HEALTH ASSESSMENT QUESTIONNAIRE
PHASE 51 - RA

Here are a few suggestions that will assist us in processing your questionnaire and reduce the chance that we will have to call you for clarification:

1. Black or blue ball point pens are preferred.
2. For the small square boxes ☐, please mark your response with an ☒.
3. For the larger boxes ☐, whenever a number is requested, write it carefully in the box:

0	1	2	3	4	5	6	7	8	9

4. Please write all comments in the comment section on the last page.

BEST TIME OF THE DAY TO CALL YOU: _____

Please complete the following for two (2) people who are likely to know your whereabouts if you move. If the names and/or telephone numbers have not changed, please check here: ☐ DO NOT LIST OTHER MEMBERS OF YOUR HOUSEHOLD

Name: _____ Name: _____

Telephone: _____ Telephone: _____

FOR OFFICE USE ONLY

CENTER ☐☐ PATKEY ☐☐☐☐☐ HAQTYPE ☐ PT INITIALS ☐☐ PMSVIS ☐

RASTUDY ☐☐ STUDSTAT ☐☐ QUESTNUM 5 1 CODERNUM ☐☐

3 3 3 8

3686556335

HEALTH ASSESSMENT QUESTIONNAIRE

Name _____ Today's date ☐☐ / ☐☐ / 2006
MONTH DAY YEAR

Please tell us how your arthritis affects your ability to carry out your daily activities.

Please place an "X" in the box ☒ which best describes your usual abilities OVER THE PAST WEEK:

DRESSING & GROOMING	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
Are you able to:				
Dress yourself, including shoelaces and buttons?	☐	☐	☐	☐
Shampoo your hair?	☐	☐	☐	☐
ARISING				
Are you able to:				
Stand up from a straight chair?	☐	☐	☐	☐
Get in and out of bed?	☐	☐	☐	☐
EATING				
Are you able to:				
Cut your meat?	☐	☐	☐	☐
Lift a full cup or glass to your mouth?	☐	☐	☐	☐
Open a new milk carton?	☐	☐	☐	☐
WALKING				
Are you able to:				
Walk outdoors on flat ground?	☐	☐	☐	☐
Climb up five steps?	☐	☐	☐	☐

Please check any AIDS OR DEVICES that you usually use for any of the above activities:

☐ Devices Used for Dressing (button hook, zipper pull, etc.)
☐ Special or built up chair
☐ Built up or special utensils
☐ Cane
☐ Walker
☐ Crutches
☐ Wheelchair

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

☐ Dressing and Grooming ☐ Arising ☐ Eating ☐ Walking

Please place an "X" in the box ☒ which best describes your usual abilities OVER THE PAST WEEK.

HYGIENE	WITHOUT ANY DIFFICULTY	WITH SOME DIFFICULTY	WITH MUCH DIFFICULTY	UNABLE TO DO
Are you able to:				
Wash and dry your body?	☐	☐	☐	☐
Take a tub bath?	☐	☐	☐	☐
Get on and off the toilet?	☐	☐	☐	☐
REACH				
Are you able to:				
Reach and get down a 5 pound object (such as a bag of sugar) from above your head?	☐	☐	☐	☐
Bend down to pick up clothing from the floor?	☐	☐	☐	☐
GRIP				
Are you able to:				
Open car doors?	☐	☐	☐	☐
Open previously opened jars?	☐	☐	☐	☐
Turn faucets on and off?	☐	☐	☐	☐
ACTIVITIES				
Are you able to:				
Run errands and shop?	☐	☐	☐	☐
Get in and out of a car?	☐	☐	☐	☐
Do chores such as vacuuming or yard work?	☐	☐	☐	☐

Please check any AIDS OR DEVICES that you usually use for any of these activities:

