

Today's date: ___/___/___

ID No: _____

First name: _____ Surname: _____

SF-36 Questionnaire

This questionnaire asks for your views about your health. For ALL questions, please tick, cross or colour the circle that most closely matches your response. There are no right or wrong answers. Please answer ALL questions.

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|--|-------------------------------|-------------------------------|-------------------------------|------------------------------------|------------------------------------|
| 1. In general, would you say your health is: | Poor <input type="radio"/> | Fair <input type="radio"/> | Good <input type="radio"/> | Very good <input type="radio"/> | Excellent <input type="radio"/> |
|--|-------------------------------|-------------------------------|-------------------------------|------------------------------------|------------------------------------|

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| 2. Compared to one year ago, how would you rate your health general in now? | Much worse now than one year ago <input type="radio"/> | Somewhat worse than one year ago <input type="radio"/> | About the same as one year ago <input type="radio"/> | Somewhat better than one year ago <input type="radio"/> | Much better than one year ago <input type="radio"/> |
|---|---|---|---|--|--|

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

| | No, not limited at all | Yes, limited a little | Yes, limited a lot |
|---|------------------------|-----------------------|-----------------------|
| a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Moderate activities, such as moving a table pushing a vacuum cleaner, bowling, or playing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Lifting or carrying groceries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Climbing <u>several</u> flights of stairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Climbing <u>one</u> flight of stairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Bending, kneeling or stooping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Walking more than a mile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Walking several blocks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Walking one block | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Bathing or dressing yourself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| 4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other daily activities as a result of your physical health? | | | | | | |
| | None of the time | A little of the time | Some of the time | Most of the time | All of the time | |
| a. Cut down on the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| b. Accomplished less than you would like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| c. Were limited in the kind of work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| d. Had difficulty performing the work or other activities (e.g. it took extra effort) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. During the past 4 weeks, how much of the time 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)? | | | | | | |
| | None of the time | A little of the time | Some of the time | Most of the time | All of the time | |
| a. Cut down on the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| b. Accomplished less than you would like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| c. Did work or other activities less carefully than usual | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 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, neighbours, or groups? | | | | | | |
| | Not at all | Slightly | Moderately | Quite a bit | All of the time | |
| 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 | A little bit | 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... | | | | | |
| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
| a. did you feel full of life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. have you been very nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. have you felt so down in the dumps that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. have you felt calm and peaceful? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. did you have a lot of energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. have you felt downhearted and depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. did you feel worn out? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. have you been happy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. did you feel tired? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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.)? | | | | | |
| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
| 11. How TRUE or FALSE is each of the following statements for you? | | | | | |
| | Defintely false | Mostly false | Don't know | Mostly true | Definitely true |
| a. I seem to get sick a little easier than other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| b. I am as healthy as anybody I know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I expect my health to get worse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My health is excellent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |