

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

		<i>(Please circle the number)</i>						
		Very poor	Poor	Neither poor nor good	Good	Very Good		
<i>For office use</i>	G1 / G1.1	1.	How would you rate your quality of life?	1	2	3	4	5

		<i>(Please circle the number)</i>						
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied		
<i>For office use</i>	G4 / G2.3	2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		<i>(Please circle the number)</i>						
		Not at all	A little	A moderate amount	Very much	An extreme amount		
<i>For office use</i>	F1.4 / F1.2.5	3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
	F11.3 / F13.1.4	4.	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
	F4.1 / F6.1.2	5.	How much do you enjoy life?	1	2	3	4	5
	F24.2 /	6.	To what extent do	1	2	3	4	5