

# Duke Health Profile

Patient ID \_\_\_\_\_

Patient: [fname] [lname]

Date of Assessment \_\_\_\_\_

Interviewer: Give These Instructions: "I will ask you some questions about your health and feelings. Please listen to each question carefully and give me the best answer. You should answer the questions in your own way. There are no wrong or right answers."

Interviewer: Read each question verbatim and select the correct response.

---

---

**"How do the following statements describe you"**

I like who I am	Yes, describes me exactly <input type="radio"/>	Somewhat describes me <input type="radio"/>	No, doesn't describe me at all <input type="radio"/>
I am not an easy person to get along with	Yes, describes me exactly <input type="radio"/>	Somewhat describes me <input type="radio"/>	No, doesn't describe me at all <input type="radio"/>
I am basically a healthy person	Yes, describes me exactly <input type="radio"/>	Somewhat describes me <input type="radio"/>	No, doesn't describe me at all <input type="radio"/>
I give up too easily	Yes, describes me exactly <input type="radio"/>	Somewhat describes me <input type="radio"/>	No, doesn't describe me at all <input type="radio"/>
I have difficulty concentrating	Yes, describes me exactly <input type="radio"/>	Somewhat describes me <input type="radio"/>	No, doesn't describe me at all <input type="radio"/>
I am happy with my family relationships	Yes, describes me exactly <input type="radio"/>	Somewhat describes me <input type="radio"/>	No, doesn't describe me at all <input type="radio"/>
I am comfortable being around people	Yes, describes me exactly <input type="radio"/>	Somewhat describes me <input type="radio"/>	No, doesn't describe me at all <input type="radio"/>

---

---

**TODAY would you have any physical trouble or difficulty:**

- Walking up a flight of stairs  None  Some  A Lot
- Running the length of a football field  None  Some  A Lot

---

---

**DURING THE PAST WEEK: How much trouble have you had with:**

- Sleeping  None  Some  A Lot
- Hurting or aching in any part of your body  None  Some  A Lot
- Getting tired easily  None  Some  A Lot

Feeling depressed or sad  None  Some  A Lot

Nervousness  None  Some  A Lot

---

---

**DURING THE PAST WEEK: How often did you:**

Socialize with other people (talk or visit with friends or relatives)  None  Some  A Lot

Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties)  None  Some  A Lot

---

---

**DURING THE PAST WEEK: How often did you:**

Stay in your home, a nursing home, or hospital because of sickness, injury, or other health problem  None  Some  A Lot

---

---

**Scores**

Physical Health Score \_\_\_\_\_

Mental Health Score \_\_\_\_\_

Social Health Score \_\_\_\_\_

General Health Score \_\_\_\_\_

Perceived Health Score \_\_\_\_\_

Self-Esteem Score \_\_\_\_\_

Anxiety Score \_\_\_\_\_

Depression Score \_\_\_\_\_

Anxiety-Depression Score \_\_\_\_\_

Pain Score \_\_\_\_\_

Disability Score \_\_\_\_\_