

Emotional Impact - Short Form

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

		Never	Rarely	Sometimes	Often	Always
EmotionalImpactQ11	In the past 7 days, how often did you feel completely hopeless because of your health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Not at all	A little	Somewhat	Quite	Very
EmotionalImpactQ12	In the past 7 days, how lonely did you feel because of your health problems? ..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
EmotionalImpactQ16	In the past 7 days, how depressed were you about your health problems?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Not at all	A little bit	Somewhat	Quite a bit	Very much
EmotionalImpactQ9	In the past 7 days, how much did you worry about getting sick?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
		Never	Rarely	Sometimes	Often	Always
EmotionalImpactQ17	In the past 7 days, how often were you very worried about needing to go to the hospital?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1