

FERNALD MEDICAL MONITORING PROGRAM
2008 QUESTIONNAIRE

TWELVE ITEM HEALTH STATUS QUESTIONNAIRE VERSION 2.0

INSTRUCTIONS:

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

Answer every question by circling the appropriate number, 1,2,3,.... If you are unsure about how to answer a question, please give the best answer you can and make a comment in the LEFT MARGIN.

1. In general, would you say your health is: Excellent.....1
 (circle one number) Very Good.....2
 Good.....3
 Fair.....4
 Poor.....5

2. 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 1, 2, or 3 ON EACH LINE.)

	Yes, Limited a Lot	Yes, Limited a little	No, Not Limited at All
Lifting or carrying groceries	1	2	3
Climbing SEVERAL flights of stairs	1	2	3
Walking SEVERAL blocks	1	2	3

3. How much BODILY pain have you had during the PAST 4 WEEKS? None.....1
 (circle one number) Very mild.....2
 Mild.....3
 Moderate.....4
 Severe.....5
 Very severe.....6

4. 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 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
Have you felt calm and peaceful?	1	2	3	4	5	6
Did you have a lot of energy?	1	2	3	4	5	6
Have you felt down-hearted and blue?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6

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?

- None at all.....1
- A little bit.....2
- Some.....3 (circle one number)
- 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 regular daily activities AS A RESULT OF YOUR EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

- Not at all.....1
- Slightly.....2
- Moderately.....3 (circle one number)
- 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?

- Not at all.....1
- Slightly.....2
- Moderately.....3 (circle one number)
- Quite a bit.....4
- Extremely.....5