☐ Raised toilet seat ☐ Bathtub bar ☐ Long-handled appliances for reach

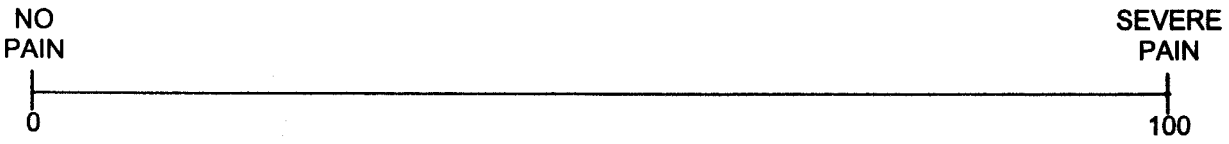
☐ Bathtub seat ☐ Long-handled appliances in bathroom ☐ Jar opener (for jars previously opened)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

☐ Hygiene ☐ Reach ☐ Gripping and opening things ☐ Errands and chores

How much pain have you had because of your arthritis IN THE PAST WEEK:

PLACE A SINGLE VERTICAL MARK THROUGH THE LINE TO INDICATE THE SEVERITY OF THE PAIN



1954556331

MEDICAL HISTORY

In the **PAST 6 MONTHS (January through June)**, we are interested in your health care providers. Please include **ALL** visits and sign the enclosed medical release form.

Please give us detailed information regarding your visits. For example, if you had surgery on your hand, indicate **left or right** hand and specify **type of surgery** (example: joint replacement or carpal tunnel, etc.). If you had eye surgery, indicate **left or right** eye and specify **type of surgery** (example: vision correction or cataracts, etc.).

1. In the **PAST 6 MONTHS (January through June)**, did you stay in the **hospital overnight** for any reason?
   ☐ Yes ☐ No

   If Yes, total number of hospitalizations. ☐☐

   Describe each hospitalization

Reason for Hospitalization	Complete Name of Hospital (including City, State)	Admission date (Month, Year)	Number of Nights	Arthritis related?	Did you have surgery?
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

MEDICAL CONDITIONS

1. In the **PAST 6 MONTHS (January through June),** have you had any of the following **cardiovascular (heart) procedures**? ☐ Yes ☐ No If Yes, mark all that apply and please record any hospitalization(s) above:

   ☐ Coronary Artery Bypass Surgery (CABG) ☐ Heart Catheterization

   ☐ Angioplasty ☐ Stent

   ☐ Thrombolytic Infusion (IV) (dissolves clots)

2. In the **PAST 6 MONTHS (January through June)**, have you been diagnosed with a **heart attack, myocardial infarction (MI), stroke, or cerebrovascular accident (CVA)**? ☐ Yes ☐ No

   If Yes, please complete:

   ☐ Heart Attack (MI) Date of Heart Attack: ☐☐ / ☐☐☐☐ (MONTH / YEAR)

   ☐ Stroke (CVA) Date of Stroke: ☐☐ / ☐☐☐☐ (MONTH / YEAR)

   If Yes, what kind of stroke:

   ☐ Thrombotic, clot in brain ☐ Hemorrhagic, bleeding in brain ☐ Don't know

   If Yes to Heart Attack or Stroke, and you were hospitalized overnight, please record above. If you were not hospitalized overnight, please record the name and address of the doctor where you were diagnosed. Please be sure to sign the enclosed medical release form.

	Doctor's Name and Address (include City, State)
Heart Attack	
Stroke	

3. In the **PAST 6 MONTHS (January through June),** have you been diagnosed or told that you have any kind of malignant **tumor or cancer?** ☐ Yes ☐ No If No, go to question 4.

Cancer type codes:

08 Breast	15 Liver	16 Prostate
19 Cervix	09 Lung	05 Skin, not melanoma
13 Colon/Colorectal	02 Lymphoma (Non-Hodgkins)	21 Thyroid
12 Gall Bladder	04 Malignant melanoma	06 Mouth/Tongue
25 Hodgkin's Disease	03 Multiple Myeloma	18 Uterus
11 Kidney	17 Ovary	20 Other (Specify) _____
01 Leukemia	14 Pancreas	

Cancer Code:		**Date First Diagnosed:**	
1st Cancer Type	☐☐	☐☐ / MONTH	☐☐☐☐ YEAR
2nd Cancer Type	☐☐	☐☐ / MONTH	☐☐☐☐ YEAR

If Yes to Cancer, and you were hospitalized overnight, please record on page 3. If you were not hospitalized overnight, please record the name and address of the doctor where you were diagnosed. Please be sure to sign the enclosed medical release form.

