

SF-36 Health Survey

Name: _____

Today's Date: _____

Date of birth: ___/___/___

Instructions for completing the questionnaire: Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the box that best represents your response.

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Much better now than a year ago
- Somewhat better now than a year ago
- About the same as one year ago
- Somewhat worse now than one year ago
- 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? (Please mark your answer with an "X" in the appropriate column)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports.			
Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
Lifting or carrying groceries.			
Climbing several flights of stairs			
Climbing one flight of stairs			
Bending, kneeling or stooping			
Walking more than one mile			
Walking several blocks			
Walking one block			
Bathing or dressing yourself.			

4. 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?

- | | | |
|---|------------------------------|-----------------------------|
| a. Cut down the amount of time you spent on work or other activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Accomplished less than you would like? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Were limited in the kind of work or other activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Had difficulty performing the work or other activities (for example, it took extra time) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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)?

- | | | |
|---|------------------------------|-----------------------------|
| a. Cut down the amount of time you spent on work or other activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Accomplished less than you would like? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Didn't do work or other activities as carefully as usual? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

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

- None
- Very mild
- Mild
- Moderate
- Severe
- 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)?

- Not at all
- Slightly
- Moderately
- Quite a bit
- 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. (Please mark your answer with an "X" in the appropriate column)

	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
Did you feel full of pep?						
Have you been a very nervous person						
Have you felt so down in the dumps nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt downhearted and blue?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						

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 friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

11. How TRUE or FALSE is each of the following statements for you? (Please mark your answer with an "X" in the appropriate column)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
I seem to get sick a little easier than other people					
I am as healthy as anybody I know					
I expect my health to get worst					
My health is excellent					

Thank you very much for completing all the questions in this questionnaire.