



Pre-and Post-Participant Health Survey Instrument

Name: _____ Date: _____

Health Status

1. In general, would you say your health is:

- Excellent Very Good Good Fair Poor

Social/Role Activities Limitation

These questions are about how you feel and how things have been with you during the past month. For each question, please circle one number for each question that comes closest to the way you have been feeling.

During the past 4 weeks, how much...

	Not at all	Slightly	Moderately	Quite a bit	Almost totally
2. Has your health interfered with your normal social activities with family, friends, neighbors or groups?	0	1	2	3	4
3. Has your health interfered with your hobbies or recreational activities?	0	1	2	3	4
4. Has your health interfered with your household chores?	0	1	2	3	4
5. Has your health interfered with your errands and shopping?	0	1	2	3	4

Energy/Fatigue

These questions are about how you feel and how things have been with you during the past month. For each question, please circle one number for each question that comes closest to the way you have been feeling.

During the past 4 weeks, how often...

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
6. Did you feel worn out?	0	1	2	3	4	5
7. Did you have a lot of energy?	0	1	2	3	4	5
8. Did you feel tired?	0	1	2	3	4	5
9. Did you have enough energy to do the things you wanted to do?	0	1	2	3	4	5

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10. Did you feel full of pep?	0	1	2	3	4	5
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Health Distress

These questions are about how you feel and how things have been with you during the past month. For each question, please circle the one number that comes closest to the way you have been feeling.

During the past 4 weeks, how often...

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
11. Were you discouraged by your health problems?	0	1	2	3	4	5
12. Were you fearful about your future health?	0	1	2	3	4	5
13. Was your health a worry in your life?	0	1	2	3	4	5
14. Were you frustrated by your health problems?	0	1	2	3	4	5

Health Care Utilization

- 15. In the past 6 months, how many times did you visit a physician? Do not include visits to the hospital or emergency room. _____ visits
- 16. In the past 6 months, how many times did you go to a hospital emergency room? _____ times
- 17. How many different times did you stay in the hospital overnight or longer in the past 6 months? _____ times
- 18. How many total NIGHTS did you stay in a hospital in the past 6 months? _____ nights

Self-Efficacy

We would like to know how confident you are in doing certain activities.

For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time. (Circle one)

- 19. How confident do you feel that you can keep the fatigue caused by your disease from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

Please continue to the next page



How confident do you feel that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

20. How confident do you feel that you can keep the emotional distress caused by your disease from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

21. How confident do you feel that you can keep any other symptoms or health problems you have from interfering with the things you want to do?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

22. How confident do you feel that you can the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

23. How confident do you feel that you can do things other than just taking medication to reduce how much your illness affects your everyday life?

Not at all confident 1 2 3 4 5 6 7 8 9 10 *Totally confident*

Thank you for completing the assessment!