	Doctor's Name and Address (include City, State)
1st Cancer	
2nd Cancer	

4. In the **PAST 6 MONTHS (January through June),** have you been diagnosed with **colon polyps (pre-cancerous growths)**?

☐ Yes ☐ No ☐ Don't know if pre-cancerous or not

If diagnosed with colon polyps, please record the name and address of the doctor. Please be sure to sign the enclosed medical release form.

Procedure	Doctor's Name	Location and Address (Hospital, Doctor's Office)	Date (Month, Year)

HEALTH STATUS AND HEALTH BEHAVIORS

1. Considering **all the ways that your arthritis affects you,** rate how you are doing on the following scale by placing a vertical mark through the line.

0 VERY WELL — 100 VERY POOR

3338

9080556339

EXERCISE

During a **typical week,** do you do any of the following activities? ☐ Yes ☐ No

If Yes, please complete the following:

Approximately how much **total time (in minutes)** do you spend on each of the following types of exercise activities?

☐☐☐☐ MINUTES PER WEEK

Very vigorous activities

Examples: running (mile in 10 minutes or less), step aerobics, vigorous stair/treadmill/ stationary bike/row machine, vigorous swimming, hard biking (14+ mph racing) or rowing, squash, vigorous cross-country skiing, heavy shoveling or moving very heavy items.

☐☐☐☐ MINUTES PER WEEK

Moderately vigorous activities

Examples: jogging/brisk walking (mile in 12-14 minutes), backpacking, hi impact aerobics, ski machine, circuit training, vigorous calisthenics (pushups, situps, jumping jacks) moderate stationary biking or rowing, light/moderate lap swimming, water jogging, moderate biking (12-13.5 mph), tennis, raquetball, handball, soccer, light/moderate cross-country skiing, vigorous downhill skiing, sawing hardwood, carrying heavy items, moderate shoveling.

☐☐☐☐ MINUTES PER WEEK

Moderate activities

Examples: walking moderately (mile in 15 minutes)/hiking, low impact aerobics, light stationary biking, vigorous weight lifting, golf (walking and carrying clubs), leisurely swimming (not laps), water calisthenics, pleasure biking (less than 12 mph), light/moderate downhill skiing, paddleball, basketball, pingpong, softball, volleyball, fast dancing, cleaning gutters, laying carpet, yard/garden work, outside carpentry, carrying boxes.

☐☐☐☐ MINUTES PER WEEK

Light activities

Examples: pleasure walking (mile in 17-24 minutes), back exercises, light/moderate weight lifting, very light stationary biking, golf (using a cart), bowling, shuffleboard, sailing/rowing for pleasure, slow ballroom dancing, vacuuming.

☐☐☐☐ MINUTES PER WEEK

Range of motion, flexibility stretching exercises

MEDICATIONS

In the **PAST 6 MONTHS (January through June)**, have you taken any of the medications listed in section A, B, or C?
☐ Yes ☐ No
These instructions may be helpful.

First, scan down the list of medications and circle the name of any medication you have taken. If you are taking any other medications, please write them in the "Other" section.

Second, go back and complete all the information for each medication you have circled.

Third, for the last column, considering both effectiveness and side effects, please rate your satisfaction with each drug on a scale of 0 - 10. "0" means you were Totally Dissatisfied and "10" means you were Extremely Satisfied.

If there is any special information, make a note on the comment page.

