



# CHIROPRACTIC FIRST

## Rand 36 Health Survey

Name \_\_\_\_\_ Date \_\_\_\_\_

1. In general, would you say your health is: ? (Circle one.)

- 1. Excellent    2. Very good    3. Good    4. Fair    5. Poor

2. Compared to one year ago, how would you rate your health in general now? (Circle one.)

- 1. Much better now than one year ago
- 2. Somewhat better now than one year ago
- 3. About the same
- 4. Somewhat worse now than one year ago
- 5. Much worse now than one year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? (Circle one number on each line.)

	Yes, Limited A Lot	Yes, Limited A Little	No, 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 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 spent on work or other activities	(1)	(2)
14. <b>Accomplished less</b> than you would like	(1)	(2)
15. Were limited in the <b>kind</b> of work or other activities	(1)	(2)
16. Had <b>difficulty</b> 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 <b>amount of time</b> you spent on work or other activities	(1)	(2)
18. <b>Accomplished less</b> than you would like	(1)	(2)
19. Didn't do work or other activities as <b>carefully</b> 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 one.)

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

21. How much **bodily** pain have you had during the **past 4 weeks**? (Circle one.)

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

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework) ? (Circle one.)

1. Not at all    2. A little bit    3. Moderate    4. Quite a bit    5. Extremely



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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**. (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
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

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.)? (Circle one number)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time



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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
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