

SF-36 QUESTIONNAIRE

Name: _____

Ref. Dr: _____

Date: _____

ID#: _____

Age: _____

Gender: M / F

Please answer the 36 questions of the **Health Survey** completely, honestly, and without interruptions.

GENERAL HEALTH:

In general, would you say your health is:

- Excellent Very Good Good Fair Poor

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

- Much better now than one year ago
 Somewhat better now than one year ago
 About the same
 Somewhat worse now than one year ago
 Much worse than one year ago

LIMITATIONS OF ACTIVITIES:

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?

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

Moderate 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

Lifting or carrying groceries

- Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all

Climbing several flights of stairs

- Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all

Climbing one flight of stairs

- Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all

Bending, kneeling, or stooping

- Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all

Walking more than a mile

- Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all

Walking several blocks

- Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all

Walking one block

- Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all

Bathing or dressing yourself Yes, Limited a Lot Yes, Limited a Little No, Not Limited at all**PHYSICAL HEALTH PROBLEMS:**

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?

Cut down the amount of time you spent on work or other activities Yes No**Accomplished less than you would like** Yes No**Were limited in the kind of work or other activities** Yes No**Had difficulty performing the work or other activities (for example, it took extra effort)** Yes No**EMOTIONAL HEALTH PROBLEMS:**

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)?

Cut down the amount of time you spent on work or other activities Yes No**Accomplished less than you would like** Yes No**Didn't do work or other activities as carefully as usual** Yes No**SOCIAL ACTIVITIES:**

Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

 Not at all Slightly Moderately Severe Very Severe**PAIN:**

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

 None Very Mild Mild Moderate Severe Very Severe

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

ENERGY AND EMOTIONS:

These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

Did you feel full of pep?

- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Have you been a very nervous person?

- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Have you felt so down in the dumps that 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 bit of the time
- None of the Time

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 bit of the time
- None of the Time

Did you have a lot of energy?

- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

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 bit of the time
- None of the Time

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 bit of the time
- None of the Time

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 bit of the time
- None of the Time

Did you feel tired?

- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

SOCIAL ACTIVITIES:

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 bit of the time
- None of the Time

GENERAL HEALTH:

How true or false is each of the following statements for you?

I seem to get sick a little easier than other people

- Definitely true Mostly true Don't know Mostly false Definitely false

I am as healthy as anybody I know

- Definitely true Mostly true Don't know Mostly false Definitely false

I expect my health to get worse

- Definitely true Mostly true Don't know Mostly false Definitely false

My health is excellent

- Definitely true Mostly true Don't know Mostly false Definitely false