Full Name ***Date of Birth*** ***Date completed form***

Global Health Screening

Please respond to each item by marking one box per row.

	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
1. In general, would you say your health is:	☐	☐	☐	☐	☐
2. In general, would you say your quality of life is:	☐	☐	☐	☐	☐
3. In general, how would you rate your physical health?	☐	☐	☐	☐	☐
4. In general, how would you rate your mental health, including your mood and your ability to think?	☐	☐	☐	☐	☐
5. In general, how would you rate your satisfaction with your social activities and relationships?	☐	☐	☐	☐	☐
6. In general, rate how well you carry out your usual social activities and roles. (To includes activities at home, at work and in your community and responsibilities as a parent, child, spouse employee, friend, etc)	☐	☐	☐	☐	☐

	Completely 5	Mostly 4	Moderately 3	A little 2	Not at all 1
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	☐	☐	☐	☐	☐

In the past 7 days….	Never 5	Rarely 4	Sometimes 3	Often 2	Always 1
8. How often have you been bothered by emotional problems such as feeling anxious, depress or irritable?	☐	☐	☐	☐	☐

	None 5	Mild 4	Moderate 3	Severe 2	Very Severe 1
9. How would you rate your fatigue on average?	☐	☐	☐	☐	☐

10. How would you rate your pain on average? 1 no pain; 10 worst pain Imaginable