

12-Item Short-Form Health Survey version 2

1. In general, would you say your health is:
 Excellent 1 Very good 2 Good 3 Fair 4 Poor 5
2. The following questions 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 | Yes,
limited
a little | No, not
limited
at all |
|--|----------------------------|-----------------------------|------------------------------|
| a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Climbing several flights of stairs | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Accomplished less than you would like | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Were limited in the kind of work or other activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
4. During the past 4 weeks, how much of the time 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)?
- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Accomplished less than you would like | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Did work or other activities less carefully than usual | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
 Not at all A little bit Moderately Quite a bit Extremely
6. 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...
- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Have you felt calm and peaceful? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Did you have a lot of energy? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Have you felt downhearted and depressed? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
 All of the time Most of the time Some of the time A little of the time None of the time