

SPNS Program Cooperative Agreement Evaluation - Page 2 of 2
Module 18: Abbreviated Health and Functioning Questionnaire
National Evaluation by The Measurement Group

ID Letters	ID Numbers	Site	Sub-Provider	Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month Day Year</small>
Staff Code	Client Gender			
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female			

9. For each of the following questions, please darken the circle next to the answer that comes closest to the way you have been feeling during the past 4 weeks.

How much of the time during the past 4 weeks:

9A. Has your physical health or emotional problems limited your social activities (like visiting with friends or close relatives)?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9B. Did you have trouble keeping your attention on an activity for long?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9C. Did you have difficulty reasoning and solving problems?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9D. Have you felt calm and peaceful?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9E. Have you felt downhearted and blue?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9F. Did you feel tired?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9G. Did you have enough energy to do the things you wanted to do?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9H. Have you been happy?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

9I. Did you forget things that have happened?

- All of the Time Most of the Time A Good Bit of the Time Some of the Time A Little of the Time None of the Time

10. How much bodily pain have you had during the past 4 weeks?

- None Very mild Mild Moderate Severe Very Severe