VR-12

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Name: _____ **Gender:** _____

Date of birth: _____ dd / mm / yyyy **Contact information (optional):** _____

For each question, select the response that best reflects your current situation. Mark your choice by checking the box next to your selected answer. Please select only one response per question.

Q1. In general, would you say your health is:

- ◯ Excellent
- ◯ Very good
- ◯ Good
- ◯ Fair
- ◯ Poor

Q2a. Does your health now limit you in these activities? Moderate activities (e.g., moving a table, vacuuming, bowling):

◯ Yes, limited a lot ◯ Yes, limited a little ◯ No, not limited at all

Q2b. Climbing several flights of stairs:

◯ Yes, limited a lot ◯ Yes, limited a little ◯ No, not limited at all

Q3a. In the past 4 weeks, have you had any problems with work or daily activities due to physical health? Accomplished less than you would like:

- ◯ No, none of the time
- ◯ Yes, a little of the time
- ◯ Yes, some of the time
- ◯ Yes, most of the time
- ◯ Yes, all of the time

Q3b. Limited in the kind of work or activities:

- ◯ No, none of the time
- ◯ Yes, a little of the time
- ◯ Yes, some of the time
- ◯ Yes, most of the time
- ◯ Yes, all of the time

Q4a. In the past 4 weeks, have emotional problems affected your work or activities? Accomplished less than you would like:

- ◯ No, none of the time
- ◯ Yes, a little of the time
- ◯ Yes, some of the time
- ◯ Yes, most of the time
- ◯ Yes, all of the time

Q4b. Didn't do work or activities as carefully as usual:

- ◯ No, none of the time
- ◯ Yes, a little of the time
- ◯ Yes, some of the time
- ◯ Yes, most of the time
- ◯ Yes, all of the time

Q5. In the past 4 weeks, how much did pain interfere with normal work (including housework)?

- ◯ Not at all
- ◯ A little bit
- ◯ Moderately
- ◯ Quite a bit
- ◯ Extremely

Q6a. How much of the time during the past 4 weeks have you felt calm and peaceful?

- ◯ 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

Q6b. Did you have a lot of energy?

- ◯ 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

Q6c. Have you felt downhearted and blue?

- ◯ 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

Q7. During the past 4 weeks, how much of the time have health problems interfered with social activities (like visiting with friends, relatives, etc.)?

- ◯ 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

Q8. Compared to one year ago, how would you rate your physical health?

- ◯ Much better
- ◯ Slightly better
- ◯ About the same
- ◯ Slightly worse
- ◯ Much worse

Q9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?

- ◯ Much better
- ◯ Slightly better
- ◯ About the same
- ◯ Slightly worse
- ◯ Much worse

Physical component summary (PCS): _____ **Mental component summary (MCS):** _____

Additional notes