

The Rand Self Assessment Form

NAME _____
CASE# _____

DATE _____

1. In general, would you say your health is?
 Excellent..... 1
 Very good..... 2
 Good..... 3
 Fair..... 4
 Poor..... 5
2. **Compared to 1 year ago**, how would you rate your health in?
 general **now**?
 Much better now than 1 year ago..... 1
 Somewhat better now than 1 year ago..... 2
 About the same..... 3
 Somewhat worse now than 1 year ago..... 4
 Much worse now than 1 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?

CIRCLE ONE NUMBER ON EACH LINE

Yes Limited a lot	Yes limited a little	No not limited At all
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- | | | | |
|---|---|---|---|
| 3. Vigorous activities , such as
running, lifting heavy objects,
participating in strenuous sports | 1 | 2 | 3 |
| 4. Moderate activities , 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 several flights of stairs | 1 | 2 | 3 |
| 7. Climbing one flight of stairs | 1 | 2 | 3 |
| 8. Bending, kneeling or stooping | 1 | 2 | 3 |
| 9. Walking more than a mile | 1 | 2 | 3 |
| 10. Walking several blocks | 1 | 2 | 3 |
| 11. Walking one block | 1 | 2 | 3 |
| 12. Bathing or dressing yourself | 1 | 2 | 3 |

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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?**

CIRCLE ONE NUMBER ON EACH LINE

	Yes	No
13. Cut down the amount of time you spend on work or other activities	1	2
14. Accomplished 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 it 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** (such as feeling depressed or anxious)

CIRCLE ONE NUMBER ON EACH LINE

	Yes	No
17. Cut down the amount of time you spend on work or other activities	1	2
18. Accomplished less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2
20. During the past 4 weeks , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (circle 1 number)		

- Not at all..... 1
- Slightly..... 2
- Moderately..... 3
- Quite a bit..... 4
- Extremely..... 5

21. How much **bodily** pain have you had in the **past 4 weeks?**
(circle 1 number)

- None..... 1
- Very mild..... 2
- Mild..... 3
- Moderate..... 4
- Severe..... 5
- Very severe..... 6

NAME _____ DATE _____ CASE# _____

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (Including work outside the house **and** housework)
(circle 1 number)

- 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 last 4 weeks**. For each question, please give the 1 answer that comes closest to the way you have been feeling. **How much of the time during the last 4 weeks...**

CIRCLE ONE NUMBER ON EACH LINE

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
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- | | | | | | | |
|---|---|---|---|---|---|---|
| 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. Did 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 |

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32. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.) ?

- 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?

CIRCLE ONE NUMBER ON EACH LINE

Definitely true	Mostly true	Don't know	Mostly false	Definitely false
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- | | | | | | |
|---|---|---|---|---|---|
| 33. I seem to get sick a lot 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 |