Physical Fitness

During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes?

<table>
<thead>
<tr>
<th>Very heavy – for example:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Run, fast pace</td>
<td></td>
</tr>
<tr>
<td>• Carry a heavy load upstairs or uphill (25 pounds or 10 kilograms)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heavy – for example:</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Jog, slow pace</td>
<td></td>
</tr>
<tr>
<td>• Climb stairs or a hill at moderate pace</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Moderate – for example:</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Walk, medium pace</td>
<td></td>
</tr>
<tr>
<td>• Carry a heavy load on level ground (25 pounds or 10 kilograms)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Light – for example:</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Walk, medium pace</td>
<td></td>
</tr>
<tr>
<td>• Carry light load (10 pounds/5 kilograms) on level ground</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Very light – for example:</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Walk, slow pace</td>
<td></td>
</tr>
<tr>
<td>• Wash dishes</td>
<td></td>
</tr>
</tbody>
</table>
### Feelings

**During the past 4 weeks,**

How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quite a bit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Daily Activities

During the past 4 weeks,

How much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
</tr>
<tr>
<td>A little bit of difficulty</td>
<td>2</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>3</td>
</tr>
<tr>
<td>Much difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Could not do</td>
<td>5</td>
</tr>
</tbody>
</table>

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Social Activities

During the past 4 weeks,
Has your physical and emotional health limited
your social activities with family, friends, neighbors or groups?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quite a bit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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During the past 4 weeks,
How much bodily pain have you generally had?

<table>
<thead>
<tr>
<th>No pain</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very mild pain</td>
<td>2</td>
</tr>
<tr>
<td>Mild pain</td>
<td>3</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>4</td>
</tr>
<tr>
<td>Severe pain</td>
<td>5</td>
</tr>
</tbody>
</table>

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Change In Health

How would you rate your overall health now compared to 4 weeks ago?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much better</td>
<td>↑↑</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little better</td>
<td>↑</td>
<td>+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>About the same</td>
<td>←→</td>
<td></td>
<td>≈</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little worse</td>
<td>↓</td>
<td></td>
<td>−</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much worse</td>
<td>↓↓</td>
<td></td>
<td>−−</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Overall Health

During the past 4 weeks,
how would you rate your health in general?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Smiley Face</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>😊</td>
</tr>
<tr>
<td>Very good</td>
<td>😃</td>
</tr>
<tr>
<td>Good</td>
<td>😞</td>
</tr>
<tr>
<td>Fair</td>
<td>😞</td>
</tr>
<tr>
<td>Poor</td>
<td>😞</td>
</tr>
</tbody>
</table>

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Social Support

During the past 4 weeks,

Was someone available to help you if you needed and wanted help? For example, if you:

- felt nervous, lonely, or blue
- needed someone to talk to
- needed help just taking care of yourself
- got sick and had to stay in bed
- needed help with daily chores

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, as much as I wanted</td>
<td>1</td>
</tr>
<tr>
<td>Yes, quite a bit</td>
<td>2</td>
</tr>
<tr>
<td>Yes, some</td>
<td>3</td>
</tr>
<tr>
<td>Yes, a little</td>
<td>4</td>
</tr>
<tr>
<td>No, not at all</td>
<td>5</td>
</tr>
</tbody>
</table>

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Quality of Life
How have things been going for you during the past 4 weeks?

Very well: could hardly be better
2
Pretty good
3
Good and bad parts about equal
4
Pretty bad
5
Very bad: could hardly be worse

Patient (signature): ___________________________ Date: ________ Time: ________

If patient is unable to complete:

Completed by (signature): ___________________________ Date: ________ Time: ________

Completed by (print name): ___________________________ Relationship to Patient: __________

Clinician (signature): ___________________________ Date: ________ Time: ________

Clinician (print name): ___________________________

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