A. (NSAIDS) NONSTEROIDAL ANTI-INFLAMMATORY DRUGS and ANALGESICS

IN PAST 6 MONTHS:	MARK ANY MONTH YOU TOOK THE DRUG AT ALL	AVERAGE # OF DAYS PER MONTH	AVERAGE # OF PILLS PER DAY	MARK USUAL (CLOSEST) PILL SIZE	MARK IF STILL TAKING ON JUNE 30th	OVERALL SATISFACTION (0-10)
ANSAID (Flurbiprofen)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	100	☐	☐☐
ARTHROTEC (Diclofenac)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 50 ☐ 75	☐	☐☐
ASPIRIN (ASA)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 81 ☐ 325 ☐ 650	☐	☐☐
CELEBREX (Celecoxib)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 100 ☐ 200	☐	☐☐
CLINORIL (Sulindac)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 150 ☐ 200	☐	☐☐
DISALCID (Salsalate)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 500 ☐ 750	☐	☐☐
FELDENE (Piroxicam)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 10 ☐ 20	☐	☐☐
IBUPROFEN (Advil, Motrin)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 200 ☐ 400 ☐ 600 ☐ 800	☐	☐☐
INDOCIN (Indomethacin)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 25 ☐ 50	☐	☐☐
LODINE (Etodolac)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 200 ☐ 300 ☐ 400 ☐ 600	☐	☐☐
MOBIC (Meloxicam)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐	☐ 7.5 ☐ 15	☐	☐☐

IN PAST 6 MONTHS:	MARK ANY MONTH YOU TOOK THE DRUG AT ALL	AVERAGE # OF DAYS PER MONTH	AVERAGE # OF PILLS PER DAY	MARK USUAL (CLOSEST) PILL SIZE	MARK IF STILL TAKING ON JUNE 30th	OVERALL SATISFACTION (0-10)
NAPROSYN (Aleve, Naproxen)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 250 ☐ 275 ☐ 375 ☐ 500	☐	☐☐
ORUDIS (Ketoprofen)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 50 ☐ 100 ☐ 150 ☐ 200	☐	☐☐
RELAFEN (Nabumetone)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 500 ☐ 750	☐	☐☐
TRILISATE	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 500 ☐ 750 ☐ 1000	☐	☐☐
TYLENOL (Acetaminophen)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 325 ☐ 500 ☐ 650	☐	☐☐
VOLTAREN (Diclofenac)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐ 25 ☐ 50 ☐ 75 ☐ 100	☐	☐☐
OTHER (Specify): _____	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐	☐☐☐☐	☐	☐☐

MAJOR ANTI-INFLAMMATORY MEDICATIONS

B. MEDICATIONS BY MOUTH

IN PAST 6 MONTHS:	MARK ANY MONTH YOU TOOK THE DRUG AT ALL	AVERAGE # OF PILLS PER DAY	MARK USUAL (CLOSEST) PILL SIZE	MARK IF STILL TAKING ON JUNE 30th	OVERALL SATISFACTION (0-10)
ARAVA (Leflunomide)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐ 10 ☐ 20	☐	☐☐
CELLCEPT (Mycophenolate Mofetil)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐ 250 ☐ 500	☐	☐☐
IMURAN (Azathioprine)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	50	☐	☐☐
METHOTREXATE (Rheumatrex)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐ (PER WEEK)	2.5	☐	☐☐
MINOCYCLINE (Minocin)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐ 50 ☐ 100	☐	☐☐

IN PAST 6 MONTHS:	MARK ANY MONTH YOU TOOK THE DRUG AT ALL	AVERAGE # OF PILLS PER DAY	MARK USUAL (CLOSEST) PILL SIZE	MARK IF STILL TAKING ON JUNE 30th	OVERALL SATISFACTION (0-10)
PLAQUENIL (Hydroxychloroquine)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	200	☐	☐☐
PROGRAF (FK506, Tacrolimus)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐ 0.5 ☐ 1 ☐ 5	☐	☐☐
SULFASALAZINE (Azulfidine)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	500	☐	☐☐
OTHER (Specify): _____	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	☐☐☐☐	☐	☐☐
PREDNISONE	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐ (AVERAGE # OF MGS PER DAY)		☐	☐☐

C. MEDICATIONS TAKEN BY INJECTION OR INTRAVENOUS TREATMENT

IN PAST 6 MONTHS:	MARK ANY MONTH YOU TOOK THE DRUG AT ALL	# OF INJECTIONS OR TREATMENTS PER MONTH		MARK IF STILL TAKING ON JUNE 30th	OVERALL SATISFACTION (0 - 10)
ENBREL (Etanercept)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐		☐	☐☐
GOLD (Myochrysine)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐		☐	☐☐
HUMIRA (Adalimumab)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐		☐	☐☐
KINERET (Anakinra)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐		☐	☐☐
METHOTREXATE (Rheumatrex)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐		☐	☐☐
REMICADE (Infliximab)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	____ mgs per injection	☐	☐☐
RITUXAN (Rituximab)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐	Infusion (IV)	☐	☐☐
STEROIDS (Cortisone Shot)	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐		☐	☐☐
OTHER (Specify): _____	☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN	☐☐		☐	☐☐

SIDE EFFECTS

In the **PAST 6 MONTHS (January through June)**, have you had any side effects from any of your **ARTHRITIS MEDICATIONS?** ☐ Yes ☐ No If No, go to Page 11.

