

SELF ASSESSMENT OF HEALTH STATUS

Date: _____

Name: _____

**Best
imaginable
health state**

Own Health State Rating (0-100)

We would like you to indicate on the scale to the right how good or bad your own health state is today, in your opinion.

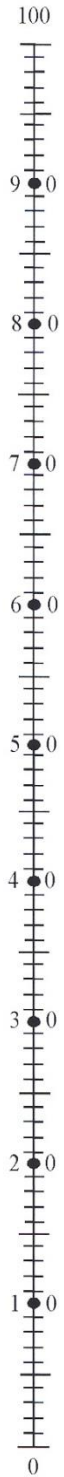
Please do this by drawing a line from the grey box below to whichever point on the scale indicates how good or bad your health state is today.

Screening Scale Questions

Listed in the table below are two potential problem areas that people with diabetes may experience. Consider the degree to which each of the two items may have distressed or bothered you **during the past month** and circle the appropriate number.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that particular item is not a bother or problem for you, you would circle "1". If it is very bothersome to you, you might circle "6".

**Your Own
Health State
Today**



	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
Q1. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
Q2. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6

**Worst
imaginable
health state**