Self-Completion Booklet

Conducted by Research Triangle Institute

On Behalf of

The University of Arizona Center for Health Outcomes and PharmacoEconomic Research

April 2002
OWN HEALTH QUESTIONS

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

**Mobility**
- [ ] I have no problems in walking about
- [ ] I have some problems in walking about
- [ ] I am confined to bed

**Self-Care**
- [ ] I have no problems with self-care
- [ ] I have some problems washing or dressing myself
- [ ] I am unable to wash or dress myself

**Usual Activities** (e.g., work, study, housework, family, or leisure activities)
- [ ] I have no problems with performing my usual activities
- [ ] I have some problems with performing my usual activities
- [ ] I am unable to perform my usual activities

**Pain/Discomfort**
- [ ] I have no pain or discomfort
- [ ] I have moderate pain or discomfort
- [ ] I have extreme pain or discomfort

**Anxiety/Depression**
- [ ] I am not anxious or depressed
- [ ] I am moderately anxious or depressed
- [ ] I am extremely anxious or depressed

Please tell your interviewer when you have finished.
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CATEGOR RATING THERMOMETER

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

Worst imaginable health state

Best imaginable health state

0 10 20 30 40 50 60 70 80 90 100
OWN HEALTH SCALE

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1. □□□

Best imaginable health state

Worst imaginable health state