

Intern name: \_\_\_\_\_

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

### RAND-36 QUESTIONNAIRE

Please circle ONE number for each question.

1. In general, would you say your health is:	Excellent	1
	Very good	2
	Good	3
	Fair	4
	Poor	5

2. <b>Compared to one year ago</b> , how would you rate your general health right now?	Much better than one year ago	1
	Somewhat better than one year ago	2
	About the same	3
	Somewhat worse now than one year ago	4
	Much worse now than one year ago	5

The following items are about activities you might do during a typical day.  
Does **your health now limit you** in these activities? If so, how much?

	Limited a lot	Limited a little	Not limited at all
3. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. <b>Moderate activities</b> , such as moving a table pushing a vacuum cleaner, bowling or playing golf	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing <b>several</b> flights of stairs	1	2	3
7. Climbing <b>one</b> flight of stairs	1	2	3
8. Bending, kneeling or stooping	1	2	3
9. Walking <b>more than a mile</b>	1	2	3
10. Walking <b>several blocks</b>	1	2	3
11. Walking <b>one block</b>	1	2	3
12. Bathing or dressing yourself	1	2	3

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

	Yes	No
13. Cut down the amount of time you spend on work or other activities	1	2
14. Accomplish less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, took extra effort)	1	2

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems**? (depressed, anxious)

	Yes	No
17. Cut down the amount of time you spend on work or other activities	1	2
18. Accomplish less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2

20. During the <b>past 4 weeks</b> , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?	Not at all	1
	Slightly	2
	Moderately	3
	Quite a bit	4
	A lot	5

21. How much <b>bodily pain</b> have you had during the <b>past 4 weeks</b> ?	None	1
	Very Mild	2
	Mild	3
	Moderate	4
	Severe	5
	Very Severe	6

22. During the <b>past 4 weeks</b> , how much did pain interfere with your normal work (including both work outside the home and housework)?	Not at all	1
	Slightly	2
	Moderately	3
	Quite a bit	4
	Extremely	5

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks ...	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Do you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

32. During the <b>past 4 weeks</b> , to what extent has your <b>physical health or emotional problems</b> interfered with your normal social activities with family, friends, neighbours or groups?	All of the time	1
	Most of the time	2
	Some of the time	3
	A little of the time	4
	None of the time	5

How TRUE or FALSE is each of the following statements for you?	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_