

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
- Slightly..... 2
- Moderately..... 3
- Quite a bit..... 4
- Extremely..... 5

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. Do 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, to what extent has your **physical health or emotional problems** interfered with your normal social activities like visiting with family, friends, relatives, etc.?
(Circle One Number)

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

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

Comments: _____

Patient Signature: _____

Date: _____