

Social Functioning – Short Form

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

		Not at all	A little bit	Somewhat	Quite a bit	Very much
SocialFunctioningQ7	In the past 30 days, how much did you rely on others to take care of you because of your health?.....	<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
SocialFunctioningQ10	In the past 30 days, how often did your health slow you down?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SocialFunctioningQ15	In the past 30 days, how often did your health make it hard for you to do things?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SocialFunctioningQ9	In the past 30 days, how often did your health keep you from going out?.....	<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
SocialFunctioningQ14	In the past 30 days, how much did your health make it hard for you to do things with your friends?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1