

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Provider: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Procedure(s): \_\_\_\_\_

## Healthy Days Core Module (CDC HRQOL- 4)

1. Would you say that in general your health is excellent, very good, good, fair or poor?	Excellent  Good  Fair  Poor
2. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?	
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?	
4. During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	
Total Score	