



DukeHealth

Global Health



Place Patient Label Here

- Duke University Hospital Duke Raleigh Hospital
- Duke Regional Hospital Davis Ambulatory Surgery Center
- Other _____ (Please specify)

Please respond to each item by marking one box per row.

	<u>Excellent</u>	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
1. In general, would you say your health is.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2. In general, would you say your quality of life is.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. In general, how would you rate your physical health?...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. In general, how would you rate your mental health including your mood and your ability to think?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5. In general, how would you rate your satisfaction with your social activities and relationships?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community and responsibilities as a parent, child, spouse, employee, friend, etc.).....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

	<u>Completely</u>	<u>Mostly</u>	<u>Moderately</u>	<u>A little</u>	<u>Not at all</u>
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1



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Continued from Front

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In the past 7 days...

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Very Severe</u>
9. How would you rate your fatigue on average?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

10. How would you rate your pain on average?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	9	10
	No pain										Worst imaginable pain