TCU HLTHFORM

1. How many TIMES IN THE PAST YEAR have you gone to a hospital or clinic or seen a doctor or nurse for health problems?
   ○ None   ○ 1 time   ○ 2-3 times   ○ 4-10 times   ○ Over 10 times

<table>
<thead>
<tr>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
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</tbody>
</table>

During the PAST YEAR, how often have you had any of these problems or types of diseases –

2. stomach problems or ulcers? ....................... ○ ○ ○ ○ ○
3. bone/joint problems? ............................... ○ ○ ○ ○ ○
4. kidney infection or problems? .................... ○ ○ ○ ○ ○
5. bladder infection or problems? ................. ○ ○ ○ ○ ○
6. liver or gall bladder problems? ............... ○ ○ ○ ○ ○
7. intestinal or bowel problems? ................... ○ ○ ○ ○ ○
8. heart disease or problems? ...................... ○ ○ ○ ○ ○
9. sexually transmitted disease (STD)? .......... ○ ○ ○ ○ ○
10. skin disease or skin problems? ............... ○ ○ ○ ○ ○
11. other medical or physical problems? .......... ○ ○ ○ ○ ○

During the PAST 30 DAYS, how often did you feel –

12. tired out for no good reason? ................. ○ ○ ○ ○ ○
13. nervous? .......................................... ○ ○ ○ ○ ○
14. so nervous that nothing could calm you down? .................. ○ ○ ○ ○ ○
15. hopeless? .......................................... ○ ○ ○ ○ ○
16. restless or fidgety? ............................. ○ ○ ○ ○ ○
17. so restless that you could not sit still? ...... ○ ○ ○ ○ ○
18. depressed? ........................................ ○ ○ ○ ○ ○
19. so depressed that nothing could cheer you up? .................. ○ ○ ○ ○ ○
20. that everything was an effort? ............... ○ ○ ○ ○ ○
21. worthless? ........................................ ○ ○ ○ ○ ○