

Michigan State University - Olin Student Health Center

(密歇根州立大学- Olin 学生健康中心)

Name (姓名) _____ PID (学生证号) _____ Date (日期) _____

This questionnaire will help your health provider to improve your treatment. Simply circle your answer to the questions below and give your completed form to a health professional.

(这份问卷将帮助您的医疗服务人员提高与改进对您的治疗方案。请圈出以下问题中符合您的情况的描述，并且将问卷提交给专业医疗人士。)

Lucas Functional Assessment

(Lucas 功能评估)

Please circle the response that best represents how you have felt in the *past 2 weeks*.
(请圈出对您在过去 2 周里的感受描述最精确的选项)

	Not at all 完全没有	A little bit 较少	Somewhat 偶尔	Quite a bit 较多	Very much 频繁
1. I am satisfied with my ability to study/work. (我对我的学习/工作能力感到满意)	1	2	3	4	5
2. The quality of my schoolwork/work is as good as I want it to be. (我的学习/工作的质量和我预期的一样好)	1	2	3	4	5
3. I am satisfied with the amount of time I spend with friends. (我对我投入在与朋友相处上的时间感到满意)	1	2	3	4	5
4. The quality of my friendships is as good as I want it to be. (我与朋友之间的友谊质量和我预期的一样)	1	2	3	4	5
5. I am satisfied with how connected I feel to other people at school. (我对我在学校内的人际关系感到很满意)	1	2	3	4	5
6. The quality of support I obtain is as good as I want it to be. (我所得到的支持程度和我预期的一样好)	1	2	3	4	5

Total Score (总分): _____

Provider Signature (答题人签名) _____ **Date (日期)** _____