INSTRUCTIONS: Here are some questions about your health and feelings. Please read each question carefully and check (✓) your best answer. You should answer the questions in your own way. There are no right or wrong answers. (Please ignore the small scoring numbers next to each blank.)

1. I like who I am ................................................................. 12 11 10
2. I am not an easy person to get along with ......................... 20 21 22
3. I am basically a healthy person ........................................... 32 31 30
4. I give up too easily ............................................................ 40 41 42
5. I have difficulty concentrating ............................................. 50 51 52
6. I am happy with my family relationships ........................... 62 61 60
7. I am comfortable being around people ............................... 72 71 70

TODAY would you have any physical trouble or difficulty:

8. Walking up a flight of stairs ............................................... None 82 Some 81 A Lot 80
9. Running the length of a football field .................................. None 92 Some 91 A Lot 90

DURING THE PAST WEEK: How much trouble have you had with:

10. Sleeping ................................................................. None 102 Some 101 A Lot 100
11. Hurting or aching in any part of your body ......................... None 112 Some 111 A Lot 110
12. Getting tired easily ...................................................... None 122 Some 121 A Lot 120
13. Feeling depressed or sad ............................................... None 132 Some 131 A Lot 130
14. Nervousness .............................................................. None 142 Some 141 A Lot 140

DURING THE PAST WEEK: How often did you:

15. Socialize with other people (talk or visit with friends or relatives) ................................................................. None 150 Some 151 A Lot 152
16. Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties) ................................................................. None 160 Some 161 A Lot 162

DURING THE PAST WEEK: How often did you:

17. Stay in your home, a nursing home, or hospital because of sickness, injury, or other health problem. . None 172 1-4 Days 171 5-7 Days 170
To calculate the scores in this column the raw scores must be revised as follows:
If 0, change to 2; if 2, change to 0; if 1, no change.

* Raw Score = last digit of the numeral adjacent to the blank checked by the respondent for each item. For example, if the second blank is checked for item 10 (blank numeral = 101), then the raw score is "1", because 1 is the last digit of 101.

Final Score is calculated from the raw scores as shown and entered into the box for each scale. For physical health, mental health, social health, general health, self-esteem, and perceived health, 100 indicates the best health status, and 0 indicates the worst health status. For anxiety, depression, anxiety-depression, pain, and disability, 100 indicates the worst health status and 0 indicates the best health status.

Missing Values: If one or more responses is missing within one of the eleven scales, a score cannot be calculated for that particular scale.