

FOR OFFICE USE ONLY: PATIENT: _____

OR DATE: _____ / _____ / _____

MIDTOWN? Y N

Health Status Questionnaire

(to be completed before surgery by patients 14 years of age and older)

The Denver Clinic for Extremities at Risk @ P/SL Medical Center & Colorado Limb Consultants

<p>1. In general, would you say your health is: (Check one box)</p>	<p><input type="checkbox"/> 1 = Excellent <input type="checkbox"/> 2 = Very good <input type="checkbox"/> 3 = Good <input type="checkbox"/> 4 = Fair <input type="checkbox"/> 5 = Poor</p>
<p>2. Compared to one year ago, how would you rate your health in general now? (Check one box)</p>	<p><input type="checkbox"/> 1 = Much better <input type="checkbox"/> 2 = Somewhat better <input type="checkbox"/> 3 = About the same <input type="checkbox"/> 4 = Somewhat worse <input type="checkbox"/> 5 = Much worse</p>
<p>The following items are about activities you might do during a typical day. Does your health currently limit you in these activities? If so how much? (Check 1 box on each line)</p> <p>3. Vigorous activities, such as running lifting heavy objects, participating in strenuous sports</p> <p>4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf</p> <p>5. Lifting or carrying groceries</p> <p>6. Climbing several flight of stairs</p> <p>7. Climbing one flight of stairs</p> <p>8. Bending, kneeling or stooping</p> <p>9. Walking more than a mile</p> <p>10. Walking several blocks</p> <p>11. Walking one block</p> <p>12. Bathing or dressing yourself</p>	<p>1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3</p>
<p>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? (Check 1 box on each line)</p> <p>13. Cut down the amount of time you spent on work or other activities</p> <p>14. Accomplished less than you would like</p> <p>15. Were limited in the kind of work or other activities you do</p> <p>16. Had difficulty performing the work or other activities (for example, it took extra effort).</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>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)? (Check 1 box on each line)</p> <p>17. Cut down the amount of time you spent on work or other activities</p> <p>18. Accomplished less than you would like</p> <p>19. Did not do work or other activities as carefully as usual</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>

Please continue on back.

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? (Check one)	<input type="checkbox"/> 1=Not at all <input type="checkbox"/> 4=Quite a bit <input type="checkbox"/> 2=Slightly <input type="checkbox"/> 5=Extremely <input type="checkbox"/> 3=Moderately
21. How much bodily pain have you had during the past 4 weeks ? (Check one)	<input type="checkbox"/> 1=None <input type="checkbox"/> 4=Moderate <input type="checkbox"/> 2=Very mild <input type="checkbox"/> 5=Severe <input type="checkbox"/> 3=Mild <input type="checkbox"/> 6=Very severe
22. During the past 4 weeks , how much did pain interfere with your normal work (including both work outside the home and housework)? (Check one box)	<input type="checkbox"/> 1=Not at all <input type="checkbox"/> 4=Quite a bit <input type="checkbox"/> 2=Slightly <input type="checkbox"/> 5=Extremely <input type="checkbox"/> 3=Moderately
<p>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 . . .(Check 1 box on each line)</p>	<p>1=All the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time</p>
23. Did you feel full of pep?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
24. Have you been a very nervous person?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
26. Have you felt calm and peaceful?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
27. Did you have a lot of energy?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
28. Have you felt downhearted and blue?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
29. Did you feel worn out?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
30. Have you been a happy person?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
31. Did you feel tired?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
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 with friends, relatives, etc.)?. (Check one box)	<input type="checkbox"/> 1=All of the time <input type="checkbox"/> 2=Most of the time <input type="checkbox"/> 3=Some of the time <input type="checkbox"/> 4=A little time <input type="checkbox"/> 5=None of the time
<p>How true or false is each of the following statements for you?</p>	<p>1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false</p>
33. I seem to get sick a little easier than other people	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
34. I am as healthy as anybody I know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
35. I expect my health to get worse	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
36. My health is excellent	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
37. In the past year, have you had two weeks or more during which you felt sad, blue or depressed; or when you lost all interest in things that you usually cared about or enjoyed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you felt depressed or sad much of the time in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for your time and cooperation!