



RAND 36-Item Health Survey

Instructions for completing the questionnaire: Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by marking the box that best represents your response.

Client Name: _____ Date: _____

1. In general, would you say your health is:

- Excellent Very good Good Fair Poor

2. Compared to one year ago, how would you rate your health in general now?

- Much better now than a year ago
 Somewhat better now than a year ago
 About the same as one year ago
 Somewhat worse now than one year ago
 Much worse now than one year ago

3. 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?

Vigorous activities such as running, lifting heavy objects, participating in strenuous sports

- Yes, limited a lot Yes, limited a little No, not limited at all

Moderate activities such as moving a table, pushing a vacuum, bowling, or playing golf

- Yes, limited a lot Yes, limited a little No, not limited at all

Lifting or carrying groceries

- Yes, limited a lot Yes, limited a little No, not limited at all

Climbing several flights of stairs

- Yes, limited a lot Yes, limited a little No, not limited at all

Climbing one flight of stairs

Yes, limited a lot Yes, limited a little No, not limited at all

Bending, kneeling or stooping

Yes, limited a lot Yes, limited a little No, not limited at all

Walking more than one mile

Yes, limited a lot Yes, limited a little No, not limited at all

Walking several blocks

Yes, limited a lot Yes, limited a little No, not limited at all

Walking one block

Yes, limited a lot Yes, limited a little No, not limited at all

Bathing or dressing yourself

Yes, limited a lot Yes, limited a little No, not limited at all

4. 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?

Cut down the amount of time you spent on work or other activities?

Yes No

Accomplished less than you would like?

Yes No

Were limited in the kind of work or other activities

Yes No

Had difficulty performing the work or other activities (for example, it took extra time)

Yes No

5. 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)?

Cut down the amount of time you spent on work or other activities?

Yes No

Accomplished less than you would like

Yes No

Didn't do work or other activities as carefully as usual

Yes No

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

Not at all Slightly Moderately Quite a bit Extremely

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

Not at all Slightly Moderately Quite a bit Extremely

8. 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 Slightly Moderately Quite a bit Extremely

9. 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
Did you feel full of pep?	1	2	3	4	5	6
Have you been a very nervous person?	1	2	3	4	5	6
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
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 downhearted and blue?	1	2	3	4	5	6
Did you feel worn out?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6
Did you feel tired?	1	2	3	4	5	6

10. 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)?

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

11. How TRUE or FALSE is each of the following statements for you?

I seem to get sick a little easier than other people

- Definitely true Mostly true Don't know Mostly false Definitely false

I am as healthy as anybody I know

- Definitely true Mostly true Don't know Mostly false Definitely false

I expect my health to get worse

- Definitely true Mostly true Don't know Mostly false Definitely false

My health is excellent

- Definitely true Mostly true Don't know Mostly false Definitely false

Other matters or concerns You would like to raise?

Patient Signature _____