The first section is about your specific health related to your surgery or procedure from about 1 year ago. Please provide one answer for each question. Fill in the circle next to your answer. If you are unsure how to answer a question, please choose the one that fits best.

1. Since your surgery or medical procedure (about one year ago), have you been able to return to work?
   - Yes
   - No (skip to Question #4)
   - Does not apply (skip to Question #4)
   - Prefer not to answer (skip to Question #4)

2. How much are you able to work now?
   - The same as before your procedure
   - More than before your procedure
   - Less than before your procedure
   - Prefer not to answer

3. How long did it take for you to return to work?
   - Less than 1 month
   - 1 to 3 months
   - 3 to 6 months
   - More than 6 months
   - Prefer not to answer

4. Since completing the previous Health & Well-being Survey (about 9 to 11 months ago), did you seek medical treatment from a doctor’s office, clinic or hospital?
   - Yes
   - No (skip to Question #12)
   - Prefer not to answer

5. Since completing the previous survey, were you ever admitted into a hospital?
   - Yes
   - No
   - Prefer not to answer

6. Since completing the previous survey, did you seek medical treatment FOR FOLLOW-UP? (Fill in all that apply)
   - You needed another procedure or follow-up from your surgery?
   - On-going treatment such as chemotherapy or radiation?
   - Prefer not to answer
   - None

7. Since completing the previous survey, did you seek medical treatment FOR PROBLEMS WITH YOUR HEART? (Fill in all that apply)
• Heart attack?
• Your heart stopped beating (cardiac arrest)?
• Heart failure (congestive heart failure)?
• Abnormal heart rhythm such as atrial fibrillation?
• Severe pain coming from your heart (angina)?
• Prefer not to answer
• None

8. Since completing the previous survey, did you seek medical treatment FOR PROBLEMS WITH BLOOD CLOTS? (Fill in all that apply)
   • Blood clot in your leg (Deep vein thrombosis)?
   • Blood clot in your lung (Pulmonary embolism)?
   • Prefer not to answer
   • None

9. Since completing the previous survey, did you seek medical treatment FOR PROBLEMS WITH YOUR LUNGS OR BREATHING? (Fill in all that apply)
   • You stopped breathing (respiratory arrest)?
   • You were placed on a breathing machine because you were struggling to breathe on your own (respiratory failure)?
   • An infection in your lungs (pneumonia)?
   • Prefer not to answer
   • None

10. Since completing the previous survey, did you seek medical treatment FOR PROBLEMS WITH YOUR KIDNEYS, STOMACH OR INTESTINE? (Fill in all that apply)
    • Kidney failure and you needed kidney dialysis?
    • GI bleed (internal bleeding from your stomach or intestine)?
    • Stomach or intestinal ulcer?
    • Prefer not to answer
    • None

11. Since completing the previous survey, did you seek medical treatment FOR ANY OTHER PROBLEMS? (Fill in all that apply)
    • Stroke (for example, weakness on one side of the body or difficulty speaking)?
12. A fall is when your body goes to the ground without being pushed. Since completing the previous survey, did you have a fall?
   - Yes
   - No
   - Prefer not to answer

13. Since completing the previous survey, have you had a problem with balance or walking?
   - Yes
   - No
   - Prefer not to answer

14. Since completing the previous survey, have you experienced any Delirium (temporary confusion with problems paying attention or thinking clearly)?
   - Yes
   - No
   - Prefer not to answer

15. How does your CURRENT use of pain medications compare to your use ONE YEAR AGO?
   - I take LESS pain medication than I did one year ago
   - I take MORE pain medication than I did one year ago
   - I take the SAME amount of pain medication than I did one year ago
   - I take pain medications now, but did not one year ago
   - I am not taking pain medications now, and did not one year ago
   - Prefer not to answer

16. In general, would you say your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - Prefer not to answer

17. 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
18. 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
   - Prefer not to answer

19. 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
   - Prefer not to answer

20. As a result of your physical health, during the past 4 weeks, were you limited in the kind of work or other 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
   - Prefer not to answer

21. 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
   - Prefer not to answer

22. As a result of any emotional problems (such as 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
23. 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
   - Prefer not to answer

24. 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
   - Prefer not to answer

25. 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
   - None of the time
   - Prefer not to answer

26. 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
   - Prefer not to answer

27. 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
28. Compared to two years ago, how would you rate your quality of life now?
   - Better
   - The same
   - Worse
   - Prefer not to answer

29. Compared to two years ago, how would you rate your **physical** health in general now?
   - Much better
   - Slightly better
   - About the same
   - Slightly worse
   - Much worse
   - Prefer not to answer

30. Compared to two years ago, how would you rate your **emotional** problems now? (Such as feeling anxious, depressed or irritable)
   - Much better
   - Slightly better
   - About the same
   - Slightly worse
   - Much worse
   - Prefer not to answer

31. On a scale of zero to ten, with ten being the worst pain and zero being no pain, please fill in your current pain level when resting.

