

Fill in "Entry" column to mark your answer. Leave "Exit" column blank.

Feelings: During the past 4 weeks how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue?

DATE:		
	Entry	Exit
Not at all	<input type="checkbox"/>	<input type="checkbox"/>
Slightly	<input type="checkbox"/>	<input type="checkbox"/>
Moderately	<input type="checkbox"/>	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>	<input type="checkbox"/>
Extremely	<input type="checkbox"/>	<input type="checkbox"/>

Physical Fitness: During the past 4 weeks what was the hardest physical activity you could do for at least 2 minutes?

	Entry	Exit
Very Heavy: Run Fast; Carry Heavy Loads Uphill	<input type="checkbox"/>	<input type="checkbox"/>
Heavy: Jog; Climb Stairs or Hill	<input type="checkbox"/>	<input type="checkbox"/>
Moderate: Walk Medium; Carry Heavy Loads	<input type="checkbox"/>	<input type="checkbox"/>
Light: Walk Medium; Carry Light Loads	<input type="checkbox"/>	<input type="checkbox"/>
Very Light: Walk Slow; Wash Dishes	<input type="checkbox"/>	<input type="checkbox"/>

Social Support: During the past 4 weeks was someone available to help you if you needed and wanted help?

For example, if you: -Felt very nervous, lonely, or blue -Got sick and had to stay in bed
 -Needed someone to talk to -Needed help with daily chores -Needed help just taking care of yourself

	Entry	Exit
Yes, as much as I wanted	<input type="checkbox"/>	<input type="checkbox"/>
Yes, quite a bit	<input type="checkbox"/>	<input type="checkbox"/>
Yes, some	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a little	<input type="checkbox"/>	<input type="checkbox"/>
No, not at all	<input type="checkbox"/>	<input type="checkbox"/>

Daily Activity: During the past 4 weeks how much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?

	Entry	Exit
No difficulty at all	<input type="checkbox"/>	<input type="checkbox"/>
A little bit of difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Much difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Could not do	<input type="checkbox"/>	<input type="checkbox"/>



Social Activities: During the past 4 weeks has your physical and emotional health limited your social activities with family, friends, neighbors or groups?

	Entry	Exit
Not at all	<input type="checkbox"/>	<input type="checkbox"/>
Slightly	<input type="checkbox"/>	<input type="checkbox"/>
Moderately	<input type="checkbox"/>	<input type="checkbox"/>
Quite a bit	<input type="checkbox"/>	<input type="checkbox"/>
Extremely	<input type="checkbox"/>	<input type="checkbox"/>

Pain: During the past 4 weeks how much bodily pain have you generally had?

	Entry	Exit
No pain	<input type="checkbox"/>	<input type="checkbox"/>
Very mild pain	<input type="checkbox"/>	<input type="checkbox"/>
Mild pain	<input type="checkbox"/>	<input type="checkbox"/>
Moderate pain	<input type="checkbox"/>	<input type="checkbox"/>
Severe pain	<input type="checkbox"/>	<input type="checkbox"/>

Overall Health: During the past 4 weeks how would you rate your health in general?

	Entry	Exit
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Very good	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>
Fair	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Life: How have things been going for you during the past 4 weeks?

	Entry	Exit
Very well-Could hardly be better	<input type="checkbox"/>	<input type="checkbox"/>
Pretty good	<input type="checkbox"/>	<input type="checkbox"/>
Good & bad parts about equal	<input type="checkbox"/>	<input type="checkbox"/>
Pretty bad	<input type="checkbox"/>	<input type="checkbox"/>
Very bad-Could hardly be worse	<input type="checkbox"/>	<input type="checkbox"/>

Change in Health: How would you rate your overall health now compared to 4 weeks ago?

	Entry	Exit
Much better	<input type="checkbox"/>	<input type="checkbox"/>
A little better	<input type="checkbox"/>	<input type="checkbox"/>
About the same	<input type="checkbox"/>	<input type="checkbox"/>
A little worse	<input type="checkbox"/>	<input type="checkbox"/>
Much worse	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use	Entry	Exit
Score:		

Enter Signature: _____ Time: _____ Date: _____

Exit Signature: _____ Time: _____ Date: _____



Patient Label or Name and DOB