Please help us understand your drug side effects.

There are 3 steps. It's a lot easier than it looks.

STEP 1 - Circle the DRUG numbers (e.g., D11) for any medication(s) that caused side effect(s). Use the write-in sections for any other **arthritis** medications that caused a side effect.

NSAIDs/Analgesics

D31 Acetaminophen (tylenol)
D01 Arthrotec (diclofenac + misoprostol)
D02 Aspirin
D03 Celebrex (celecoxib)
D04 Clinoril (sulindac)
D06 Disalcid (salsalate)
D07 Feldene (piroxicam)
D08 Ibuprofen (Motrin, Advil)
D09 Indocin (indomethacin)
D10 Lodine (etodolac)
D16 Mobic (meloxicam)
D11 Naprosyn (naproxen)
D12 Orudis (ketoprofen)
D13 Relafen (nabumetone)
D15 Voltaren (diclofenac)

D91 Other (Specify): _____

DMARDs and Prednisone

D41 Prednisone
D51 Arava (leflunomide)
D52 Azulfidine (sulfasalazine)
D54 Enbrel (etanercept)
D55 Gold (Myochrisine)
D71 Humira (Adalimumab)
D56 Imuran (azathioprine)
D70 Kineret (Anakira)
D57 Methotrexate (Rheumatrex)
D58 Minocin (minocycline)
D60 Plaquenil (hydroxychloroquine)
D61 Remicade (infliximab)
D72 Rituxan (rituximab)
D73 Cellcept (Mycophenolate Mofetil)
D74 Prograf (FK506, Tacrolimus)

D92 Other (Specify): _____

D93 Other (Specify): _____

STEP 2 - Circle the numbers (e.g., S01) for any side effect(s) you had from the medications you have circled above. Add side effects that are not listed below in the Other Side Effect section.

Gastrointestinal Side Effects

S01 Nausea
S02 Heartburn
S03 Upper Abdominal Pain
S04 Lower Abdominal Pain
S05 Diarrhea
S06 Constipation
S10 Vomiting

Skin Side Effects

S21 Itching
S22 Losing Hair
S23 Rash
S24 Easy Bruising or Bleeding
S25 Mouth Ulcers
S26 Edema

Laboratory Side Effects

S41 Low white blood count
S42 Protein in Urine
S43 Anemia
S44 Miscellaneous laboratory abnormality
S45 Low Platelet Count

Miscellaneous Side Effects

S51 Dizziness
S52 Headache
S53 Ringing in the ears
S54 Fatigue/Tiredness
S55 Trouble thinking or remembering
S56 Muscle weakness
S57 Depression
S58 Liver problems
S59 Kidney problems

Other Side Effects

S91 Other (Specify): _____

S92 Other (Specify): _____

S93 Other (Specify): _____

S94 Other (Specify): _____

STEP 3 - Now we need you to link each drug with its specific side effects:

a) In the **"1st Drug"** section below, record the "D" number for the first drug you circled on the previous page and indicate whether you stopped the drug.

b) Now record the "S" number for the first side effect *from that drug* along with the severity and importance of that side effect to you. Repeat for additional side effects to that drug. Use the appropriate "S" number for other side effects.

c) For any other drugs that caused a side effect(s), repeat the process for the 2nd drug and 3rd drug. You may have had the same side effect from more than one drug.

d) If you have more than 4 side effects or side effects to more than 3 drugs, make a note in the comment section.

