Health Survey (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- <u>Compared to ONE YEAR AGO</u>, how would you rate your health in general <u>NOW!</u>

☐ 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?

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

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

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

5. During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities as a result of any <u>emotional problems</u> (such as feeling depressed or anxious)?

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

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 <u>bodily</u> 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 week …

	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?	☐	☐	☐	☐	☐	☐
b) Have you been a very nervous person?	☐	☐	☐	☐	☐	☐
c) Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
d) Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
e) Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
f) Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
g) Do you feel worn out?	☐	☐	☐	☐	☐	☐
h) Have you been a happy person?	☐	☐	☐	☐	☐	☐
i) Did you feel tired?	☐	☐	☐	☐	☐	☐

10. During the past 4 weeks, how much of the time has your <u>physical health</u> or <u>emotional problems</u> 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 <u>each</u> 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?	☐	☐	☐	☐	☐
b) I am as healthy as anybody I know?	☐	☐	☐	☐	☐
c) I expect my health to get worse?	☐	☐	☐	☐	☐
d) My health is excellent?	☐	☐	☐	☐	☐