1. Why are you having this upcoming surgery? (Circle all that apply)
   - Treat or cure a medical condition
   - Decrease pain
   - Treat my symptoms
   - Improve my ability to perform daily life activities at home
   - Improve my abilities to perform daily life activities away from home
   - Improve my quality of life
   - Prolong my life
   - Doctor said I needed the surgery

2. Do you have pain now? (Check all that apply)
   - Yes, but NOT RELATED to my need for surgery
   - Yes, and RELATED to my need for surgery
   - No
   - Don’t know

3. What is your expectation about pain a month after your surgery?
   - I have pain now and expect to have less pain after surgery
   - I have pain now and expect it to stay the same after surgery
   - I have pain now but I expect to have more pain after surgery
   - I have no pain now but I expect to have pain after surgery
   - I have no pain now and I do not expect to have pain after surgery
   - Don’t know

4. In your opinion, how long would it take you to return to your normal life activities after your surgery:
   - Less than 1 week
   - 1-4 weeks
   - 1-3 months
   - 3-6 months
   - More than 6 months

This section is about your general health. These questions do not necessarily relate to your upcoming procedure.

5. In the past six months, how many times have you had a fall, including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?
   - Zero (0) (Please skip to question #6)
   - One time (1)
   - Two times (2)
   - Three or more (>2)

6. Did your fall result in any of the following? (Circle all that apply)
   - No injury
   - Bruising, sprains or cuts
   - Reduced mobility
Baseline Health & Well-being Survey from Washington University & BJC Healthcare

- A fear of falling
- Severe pain
- Injury causing you to seek medical treatment
- Broken bone
- Head injury
- A change from independent living to assisted living

7. In general, would you say your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

8. Compared to one year ago, how would you rate your physical health in general now?
   - Much better
   - Slightly better
   - About the same
   - Slightly worse
   - Much worse

9. Compared to one year ago, how would you rate your emotional health now? (Such as feeling anxious, depressed or irritable)
   - Much better
   - Slightly better
   - About the same
   - Slightly worse
   - Much worse

10. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?
    - Yes, limited a lot
    - Yes, limited a little
    - No, not limited at all

11. Does your health now limit you in climbing several flights of stairs? If so, how much?
    - Yes, limited a lot
    - Yes, limited a little
    - No, not limited at all

12. As a result of your physical health, during the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities?
    - No, none of the time
    - Yes, a little of the time
    - Yes, some of the time
    - Yes, most of the time
    - Yes, all of the time

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13. As a result of your physical health, during the past 4 weeks, were you limited in the kind of work or other activities you can perform?
   • No, none of the time
   • Yes, a little of the time
   • Yes, some of the time
   • Yes, most of the time
   • Yes, all of the time

14. As a result of any emotional problems (such as feeling depressed or anxious), during the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities?
   • No, none of the time
   • Yes, a little of the time
   • Yes, some of the time
   • Yes, most of the time
   • Yes, all of the time

15. As a result of emotional problems (feeling depressed or anxious), during the past 4 weeks, have you not done work or other activities as carefully as usual?
   • No, none of the time
   • Yes, a little of the time
   • Yes, some of the time
   • Yes, most of the time
   • Yes, all of the time

16. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
   • Not at all
   • A little bit
   • Moderately
   • Quite a bit
   • Extremely

17. How much of the time during the past 4 weeks 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 bit of the time
   • None of the time

18. How much of the time during the past 4 weeks did you have a lot of energy?
   • All of the time
   • Most of the time
   • A good bit of the time
   • Some of the time
   • A little bit of the time
19. How much of the time during the past 4 weeks 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 bit of the time
   • None of the time

20. How much of the time during the past 4 weeks has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
   • All of the time
   • Most of the time
   • Some of the time
   • A little bit of the time
   • None of the time

21. If your ability to perform work is 10 when you are at your best and 0 when you are unable to work, circle the number that represents your ability to work this past week.
   0 1 2 3 4 5 6 7 8 9 10

22. What is your work status?
   • Employed
   • Volunteer work
   • Unemployed
   • Student
   • Homemaker
   • Retired (END OF SURVEY)
   • Disabled (END OF SURVEY)

23. Does your health limit you in your current job (work or studies or housework)?
   • I am not limited by my health
   • I am able to do my job with difficulty
   • I sometimes have to work slowly
   • I often have to work slowly
   • I am only able to do my job part time
   • I am entirely unable to do my job

24. Do you believe that, from the standpoint of your health, you will be able to do your current job in 1 year?
   • Yes
   • No
   • Not sure