

Social Functioning

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

		Never	Rarely	Sometimes	Often	Always
SocialFunctioningQ2	In the past 30 days, how often were you completely dependent on others because of your health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SocialFunctioningQ3	In the past 30 days, how often did your health keep you from doing anything?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SocialFunctioningQ4	In the past 30 days, how often did you feel like being alone because of your health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SocialFunctioningQ5	In the past 30 days, how often did your health keep you from doing something fun?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SocialFunctioningQ6	In the past 30 days, how often did your family feel like you were a burden	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
SocialFunctioningQ8	In the past 30 days, how often did you feel like doing nothing because of your health?	<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
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
SocialFunctioningQ12	In the past 30 days, how often did you feel like not going out 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	
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	
SocialFunctioningQ16	In the past 30 days, how often did you feel like the only thing you could do was watch TV?.....	<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	
SocialFunctioningQ1	In the past 30 days, how much did your social life suffer because of your health?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
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	
SocialFunctioningQ11	In the past 30 days, how worried was your family about your health?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
SocialFunctioningQ13	In the past 30 days, how much did your health hurt your social life?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
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	
		I wasn't with a friend or friends in the past 30 days					
		Never	Rarely	Sometimes	Often	Always	
SocialFunctioningQ17	In the past 30 days, how often did your health keep you from doing what your friend(s) wanted to do?	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2