

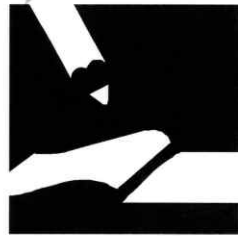
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# Your Health

– *and* –

# Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.



***Thank you for completing these questions!***

1. Overall, how would you rate your health during the past 4 weeks?  
 [Mark with a  in the one box that best describes your answer.]

Excellent	Very good	Good	Fair	Poor	Very poor
τ	τ	τ	τ	τ	τ
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (walking, climbing stairs)?

Not at all	Very little	Somewhat	Quite a lot	Could not do physical activities
τ	τ	τ	τ	τ
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3. During the past 4 weeks, how much difficulty did you have doing your daily work, both inside and outside the home, because of your physical health?

None at all	A little bit	Some	Quite a lot	Could not do daily work
τ	τ	τ	τ	τ
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. How much **bodily** pain have you had during the **past 4 weeks**?

None	Very mild	Mild	Moderate	Severe	Very severe
τ	τ	τ	τ	τ	τ
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

5. During the **past 4 weeks**, how much energy did you have?

Very much	Quite a bit	Some	A little	None
τ	τ	τ	τ	τ
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6. During the **past 4 weeks**, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all	Very little	Somewhat	Quite a lot	Could not do social activities
τ	τ	τ	τ	τ
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not at all	Slightly	Moderately	Quite a lot	Extremely
$\tau$	$\tau$	$\tau$	$\tau$	$\tau$
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, studies, or other daily activities?

Not at all	Very little	Somewhat	Quite a lot	Could not do daily activities
$\tau$	$\tau$	$\tau$	$\tau$	$\tau$
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

***Thank you for completing these questions!***