

SF-36 HEALTH SURVEY

Please complete this form in blue or black pen only.

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. Please answer each question by ticking the appropriate box.

1) In general, would you say your health is:								
		Exc	Excellent Very good					
		Go						
		Fair Poo						
		FOC	וכ					
2)	Com	mpared to one year ago, how would you rate your health in general now?						
		Mu	ich be	etter now than a year ago.				
			somewhat better now than a year ago.					
				e same as one year ago.				
				nat worse now than one year ago.				
		Mu	ich we	orse now than one year ago.				
3)		e following items are about activities you might do during a typical day. Does your health now limit you in these activities? o, how much?						
		a.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.					
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				
		b.	Mod	erate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?				
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				
		c.	Lifting or carrying groceries.					
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				
		d.	Climb	oing several flights of stairs.				
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				
		e.	Climb	oing one flight of stairs.				
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				
		f.	Benc	ding, kneeling or stooping.				
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				
	1	g.	Walk	ing more than one mile.				
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				
		h.		ing several blocks.				
				Yes, limited a lot.				
				Yes, limited a little.				
				No, not limited at all.				

	i.	Walking one block.
		☐ Yes, limited a lot.
		☐ Yes, limited a little.
		□ No, not limited at all.
	j.	Bathing or dressing yourself.
	J-	Yes, limited a lot.
		Yes, limited a little.
		□ 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 daily activities as a result
	of your	physical health?
	a.	Cut down the amount of time you spent on work or other activities?
		□ Yes
		□ No
	b.	Accomplished less than you would like?
		☐ Yes
		□ No
	C.	Were limited in the kind of work or other activities?
		□ Yes
		□ No
	d.	Had difficulty performing the work or other activities (for example, it took extra time)?
		□ Yes
		□ 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
_,		emotional problems (such as feeling depressed or anxious).
	a.	Cut down the amount of time you spent on work or other activities?
	a.	Yes Yes
		□ No
	b.	Accomplished less than you would like?
		□ Yes
		□ No
	c.	Didn't do work or other activities as carefully as usual?
		□ Yes
		□ No
6)	During	the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social
	_	es with family, friends, neighbours, or groups?
		t at all.
		ghtly.
		oderately.
		ite a bit. remely.
		ichiciy.
7)		uch bodily pain have you had during the past 4 weeks?
		t at all.
		ghtly.
	□ Мо	oderately.
	-	ite a bit.
	□ Ext	remely.
8)	During	the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and
	housev	vork)?
	□ No	t at all.
	☐ Slig	ghtly.
	□ Mo	oderately.
	□ Qu	ite a bit.
	□ Ext	remely.

a.	Did you feel full of life?
	☐ 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.
b.	Have you been a very nervous person?
D.	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.
C.	Have you felt so down in the dumps nothing could cheer you up?
	☐ 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.
d.	Have you felt calm and peaceful?
	☐ 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.
e.	Did you have a lot of energy?
٠.	☐ 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.
f.	Have you felt downhearted and blue?
	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.
g.	Did you feel worn out?
	☐ 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.
h.	Have you been a happy person?
	☐ 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.
i.	Did you feel tired?
1.	☐ All of the time.
	☐ Most of the time.
	A good bit of the time.
	A good bit of the time.
	□ Some of the time
	□ Some of the time. □ A little of the time.

10)	Dur	uring 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.)?							
	☐ Some of the time.							
	☐ A little of the time.							
		□ None of the time.						
11.	Hov	ow TRUE or FALSE is each of the following statements for you?						
	a. I seem to get sick a little easier than other people.			m to get sick a little easier than other people.				
				Definitely true.				
				Mostly true.				
				Don't know.				
				Mostly false.				
				Definitely false.				
b. I am as healthy as anybody I know.		l am						
				Definitely true.				
				Mostly true.				
				Don't know.				
				Mostly false.				
				Definitely false.				
		c.	l exp	ect my health to get worse.				
				Definitely true.				
				Mostly true.				
				Don't know.				
				Mostly false.				
				Definitely false.				
d. My health is		My h	nealth is excellent.					
				Definitely true.				
				Mostly true.				
				Don't know.				
				Mostly false.				
				Definitely false.				