Instructions:

The following is a list of common health problems. Please indicate if you currently have the problem. If you do not have the problem, skip the sub-questions and go to the next health problem.

If you do have the problem, please indicate a) if you receive medications or some other type of treatment for the problem and b) if the problem limits any of your activities.

Finally, indicate all medical conditions that are not listed under “other medical problems” at the end of the page.

Problem

1. Do you have heart disease? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
2. Do you have high blood pressure? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
3. Do you have lung disease? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
4. Do you have diabetes? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
5. Do you have ulcer or stomach disease? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
6. Do you have kidney disease? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
7. Do you have liver disease? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
8. Do you have anemia or other blood disease? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
9. Do you have cancer? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
10. Do you have depression? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
11. Do you have osteoarthritis, degenerative arthritis? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
12. Do you have back pain? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
13. Do you have rheumatoid arthritis? \_ 0. No \_ 1. Yes
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
14. Do you have any other medical problems? \_ 0. No \_ 1. Yes Problem:\_\_\_\_\_\_\_\_\_\_\_\_
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes
15. Do you have any other medical problems? \_ 0. No \_ 1. Yes
Problem:\_\_\_\_\_\_\_\_\_\_\_\_
	1. Do you receive treatment for it? \_ 0. No \_ 1. Yes
	2. Does it limit your activities? \_ 0. No \_ 1. Yes

Notes:

Scoring – responses are summed. An individual can receive a maximum of 3 points for each medical condition: 1 point for the presence of the problem, another point if he/she receives treatment for it, and an additional point if the problem causes a limitation in functioning. Original survey had 12 defined medical problems and 3 optional conditions; as modified for HEAL question 13 was specified as rheumatoid arthritis. Sum scores may be calculated with or without the open-ended response questions.

Reference:

Sangha O, Stucki G, Liang MH, Fossel AH, Katz JN. The Self-Administered Comorbidity Questionnaire: a new method to assess comorbidity for clinical and health services research. Arthritis Rheum. 2003;49(2):156–163. doi:10.1002/art.10993