**Mobility**

* I have no problems in walking about
* I have slight problems in walking about
* I have moderate problems in walking about
* I have severe problems in walking about
* I am unable to walk about

**Self-care**

* I have no problems washing or dressing myself
* I have slight problems washing or dressing myself
* I have moderate problems washing or dressing myself
* I have severe problems washing or dressing myself
* I am unable to wash or dress myself

**Usual activities**

* I have no problems doing my usual activities
* I have slight problems doing my usual activities
* I have moderate problems doing my usual activities
* I have severe problems doing my usual activities
* I am unable to do my usual activities

**Pain**

* I have no pain or discomfort
* I have slight pain or discomfort
* I have moderate pain or discomfort
* I have severe pain or discomfort
* I have extreme pain or discomfort

**Anxiety**

* I am not anxious or depressed
* I am slightly anxious or depressed
* I am moderately anxious or depressed
* I am severely anxious or depressed
* I am extremely anxious or depressed

**How is your health state today?**

**How do you feel today?**

