

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**RAND 36-Item Health Survey 1.0 Questionnaire Items**

1. In general, would you say your health is:	
Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

2. Compared to one year ago, how would you rate your health in general now?	
Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same	3
Somewhat worse now than one year ago	4
Much worse now than one year ago	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
3. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	[1]	[2]	[3]
4. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	[1]	[2]	[3]
5. Lifting or carrying groceries	[1]	[2]	[3]
6. Climbing <b>several</b> flights of stairs	[1]	[2]	[3]
7. Climbing <b>one</b> flight of stairs	[1]	[2]	[3]
8. Bending, kneeling, or stooping	[1]	[2]	[3]
9. Walking <b>more than a mile</b>	[1]	[2]	[3]
10. Walking <b>several blocks</b>	[1]	[2]	[3]
11. Walking <b>one block</b>	[1]	[2]	[3]
12. Bathing or dressing yourself	[1]	[2]	[3]

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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?** **(Circle One Number on Each Line)**

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

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)?

**(Circle One Number on Each Line)**

	Yes	No
17. Cut down the <b>amount of time</b> you spent on work or other activities	1	2
18. <b>Accomplished less</b> than you would like	1	2
19. Didn't do work or other activities as <b>carefully</b> as usual	1	2

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? **(Circle One Number)**

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

21. 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

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? **(Circle One Number)**

Not at all 1      A little bit 2      Moderately 3      Quite a bit 4      Extremely 5

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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 closest to the way you have been feeling.

How much of the time during 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
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Did you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

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.)? **(Circle One Number)**

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

1                      2                      3                      4                      5

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How TRUE or FALSE is each of the following statements for you. **(Circle One Number on Each Line)**

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	>4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	>2	3	4	5

**37.** In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost all interest or pleasure in the things that you usually cared about or enjoyed?

**Yes      No**

**38.** Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

**Yes      No**

**39.** Have you felt depressed or sad much of the time in the past year?

**Yes      No**