SHANDS Rehab Centers Health Surveys
UF&Shands Orthopaedics and Sports Medicine Institute

Patient Name & MR#: ___________________________ Date: ___ / ___ / ___

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. Overall, how would you rate your health during the past 4 weeks?:
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - Very Poor

2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?
   - Not at all
   - Very Little
   - Somewhat
   - Quite a lot
   - Could not do

3. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?
   - None at all
   - A little bit
   - Some
   - Quite a lot
   - Could not do

4. How much bodily pain have you had during the past 4 weeks?
   - None
   - Very mild
   - Mild
   - Moderate
   - Severe
   - Very Severe

5. During the past 4 weeks, how much energy did you have?
   - Very Much
   - Quite a lot
   - Some
   - A little
   - None

6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?
   - Not at all
   - Very Little
   - Somewhat
   - Quite a lot
   - Could not do

7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?
   - Not at all
   - Slightly
   - Moderately
   - Quite a lot
   - Extremely

8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?
   - Not at all
   - Very Little
   - Somewhat
   - Quite a lot
   - Could not do

Please turn over the page and continue the Health Surveys
Please read each of the following statements and circle the number that better represents your feelings.

1 = Strongly disagree  
2 = Somewhat disagree  
3 = Somewhat agree  
4 = Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>1. I'm afraid that I might injure myself if I exercise</td>
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<td>2. If I were to try to overcome it, my pain would increase</td>
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<td>3. My body is telling me I have something dangerously wrong</td>
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<td>4. People aren't taking my medical condition seriously enough</td>
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<td>5. My accident has put my body at risk for the rest of my life</td>
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<td>6. Pain always means I have injured my body</td>
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<td>7. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening</td>
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<td>8. I wouldn't have this much pain if there weren't something potentially dangerous going on in my body</td>
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<td>9. Pain lets me know when to stop exercising so that I don't injure myself</td>
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<td>10. I can't do all the things normal people do because it's too easy to get injured</td>
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<td>11. No one should have to exercise when he/she is in pain</td>
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Thank you for participating in our Health Surveys