

6. Were you limited in doing either your work or other daily activities? 1 2 3 4

Were you limited in pursuing your hobbies or other

leisure time activities?	1	2	3	4
8. Were you short of breath?	1	2	3	4
9. Have you had pain?	1	2	3	4
10. Did you need to rest?	1	2	3	4
11. Have you had trouble sleeping?	1	2	3	4
12. Have you felt weak?	1	2	3	4
13. Have you lacked appetite?	1	2	3	4
14. Have you felt nauseated?	1	2	3	4
15. Have you vomited?	1	2	3	4
16. Have you been constipated?	1	2	3	4

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ENGLISH

17. Have you had diarrhea? 1 2 3 4
18. Were you tired? 1 2 3 4
19. Did pain interfere with your daily activities? 1 2 3 4
20. Have you had difficulty in concentrating on things, reading a newspaper or watching television? 1 2 3 4 like
21. Did you feel tense? 1 2 3 4
22. Did you worry? 1 2 3 4
23. Did you feel irritable? 1 2 3 4
24. Did you feel depressed? 1 2 3 4
25. Have you had difficulty remembering things? 1 2 3 4
26. Has your physical condition or medical treatment interfered with your family life? 1 2 3 4
27. Has your physical condition or medical treatment interfered with your social activities? 1 2 3 4
28. Has your physical condition or medical treatment caused you financial difficulties? 1 2 3 4

For the following questions please circle the number between 1 and 7 that best applies to you

How would you rate your overall health during the past week?

1 2 3 4 5 6 7
Very poor Excellent

How would you rate your overall quality of life during the past week?

1 2 3 4 5 6 7
Very poor Excellent