

## Self-Assessment: Quality of Life Questionnaire

### Healthy days

Would you say that your general health is:

Excellent      Very Good      Good      Fair      Poor

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

Number of days

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?

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

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

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

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