

HEALTH IMPACT QUESTIONNAIRE

Name: _____ Date: _____

DIRECTIONS: For questions 1-11, please circle the number that best describes how well you were able to function at those activities during the past week. If you don't normally do the activity that is asked, skip the question.

Were you able to:	Always	Most	Occasionally	Never
1. Do the shopping?	0	1	2	3
2. Do the laundry?	0	1	2	3
3. Prepare meals?	0	1	2	3
4. Do the dishes?	0	1	2	3
5. Vacuum?	0	1	2	3
6. Make the beds?	0	1	2	3
7. Walk several blocks?	0	1	2	3
8. Visit friends/relatives?	0	1	2	3
9. Do yard work?	0	1	2	3
10. Climb stairs?	0	1	2	3
11. Drive a car?	0	1	2	3

12. Of the last seven days, how many days did you feel "good."

0 1 2 3 4 5 6 7

13. How many days last week did you miss work, including housework, because of your chronic health condition?

0 1 2 3 4 5 6 7

DIRECTIONS: For the remaining items, mark the point on the line that best indicates how you felt overall for the past week.

14. When you worked, how much did your health interfere with your ability to do your work?

No problem with work • _____ • Great difficulty with work

15. How bad has your pain been?

No Pain • _____ • Very Severe Pain

16. How tired have you been?

No tiredness • _____ • Very Tired

17. How well have you slept?

No problem with sleep • _____ • Great difficulty with sleep

18. How have you felt when you get up in the morning?

Wake well rested • • Wake up exhausted

19. How nervous or anxious have you felt?

No anxiety • • Great difficulty with anxiety

20. How depressed or blue have you felt?

No depression • • Great difficulty with depression

21. How much has your health interfered with your ability to be gainfully employed and/or to deal with your finances?

No problem with finances • • Great difficulty

22. How much has your health interfered with your ability to be considerate, patient, and loving in your relationships?

No problem with relationships • • Great difficulty

23. How much has your health interfered with your social activities and/or your ability to do things you consider fun or enjoyable?

No problem with social life • • Great difficulty

24. How much has your health interfered with your ability to be present, available, and loving with your family?

No problem with family life • • Great difficulty

25. How much has your health interfered with your ability to be happy and enjoy life?

No problem with enjoying life • • Great difficulty

What is the one thing that you will be able to do again, or do with greater enjoyment and comfort, if you were able to improve or resolve your health challenges?
