

**INTRODUCTION
SELF-ASSESSMENT****Modified Quality Of Life Survey****Healthy Days**

Would you say that your general health is:

Very Good

Good

Fair

Bad

Thinking about your physical health — illness and injury — for how many days of the last 30 days was your health not good?

Number of days _____

Thinking about your mental health — stress, depression, and other problems with emotions — for how many days of the past 30 days was your mental health not good?

Number of days _____

Activity Limitation

Are you limited from performing any activity because of your health?

Yes

No

Are you limited because of your breathing?

Yes

No

Are you limited because of your emotions?

Yes

No

Symptoms

During the past 30 days, how many days did **pain** make it hard for you to do your usual activities of self-care, work, or recreation?

Number of days _____

During the past 30 days, about how many days have you felt **sad, blue, or depressed**?

Number of days _____

During the past 30 days, about how many days have you felt **worried, tense, or anxious**?

Number of days _____

During the past 30 days, about how many days have you felt you **did not get enough rest or sleep**?

Number of days _____

During the past 30 days, about how many days have you felt **very healthy and full of energy**?

Number of days _____