EXAMPLE	DRUG NUMBER	DRUG STOPPED	SIDE EFFECT NUMBER	SEVERITY MARK ONE (MOD=MODERATE)	IMPORTANCE TO YOU 0 - NOT AT ALL TO 10 - VERY IMPORTANT
	D 1 1	☒ YES ☐ NO	S 0 1	☐ MILD ☒ MOD ☐ SEVERE	0 2
			S 2 3	☒ MILD ☐ MOD ☐ SEVERE	0 3
			S	☐ MILD ☐ MOD ☐ SEVERE	

	DRUG NUMBER	DRUG STOPPED	SIDE EFFECT NUMBER	SEVERITY MARK ONE (MOD=MODERATE)	IMPORTANCE TO YOU 0 - NOT AT ALL TO 10 - VERY IMPORTANT
1st Drug:	D	☐ YES ☐ NO	S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
2nd Drug:	D	☐ YES ☐ NO	S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
3rd Drug:	D	☐ YES ☐ NO	S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	
			S	☐ MILD ☐ MOD ☐ SEVERE	

SF 36 HEALTH SURVEY

1. In general, would you say your **current 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 one year ago ☐ Somewhat better now than one 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 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
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	☐	☐	☐
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐	☐	☐
Lifting or carrying groceries.	☐	☐	☐
Climbing several flights of stairs.	☐	☐	☐
Climbing one flight of stairs.	☐	☐	☐
Bending, kneeling, or stooping.	☐	☐	☐
Walking more than a mile.	☐	☐	☐
Walking several hundred yards.	☐	☐	☐
Walking one hundred yards.	☐	☐	☐
Bathing or dressing yourself.	☐	☐	☐

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 your **physical health**?

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
Cut down on the amount of time you spent on work or other activities.	☐	☐	☐	☐	☐
Accomplished less than you would like.	☐	☐	☐	☐	☐
Were limited in the kind of work or other activities.	☐	☐	☐	☐	☐
Had difficulty performing the work or other activities (for example, it took extra effort).	☐	☐	☐	☐	☐

5. 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
Cut down on the amount of time you spent on work or other activities.	☐	☐	☐	☐	☐
Accomplished less than you would like.	☐	☐	☐	☐	☐
Did work or other activities less carefully than usual.	☐	☐	☐	☐	☐

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, neighbors, or groups?

☐ Not at all ☐ Quite a bit

☐ Slightly ☐ Extremely

☐ Moderately

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

☐ None ☐ Moderate

☐ Very mild ☐ Severe

☐ Mild ☐ Very Severe

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 ☐ Quite a bit

☐ A little bit ☐ Extremely

☐ Moderately

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**...

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
Did you feel full of life?	☐	☐	☐	☐	☐
Have you been very nervous?	☐	☐	☐	☐	☐

(Continued next page)

(Continued from previous page)

These questions are about how you feel and how things have been with you **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
Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
Have you felt calm and peaceful?	☐	☐	☐	☐	☐
Did you have a lot of energy?	☐	☐	☐	☐	☐
Have you felt downhearted and depressed?	☐	☐	☐	☐	☐
Did you feel worn out?	☐	☐	☐	☐	☐
Have you been happy?	☐	☐	☐	☐	☐
Did you feel tired?	☐	☐	☐	☐	☐

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, etc.)?

- ☐ 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?

	DEFINITELY TRUE	MOSTLY TRUE	DON'T KNOW	MOSTLY FALSE	DEFINITELY FALSE
I seem to get sick a little easier than other people.	☐	☐	☐	☐	☐
I am as healthy as anybody I know.	☐	☐	☐	☐	☐
I expect my health to get worse.	☐	☐	☐	☐	☐
My health is excellent.	☐	☐	☐	☐	☐

MISCELLANEOUS

1. Do you have regular access to the internet? ☐ Yes ☐ No

2. Do you have an email account? ☐ Yes ☐ No

If yes, please share it with us. We will not share your address with anyone, and will only use it to contact you about this study or any new studies we sponsor.

Example

d	k	a	@	s	t	a	n	f	o	r	d	.	e	d	u												

Please print clearly.

3. Has your address changed? ☐ Yes ☐ No If Yes, please complete the following:

_____

_____

_____

4. Has your phone number(s) changed? ☐ Yes ☐ No If Yes, please complete the following:

Day phone: _____ Home phone: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____