PBHCI - Medical Screening Short Form

Interview Date: [ ]
Gender: [ ] Male [ ] Female
DOB: [ ]

1. In general, would you say your health is:
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

2. Compared to one year ago, how would you rate your health in general now?
   - Much better than one year ago
   - Somewhat better now than one year ago
   - About the same
   - Somewhat worse now than one year ago
   - 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? If so,

3. Vigorous activities such as running, lifting heavy objects, participating in strenuous sports
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

4. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

5. Lifting or carrying groceries
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

6. Climbing several flights of stairs
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

7. Climbing one flight of stairs
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

8. Bending, kneeling or stooping
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

9. Walking more than a mile
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

10. Walking several blocks
    - Yes, limited a lot
    - Yes, limited a little
    - No, not limited at all

11. Walking one block
    - Yes, limited a lot
    - Yes, limited a little
    - No, not limited at all

12. Bathing or dressing yourself
    - Yes, limited a lot
    - Yes, limited a little
    - No, not limited at all

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?

13. Cut down the amount of time you spent on work or other activities
    - Yes
    - No

14. Accomplished less than you would like


<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
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<tbody>
<tr>
<td>15. Were limited in the kind of work or other activities</td>
<td>Yes, No</td>
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<tr>
<td>16. Had difficulty performing the work or other activities (for example, it took extra effort)</td>
<td>Yes, No</td>
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<tr>
<td>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)?</td>
<td>Yes, No</td>
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<tr>
<td>17. Cut down the amount of time you spent on work or other activities</td>
<td>Yes, No</td>
</tr>
<tr>
<td>18. Accomplished less than you would like</td>
<td>Yes, No</td>
</tr>
<tr>
<td>19. Didn't do work or other activities as carefully as usual</td>
<td>Yes, No</td>
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<tr>
<td>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?</td>
<td>Not at all, Slightly, Moderately, Quite a bit, Extremely</td>
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<tr>
<td>21. How much bodily pain have you had during the past 4 weeks?</td>
<td>None, Very mild, Mild, Moderate, Severe, Very Severe</td>
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<td>22. During the past 4 weeks, how much did pain interfere with normal work (including both work outside the home and housework?)</td>
<td>Not at all, Slightly, Moderately, Quite a bit, Extremely</td>
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<tr>
<td>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:</td>
<td>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</td>
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<tr>
<td>23. Did you feel full of pep?</td>
<td>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</td>
</tr>
<tr>
<td>24. Have you been a very nervous person?</td>
<td>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</td>
</tr>
<tr>
<td>25. Have you felt down in the dumps that nothing could cheer you up?</td>
<td>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</td>
</tr>
<tr>
<td>26. Have you felt calm and peaceful?</td>
<td>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</td>
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<tr>
<td>27. Did you have a lot of energy?</td>
<td>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</td>
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<tr>
<td>28. Have you felt downhearted and blue?</td>
<td>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</td>
</tr>
</tbody>
</table>
29. Did you feel worn out?
- 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

30. Have you been a happy person?
- 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

31. Did you feel tired?
- 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

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 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

How true or false is each of the following statements for you

33. I seem to get sick a little easier than other people
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

34. I am as healthy as anybody I know
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

35. I expect my health to get worse
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

36. My health is excellent
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

Scores:
General mental health
Bodily Pain
General health perception
Physical functioning
Mental health role limitations
Physical health role limitations
Social functioning
Vitality

Signature and credentials

Approved by: [Signature]

Date [YYYY-MM-DD]

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Form 40d
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