

Patient's Name: _____

Date: ____/____/____
month day year

ID#: _____

Test#: 1 2 3 4

HEALTH STATUS QUESTIONNAIRE (SF-36)

INSTRUCTIONS

This survey asks for your views about your health and daily activities. If you are marking your own answers, please circle the appropriate response (0,1,2,...). If you need help in marking your responses, tell the interviewer the number of the best response (or what to fill in). Please answer every question. If you are not sure which answer to select, please choose the one answer that comes closest to describing you. The interviewer can explain any words or phrases that you do not understand.

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

2. For each statement please circle the one number that indicates how true or false that statement is for you.

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a) I seem to get sick a little easier than other people.	1	2	3	4	5
b) I am as healthy as anybody I know.	1	2	3	4	5
c) I expect my health to get worse.	1	2	3	4	5
d) My health is excellent.	1	2	3	4	5

3. Compared to one year ago, how would you rate your health in general now?

Much Better	Somewhat Better	Same	Somewhat Worse	Much Worse
1	2	3	4	5

SF36-2

4. Now, think about the activities you might do on a typical day. Does your health limit you in these activities? If so, how much? Please circle 1, 2 or 3 for each item to indicate how much your health limits you.

	Yes, Limited <u>A Lot</u>	Yes, Limited <u>A Little</u>	No, Not Limited <u>At All</u>
a) <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b) <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner or bowling, or playing golf	1	2	3
c) <u>Lifting or carrying</u> groceries	1	2	3
d) <u>Climbing several</u> flights of stairs	1	2	3
e) <u>Climbing one</u> flight of stairs	1	2	3
f) <u>Bending, kneeling, or stooping</u>	1	2	3
g) <u>Walking more than a mile</u>	1	2	3
h) <u>Walking several blocks</u>	1	2	3
i) <u>Walking one block</u>	1	2	3
j) <u>Bathing and dressing yourself</u>	1	2	3

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Please circle “1” (Yes) or “2” (No) for each item.

	<u>YES</u>	<u>NO</u>
a) Cut down on the <u>amount of time</u> you spent on work or other activities	1	2
b) <u>Accomplished less than you would like</u>	1	2
c) Were limited in the <u>kind</u> of work or other activities	1	2

SF36-3

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Please circle “1” (Yes) or “2” (No) for each item.

	<u>YES</u>	<u>NO</u>
d) Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

6. How much bodily pain have you had during the past 4 weeks?

None	Very mild	Mild	Moderate	Severe	Very severe
1	2	3	4	5	6

7. During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
1	2	3	4	5

8. During the past 4 weeks, have you had the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Please circle “1” (Yes) or “2” (No) for each item.

	<u>YES</u>	<u>NO</u>
a) Cut down on the <u>amount of time</u> you spent on work or other activities	1	2
b) <u>Accomplished less</u> than you would like	1	2
c) <u>Did do work or other activities less carefully</u> than usual	1	2

9. During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

SF36-4

10. The next set of questions is about how you feel and how things have been with you during the past 4 weeks. For each question, please circle the one number for the answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
	1	2	3	4	5	6
a) did you feel full of pep?	1	2	3	4	5	6
b) have you been a very nervous person?	1	2	3	4	5	6
c) have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
d) have you felt calm and peaceful?	1	2	3	4	5	6
e) did you have a lot of energy?	1	2	3	4	5	6
f) have you felt down hearted and blue?	1	2	3	4	5	6
g) did you feel worn out?	1	2	3	4	5	6
h) have you been a happy person?	1	2	3	4	5	6
i) did you feel tired?	1	2	3	4	5	6

11. Finally, during the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5