

Healthy Days Measure (CDC HRQOL- 4)



We want to know more about how you see your overall health.
Please answer the following questions.

1. Would you say that in general, your health is:
(Circle the answer that best describes your health.)
 - a. Excellent
 - b. Very Good
 - c. Good
 - d. Fair
 - e. Poor

2. Thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Write number 0-30)
 - a. Number of days _____

3. Thinking about your **mental health**, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (Write number 0-30)
 - a. Number of days _____

4. During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? (Write number 0-30)
 - a. Number of days _____

PATIENT SIGNATURE	PRINT NAME	DATE
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If reviewed by provider

PHYSICIAN/ARNP/PA SIGNATURE	PRINT NAME	NPI	DATE	TIME
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PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington

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WHITE - MEDICAL RECORD