



OFFICE USE ONLY			
CODE:	SCORE:	ENTERED:	INITIALS:

This questionnaire asks for your views about your health, how you feel and how well you are able to do your usual activities.

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

*If you need help understanding this questionnaire or filling it in, please ask one of the study researchers.*

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

**mosq1** Please tick the one box that applies to you

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

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

**mosq2** Please tick the one box that applies to you

- 1 Much better now than one year ago
- 2 Somewhat better now than one year ago
- 3 About the same as one year ago
- 4 Somewhat worse now than one year ago
- 5 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?

*For each activity, please tick the one box that applies to you*

	<i>Activities</i>	<i>Yes, limited a lot</i>	<i>Yes, limited a little</i>	<i>No, not limited at all</i>
<b>mosq3a</b>	Vigorous activities such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3b</b>	Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3c</b>	Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3d</b>	Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3e</b>	Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3f</b>	Bending, kneeling, or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3g</b>	Walking more than one kilometre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3h</b>	Walking half a kilometer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3i</b>	Walking one hundred metres	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>mosq3j</b>	Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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?

*For each problem, please tick the one box that applies to you*

	<i>Yes</i>	<i>No</i>
<b>mosq4a</b> Cut down the amount of time you spend on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>mosq4b</b> Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>mosq4c</b> Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>mosq4d</b> Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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)?

*For each problem, please tick the one box that applies to you*

	<i>Yes</i>	<i>No</i>
<b>mosq5a</b> Cut down the amount of time you spend on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>mosq5b</b> Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>mosq5c</b> Didn't do work or other activities as carefully as usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2

6. During the past 4 weeks, to what extent has your physical health or emotional problems **mosq6** interfered with your normal social activities with family, friends, neighbours or groups?

*Please tick the one box that applies to you*

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

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

**mosq7** Please tick the one box that applies to you

- 1 No bodily pain
- 2 Very mild
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 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)? Please tick the one box that applies to you

**mosq8**

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 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 -  
For each question, please tick the one box that applies to you

	<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
<b>mosq9a</b> a) Did you feel full of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9b</b> b) Have you been a very nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9c</b> c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9d</b> d) Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9e</b> e) Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9f</b> f) Have you felt down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9g</b> g) Have you felt worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9h</b> h) Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>mosq9i</b> i) Have you felt tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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 with friends, relatives, etc.)?

mosq10

Please tick the one box that applies to you

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

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

For each question, please tick the one box that applies to you

	<i>Definitely true</i>	<i>Mostly true</i>	<i>Don't know</i>	<i>Mostly false</i>	<i>Definitely false</i>
mosq11a I seem to get sick a little easier than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
mosq11b I am as healthy as anybody I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
mosq11c I expect my health to get worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
mosq11d My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE**