAND 36-Item Health Survey 1.0 Follow-Up Questionnaire Items

Please check the box that best describes your current state.

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

- 1 – Excellent 2 – Very good 3 – Good
 4 – Fair 5 – Poor

2. Compared to 12 weeks ago, how would you rate your health in general now?

- 1 – Much better now than one year ago 2 – Somewhat better now than one year ago
 3 – About the same 4 – Somewhat worse now than one year ago
 5 – Much worse now than one year ago

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 (1)	Yes, limited a little (2)	No, not limited at all (3)
3. Vigorous activities: running, lifting heavy objects, participating in strenuous sports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Moderate activities: moving a table, pushing a vacuum, bowling, playing golf, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bending, kneeling, or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Walking several blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Walking one block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the **past 12 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 (1)	No (2)
13. Cut down the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
14. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
15. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
16. Had difficulty performing work or other activities (for example, it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>

32. During the **past 12 weeks**, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- 1 – All of the time
 2 – Most of the time
 3 – Some of the time
 4 – A little of the time
 5 – None of the time

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

	Definitely true (1)	Mostly true (2)	Don't know (3)	Mostly false (4)	Definitely false (5)
33. I seem to get sick a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>