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32. On a scale of zero to ten, with ten being the worst pain and zero being no pain, please fill in your current pain level when moving (sitting up, walking or moving arms and legs).

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33. If you have pain at rest or when moving, where is your pain located? (Fill in all that apply).
   - Head or neck
   - Chest
   - Abdomen (belly)
   - Upper Back
   - Lower Back
   - Arms
   - Legs
34. In the past 7 days has your thinking been slow?
   - Never
   - Rarely (Once)
   - Sometimes (Two or three times)
   - Often (About once a day)
   - Very often (Several times a day)
   - Prefer not to answer

35. In the past 7 days has it seemed like your brain was not working as well as usual?
   - Never
   - Rarely (Once)
   - Sometimes (Two or three times)
   - Often (About once a day)
   - Very often (Several times a day)
   - Prefer not to answer

36. In the past 7 days have you had to work harder than usual to keep track of what you were doing?
   - Never
   - Rarely (Once)
   - Sometimes (Two or three times)
   - Often (About once a day)
   - Very often (Several times a day)
   - Prefer not to answer

37. In the past 7 days have you had trouble shifting back and forth between different activities that require thinking?
   - Never
   - Rarely (Once)
   - Sometimes (Two or three times)
   - Often (About once a day)
   - Very often (Several times a day)
   - Prefer not to answer

38. In the past 7 days has your mind been as sharp as usual?
   - Not at all
   - A little bit
   - Somewhat
   - Quite a bit
   - Very much
   - Prefer not to answer

39. In the past 7 days has your memory been as good as usual?
   - Not at all
   - A little bit
   - Somewhat
   - Quite a bit
• Very much
• Prefer not to answer

**40. In the past 7 days** has your thinking been as fast as usual?

• Not at all
• A little bit
• Somewhat
• Quite a bit
• Very much
• Prefer not to answer

**41. In the past 7 days** have you been able to keep track of what you are doing, even if you are interrupted?

• Not at all
• A little bit
• Somewhat
• Quite a bit
• Very much
• Prefer not to answer

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The following questions are about your ability to care for yourself independently now. To be dependent means you need help with a task. To be independent means you can complete a task without help.

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**42. In relation to feeding yourself, you are...**

• unable
• needing some help (i.e. cutting, spreading butter)
• independent
• Prefer not to answer

**43. In relation to bathing/showering, you are...**

• dependent
• independent
• Prefer not to answer

**44. In relation to grooming, you are...**

• needing some help with personal care
• independent (i.e. brushing hair, brushing teeth, shaving)
• Prefer not to answer

**45. In relation to dressing, you are...**

• dependent
• needing some help, but can do about half unaided
• independent (including buttons, zips, laces, etc.)
• Prefer not to answer

**46. In relation to your bowels (defecation), you are...**

• incontinent/unable to control bowels (or need to be given enemas)
• having occasional accidents
• continent/able to control bowels
• Prefer not to answer

47. In relation to your bladder (urination), you are...
• incontinent/unable to control bladder (or catheterized and unable to manage alone)
• having occasional accidents
• continent/able to control bladder
• Prefer not to answer

48. In relation to using the toilet, you are...
• dependent
• needing some help, but can do some things alone
• independent (on and off the toilet, dressing, wiping)
• Prefer not to answer

49. In relation to transferring from a bed to a chair and back, you are...
• unable (no sitting balance)
• needing major help but are able to sit (one or two people physically helping)
• needing minor help (verbal encouragement or physical help)
• independent
• Prefer not to answer

50. In relation to your mobility (walking) on level surfaces, you are...
• immobile (unable to walk or move about) for less than 50 yards
• wheelchair independent, including corners, greater than 50 yards
• walking with the help of one person (either verbal encouragement or physical help) greater than 50 yards
• independent (with or without a cane or walker) greater than 50 yards
• Prefer not to answer

51. In relation to climbing a flight of stairs, you are...
• unable
• needing help (verbal encouragement, physical help, carrying aid)
• independent
• Prefer not to answer