

HRSA number (unique ID number):

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Quality of Life

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For each of the following questions, please darken the circle next to the answer that comes closest to the way you have been feeling during the last 4 weeks.

How much of the time during the past 4 weeks:

13. Has your physical health or emotional problems limited your social activities (like visiting with friends or close relatives)?

- 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

14. Did you have trouble keeping your attention on an activity for long?

- 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

15. Did you have difficulty reasoning and solving problems?

- 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

16. Have you felt calm and peaceful?

- 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

17. Have you felt downhearted and blue?

- 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

18. Did you feel tired?

- 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

19. Did you have enough energy to do the things you wanted to do?

- 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

20. Have you been happy?

- 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

21. Did you forget things that have happened?

- 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

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

- none very mild mild moderate severe very severe