HSQ®

Health Status Questionnaire 2.0

Test Booklet
INSTRUCTIONS:
This survey asks for your views about your health. The information will help your health care provider track how you feel and how well you are able to do your usual activities.
Answer every question by filling in the appropriate circle on your answer sheet. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor

2. Compared to one year ago, how would you rate your health in general now?
   1. Much better now than one year ago
   2. Somewhat better now than one year ago
   3. About the same
   4. Somewhat worse now than one year ago
   5. 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, how much? (Fill in the appropriate circle on the answer sheet.)

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

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

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

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

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

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

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

10. Walking several blocks
   1. Yes, limited a lot
    2. Yes, limited a little
    3. No, not limited at all

11. Walking one block
    1. Yes, limited a lot
    2. Yes, limited a little
    3. No, not limited at all

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

Go on to the next page.
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? (Fill in the appropriate circle on the answer sheet.)

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

14. Accomplished less than you would like.
   1. Yes
   2. No

15. Were limited in the kind of work or other activities.
   1. Yes
   2. No

16. Had difficulty performing work or other activities (for example, it took extra effort).
   1. Yes
   2. No

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)? (Fill in the appropriate circle on the answer sheet.)

17. Cut down on the amount of time you spent on work or other activities.
   1. Yes
   2. No

18. Accomplished less than you would like.
   1. Yes
   2. No

19. Didn't do work or other activities as carefully as usual.
   1. Yes
   2. No

Go on to the next page.
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?
   1. Not at all
   2. Slightly
   3. Moderately
   4. Quite a bit
   5. Extremely

21. How much **bodily** pain have you had during the **past 4 weeks**?
   1. None
   2. Very mild
   3. Mild
   4. Moderate
   5. Severe
   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)?
   1. Not at all
   2. A little bit
   3. Moderately
   4. Quite a bit
   5. Extremely

Go on to the next page.
Do not write in this test booklet.

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. (Fill in the appropriate circle on the answer sheet.)

How much of the time during the past 4 weeks...

23. Did you feel full of pep?
   1. All of 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

24. Have you been a very nervous person?
   1. All of 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

25. Have you felt so down in the dumps that nothing could cheer you up?
   1. All of 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

26. Have you felt calm and peaceful?
   1. All of 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

27. Did you have a lot of energy?
   1. All of 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

28. Have you felt downhearted and blue?
   1. All of 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

29. Did you feel worn out?
   1. All of 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

30. Have you been a happy person?
   1. All of 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

31. Did you feel tired?
   1. All of 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

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.)?
   1. All of the time
   2. Most of the time
   3. Some of the time
   4. A little of the time
   5. None of the time

Go on to the next page.
33. I seem to get sick a little easier than other people.
   1. Definitely true
   2. Mostly true
   3. Don't know
   4. Mostly false
   5. Definitely false

34. I am as healthy as anybody I know.
   1. Definitely true
   2. Mostly true
   3. Don't know
   4. Mostly false
   5. Definitely false

35. I expect my health to get worse.
   1. Definitely true
   2. Mostly true
   3. Don't know
   4. Mostly false
   5. Definitely false

36. My health is excellent.
   1. Definitely true
   2. Mostly true
   3. Don't know
   4. Mostly false
   5. Definitely false

37. In the past year, have you had 2 weeks or more during which you felt sad, blue, or depressed; or when you lost all interest or pleasure in things that you usually cared about or enjoyed?
   1. Yes
   2. 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?
   1. Yes
   2. No

39. Have you felt depressed or sad much of the time in the past year?
   1. Yes
   2. No