

# DUKE HEALTH PROFILE (The DUKE)

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Date Today: \_\_\_\_\_ Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

**INSTRUCTIONS:** Here are some questions about your health and feelings. Please read each question carefully and check (✓) your best answer. You should answer the questions in your own way. There are no right or wrong answers. (Please ignore the small scoring numbers next to each blank.)

	Yes, describes me exactly	Somewhat describes me	No, doesn't describe me at all
1. I like who I am .....	_____ 12	_____ 11	_____ 10
2. I am not an easy person to get along with .....	_____ 20	_____ 21	_____ 22
3. I am basically a healthy person .....	_____ 32	_____ 31	_____ 30
4. I give up too easily .....	_____ 40	_____ 41	_____ 42
5. I have difficulty concentrating .....	_____ 50	_____ 51	_____ 52
6. I am happy with my family relationships .....	_____ 62	_____ 61	_____ 60
7. I am comfortable being around people .....	_____ 72	_____ 71	_____ 70

**TODAY** would you have any physical trouble or difficulty:

	None	Some	A Lot
8. Walking up a flight of stairs .....	_____ 82	_____ 81	_____ 80
9. Running the length of a football field .....	_____ 92	_____ 91	_____ 90

**DURING THE PAST WEEK:** How much trouble have you had with:

	None	Some	A Lot
10. Sleeping .....	_____ 102	_____ 101	_____ 100
11. Hurting or aching in any part of your body .....	_____ 112	_____ 111	_____ 110
12. Getting tired easily .....	_____ 122	_____ 121	_____ 120
13. Feeling depressed or sad .....	_____ 132	_____ 131	_____ 130
14. Nervousness .....	_____ 142	_____ 141	_____ 140

**DURING THE PAST WEEK:** How often did you:

	None	Some	A Lot
15. Socialize with other people (talk or visit with friends or relatives) .....	_____ 150	_____ 151	_____ 152
16. Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties) .....	_____ 160	_____ 161	_____ 162

**DURING THE PAST WEEK:** How often did you:

	None	1-4 Days	5-7 Days
17. Stay in your home, a nursing home, or hospital because of sickness, injury, or other health problem. ....	_____ 172	_____ 171	_____ 170