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________

<table>
<thead>
<tr>
<th>PATIENT SIGNATURE</th>
<th>PRINT NAME</th>
<th>DATE</th>
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If reviewed by provider

<table>
<thead>
<tr>
<th>PHYSICIAN/ARNP/PA SIGNATURE</th>
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<th>NPI</th>
<th>DATE</th>
<th>TIME</th>
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