**Consumer Health Inventory™**

**What is your gender?**
- Male / Female

**What is your date of birth?**
- Month
- Day
- Year

1. **I think that I can deal well with daily problems.**
   - Strongly Agree
   - Agree
   - I am Neutral
   - Disagree
   - Strongly Disagree

2. **I am hopeful that treatment/therapy can help me.**
   - Strongly Agree
   - Agree
   - I am Neutral
   - Disagree
   - Strongly Disagree

3. **The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   - a. Moderate physical activities, such as getting groceries or going to the mailbox.
   - b. Climbing several flights of stairs.
   - c. Bending, kneeling, or stooping.
   - d. Walking several hundred yards.

4. **These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give one answer that comes closest to the way you have been feeling. How much of the time:**
   - All
   - Most
   - Some
   - A little
   - None
   - a. Have you been very nervous?
   - b. Have you felt calm and peaceful?
   - c. Have you felt downhearted and depressed?
   - d. Have you been happy?

5. **The next several questions refer to the past 4 weeks:**
   - How much did pain interfere with your daily activities?
   - Not at all
   - A little bit
   - Moderately
   - Quite a bit
   - Extremely
6. How much of the time have you heard or seen things that other people don't?

<table>
<thead>
<tr>
<th>All</th>
<th>Most</th>
<th>Some</th>
<th>A little</th>
<th>None</th>
<th>Prefer not to answer</th>
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7. How much of the time has your health been a problem with such things as seeing friends or family?

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8. How often did you awaken during your sleep time and have trouble falling asleep again?

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<th>Most</th>
<th>Some</th>
<th>A little</th>
<th>None</th>
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9. How many days have you missed from work, school or other regular activities due to your health?

[ ]

10. On average, how many days a week do you have an alcoholic drink?

7 6 5 4 3 2 1 0 Prefer not to answer

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11. On a typical drinking day, how many drinks do you have?

7 or more 6 5 4 3 2 1 0 Prefer not to answer

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12. How often did you use drugs other than those prescribed for you?

<table>
<thead>
<tr>
<th>Every day</th>
<th>Almost every day</th>
<th>3 - 4 days a week</th>
<th>1 - 2 days a week</th>
<th>Less than once a week</th>
<th>Never</th>
<th>Prefer not to answer</th>
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13. What statement best describes your use of tobacco products, if any?

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<tr>
<th>Currently use</th>
<th>Quit less than 5 years ago</th>
<th>Quit over 5 years ago</th>
<th>Never used</th>
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Thank you for taking the Consumer Health Inventory™

☐ Please click here if you do not want to share the results of this assessment with your provider.

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If you need technical support help, please call 1-800-572-9394. Say that you are trying to take the Magellan CHI™ and we will help you.