

Assessment:

SF 36 Short Form Survey

INSTRUCTIONS: This set of questions 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. Answer every question by marking the answer as indicated. If you are unsure about to answer a question please give the best answer you can.

1.	<p>In general, would you say your health is: (Please tick one box.)</p> <p>Excellent</p> <p>Very Good</p> <p>Good</p> <p>Fair</p> <p>Poor</p>																								
2.	<p><u>Compared to one year ago</u>, how would you rate your health in general <u>now</u>? (Please tick one box.)</p> <p>Much better than one year ago</p> <p>Somewhat better now than one year ago</p> <p>About the same as one year ago</p> <p>Somewhat worse now than one year ago</p> <p>Much worse now than one year ago</p>																								
3.	<p>The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much? (Please circle one number on each line.)</p>																								
	<table border="1"> <thead> <tr> <th data-bbox="207 1444 1057 1583"><u>Activities</u></th> <th data-bbox="1057 1444 1203 1583">Yes, Limited A Lot</th> <th data-bbox="1203 1444 1382 1583">Yes, Limited A Little</th> <th data-bbox="1382 1444 1536 1583">Not Limited At All</th> </tr> </thead> <tbody> <tr> <td data-bbox="87 1583 207 1686">3(i)</td> <td data-bbox="207 1583 1057 1686">Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td> <td data-bbox="1057 1583 1203 1686">1</td> <td data-bbox="1203 1583 1382 1686">2</td> <td data-bbox="1382 1583 1536 1686">3</td> </tr> <tr> <td data-bbox="87 1686 207 1789">3(ii)</td> <td data-bbox="207 1686 1057 1789">Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td> <td data-bbox="1057 1686 1203 1789">1</td> <td data-bbox="1203 1686 1382 1789">2</td> <td data-bbox="1382 1686 1536 1789">3</td> </tr> <tr> <td data-bbox="87 1789 207 1854">3(iii)</td> <td data-bbox="207 1789 1057 1854">Lifting or carrying groceries</td> <td data-bbox="1057 1789 1203 1854">1</td> <td data-bbox="1203 1789 1382 1854">2</td> <td data-bbox="1382 1789 1536 1854">3</td> </tr> <tr> <td data-bbox="87 1854 207 1913">3(iv)</td> <td data-bbox="207 1854 1057 1913">Climbing several flights of stairs</td> <td data-bbox="1057 1854 1203 1913">1</td> <td data-bbox="1203 1854 1382 1913">2</td> <td data-bbox="1382 1854 1536 1913">3</td> </tr> </tbody> </table>	<u>Activities</u>	Yes, Limited A Lot	Yes, Limited A Little	Not Limited At All	3(i)	Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3	3(ii)	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3	3(iii)	Lifting or carrying groceries	1	2	3	3(iv)	Climbing several flights of stairs	1	2	3
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3(v)	Climbing one flight of stairs	1	2	3
3(vi)	Bending, kneeling, or stooping	1	2	3
3(vii)	Waling more than a mile	1	2	3
3(viii)	Walking several blocks	1	2	3
3(ix)	Walking one block	1	2	3
3(x)	Bathing or dressing yourself	1	2	3
4.	During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u> ?			
	(Please circle one number on each line.)		YES	NO
4(i)	Cut down on the amount of time you spent on work or other activities		1	2
4(ii)	Accomplished less than you would like		1	2
4(iii)	Were limited in the kind of work or other activities		1	2
4(iv)	Had difficulty performing the work or other activities (for example, it took extra effort)		1	2
5.	During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?			
	(Please circle one number on each line.)		Yes	No
5(i)	Cut down on the amount of time you spent on work or other activities		1	2
5(ii)	Accomplished less than you would like		1	2
5(iii)	Didn't do work or other activities as carefully as usual		1	2
6.	During the <u>past 4 weeks</u> , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please tick one box.)			
	Not at all			
	Slightly			
	Moderately			
	Quite a bit			
	Extremely			
7.	How much <u>physical</u> pain have you had during the <u>past 4 weeks</u> ? (Please tick one box.)			

	<p>None</p> <p>Very mild</p> <p>Mild</p> <p>Moderate</p> <p>Severe</p> <p>Very Severe</p>
8.	<p>During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)? (Please tick one box.)</p> <p>Not at all</p> <p>A little bit</p> <p>Moderately</p> <p>Quite a bit</p> <p>Extremely</p>
9.	<p>These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. Please give the one answer that is closest to the way you have been feeling for each item.</p>

	(Please circle one number on each line.)	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
9(i)	Did you feel full of life?	1	2	3	4	5	6
9(ii)	Have you been a very nervous person?	1	2	3	4	5	6
9(iii)	Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
9(iv)	Have you felt calm and peaceful?	1	2	3	4	5	6
9(v)	Did you have a lot of energy?	1	2	3	4	5	6
9(vi)	Have you felt downhearted and blue?	1	2	3	4	5	6
9(vii)	Did you feel worn out?	1	2	3	4	5	6
9(viii)	Have you been a happy person?	1	2	3	4	5	6

9(ix)	Did you feel tired?	1	2	3	4	5	6
10.	<p>During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives etc.) (Please tick one box.)</p> <p>All of the time</p> <p>Most of the time</p> <p>Some of the time</p> <p>A little of the time</p> <p>None of the time</p>						
11.	How TRUE or FALSE is <u>each</u> of the following statements for you?						
	(Please circle one number on each line.)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	
11(i)	I seem to get sick a little easier than other people	1	2	3	4	5	
11(ii)	I am as healthy as anybody I know	1	2	3	4	5	
11(iii)	I expect my health to get worse	1	2	3	4	5	
11(iv)	My health is excellent	1	2	3	4	5	