

Patient Name: _____

Date: _____

Patient MRN: _____

Please respond to each question or statement by marking one box per row.

		Excellent	Very Good	Good	Fair	Poor
Global01	In general, would you say your health is:	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
Global02	In general, would you say your quality of life is:	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
Global03	In general, how would you rate your physical health?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
Global04	In general, how would you rate your mental health, including your mood and ability to think?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
Global05	In general, how would you rate your satisfaction with your social activities and relationships?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
Global09	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

		Completely	Mostly	Moderately	A little	Not at all
Global06	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1

IN THE PAST 7 DAYS.....

		Never	Rarely	Sometimes	Often	Always
Global10r	How often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?	☐ +5	☐ +4	☐ +3	☐ +2	☐ +1
Global08r	How would you rate your fatigue on average?	Never ☐ +5	Mild ☐ +4	Moderate ☐ +3	Severe ☐ +2	Very Severe ☐ +1
Global07r	How would you rate your pain on average?	No Pain Worst pain imaginable ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10				

FOR OFFICE USE ONLY

Global Physical Health Score _____

Global Mental Health Score _____