SF36

Today's Date:_____

Name: Last:_____ First: _____ Date of Birth: _____

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer these questions by "check-marking" your choice. Please select only one choice for each item.

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

☐ 1. Excellent ☐ 2. Very good ☐ 3. Good ☐ 4. Fair ☐ 5. Poor

2- Compared to ONE YEAR AGO, how would you rate your health in general NOW?

☐ 1. MUCH BETTER than one year ago.

☐ 2. Somewhat BETTER now than one year ago.

☐ 3. About the SAME as one year ago.

☐ 4. Somewhat WORSE now than one year ago.

☐ 5. MUCH WORSE now than one year ago.

3- The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

Activities	**1. Yes, Limited A Lot**	**2. Yes, Limited A Little**	**3. No, Not Limited At All**
a) **Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
b) **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
c) Lifting or carrying groceries?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
d) Climbing **several flights** of stairs?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
e) Climbing **one** flight of stairs?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
f) Bending, kneeing or stooping?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
g) Walking **more than a mile**?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
h) Walking **several** blocks?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
i) Walking **one** block?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all
j) Bathing or dressing yourself?	□ 1. Yes, limited a lot	□ 2. Yes, limited a little	□ 3. No, not limited at all

4- During the **past 4 weeks**, have you had any of the following problems with your work or other regular activities *as a result of your physical health*?

	Yes	No
a) Cut down on the **amount of time** you spent on work or other activities?	□ 1. yes	□ 2. No
b) **Accomplished less** than you would like?	□ 1. yes	□ 2. No
c) Were limited in the **kind** of work or other activities?	□ 1. yes	□ 2. No
d) Had **difficulty** performing the work or other activities (for example it took extra effort)?	□ 1. yes	□ 2. No

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 any emotional problems** (such as feeling depressed or anxious)?

	Yes	No
a) Cut down on the **amount of time** you spent on work or other activities?	□ 1. yes	□ 2. No
b) **Accomplished less** than you would like?	□ 1. yes	□ 2. No
c) Didn't do work or other activities as **carefully** as usual?	□ 1. yes	□ 2. No

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

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

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

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

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

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

9. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question , please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…**

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

10. 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.)?

□ 1. All of the time

□ 2. Most of the time.

□ 3. Some of the time

□ 4. A little of the time.

□ 5. None of the time.

11. How TRUE or FALSE is **each** of the following statements for you?

	1. Definitely true	2. Mostly true	3. Don't know	4. Mostly false	5. Definitely false
a) I seem to get sick a little easier than other people?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false
b) I am as healthy as anybody I know?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false
c) I expect my health to get worse?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false
d) My health is excellent?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false

Thank you!