

## SF- 36

This health survey takes approximately 5 to 10 minutes to complete. Please take the time to read and answer each question carefully by **crossing only one box on each line** that best represents your response.

| 1. In general, would you say your health is: |   |                                    |                                    |                                    |
|--|---|------------------------------------|------------------------------------|------------------------------------|
| Excellent<br>1 <input type="checkbox"/>      | Very Good<br>2 <input type="checkbox"/> | Good<br>3 <input type="checkbox"/> | Fair<br>4 <input type="checkbox"/> | Poor<br>5 <input type="checkbox"/> |

| 2. Compared to one year ago, how would you rate your health in general now? |   |  |  |  |
|---|---|--|--|--|
| Much better<br>1 <input type="checkbox"/>                                   | Somewhat better<br>2 <input type="checkbox"/> | About the same<br>3 <input type="checkbox"/> | Somewhat worse<br>4 <input type="checkbox"/> | Much worse<br>5 <input type="checkbox"/> |

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?

|   | Yes,<br>limited a Lot      | Yes,<br>limited a little   | No,<br>not limited at all  |
|---|----------------------------|----------------------------|----------------------------|
| 3. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 5. Lifting or carrying groceries  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6. Climbing <b>several</b> flight of stairs   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 7. Climbing <b>one</b> flight of stairs   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 8. Bending, kneeling, or stooping   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9. Walking <b>more than a mile</b>  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 10. Walking <b>several blocks</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 11. Walking <b>one block</b>  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 12. Bathing or dressing myself  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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**?

|  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| 13. Cut down <b>the amount of time</b> you spent on work or other activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 14. <b>Accomplished less</b> than you would like                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 15. Were limited in the <b>kind</b> of work or other activities              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 16. Had <b>difficulty</b> performing the work or other activities            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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                         |
|--|----------------------------|----------------------------|
| 17. Cut down <b>the amount of time</b> you spent on work or other activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 18. <b>Accomplished less</b> than you would like                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 19. Didn't do work or other activities as <b>carefully</b> as usual          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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

|                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all                 | Slightly                   | Moderately                 | Quite a bit                | Extremely                  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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

|                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| None                       | Very mild                  | Mild                       | Moderate                   | Severe                     | Very severe                |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

22. 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                 | A little bit               | Moderately                 | Quite a bit                | Extremely                  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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...

|   | 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           |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 23. Did you feel full of pep?   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 24. Have you been a very nervous person?                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 25. Have you felt so down in the dumps that nothing could cheer you up? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 26. Have you felt calm and peaceful?                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 27. Did you have a lot of energy?                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 28. Have you felt downhearted and blue?                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 29. Did you feel worn out?  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 30. Have you been a happy person?                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 31. Did you feel tired?   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

32. 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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

|  | Definitely true            | Mostly True                | Don't know                 | Mostly false               | Definitely false           |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 33. I seem to get sick a little easier than other people | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 34. I am as healthy as anybody I know                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 35. I expect my health to get worse                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 36. My health is excellent                               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |