

## PROMIS Global Health Check

Self-check monthly, quarterly, annually or as often as you wish DATE CHECKED:

## **FEEL and FUNCTION WELL**

In general, would you say your health is	0	0	0	0	0
In general, would you say your quality of life is	0	0	0	0	0
In general, how is your physical health?	0	0	0	0	0
In general, how would you rate your mental health, includin ability to think?	g you		od ar	_	_
In general, how would you rate your satisfaction with your srelationships?	_	activ			0
In general, how well do you carry out your usual social activ home, work, community activities, parent, child, spouse, em responsibilities?				ike O	0
To what extent are you able to carry out everyday physical climbing, stairs, carrying groceries, moving a chair?	activi	ties l	ike w	/alkin	g,
In the past 7 days - How often have you been bothered by e such as feeling anxious, depressed or irritable?	motio	onal p	orobl	ems	0
In the past 7 days, how was for fatigue on average?	0	0	0	0	0

